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RESIN BASED COMPOSITE RESTORATIONS D2390 1/1/24 \$ 207.32 V N X Refer to Provider Guidelines for additional criteria RESIN BASED COMPOSITE RESTORATIONS D2391 1/1/24 \$ 60.98 \$ 67.14 N X RESIN BASED COMPOSITE RESTORATIONS D2391 1/1/24 \$ 134.28 N X RESIN BASED COMPOSITE RESTORATIONS D2392 1/1/24 \$ 134.28 N X RESIN BASED COMPOSITE RESTORATIONS D2393 1/1/24 \$ 181.28 N X RESIN BASED COMPOSITE RESTORATIONS D2394 1/1/24 \$ 191.35 N X RESIN BASED COMPOSITE RESTORATIONS D2394 1/1/24 \$ 191.35 N X SINGLE CROWNS D2710 1/1/24 \$ 304.89 Y X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2740 1/1/24 \$ 457.33 Y X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2740 1/1/24 \$ 609.77 Y X Refer to Provider Guidelines for						<u> </u>					
RESIN BASED COMPOSITE RESTORATIONS D2391 1/1/24 \$ 60.98 \$ 67.14 N X RESIN BASED COMPOSITE RESTORATIONS D2392 1/1/24 \$ 121.95 \$ 134.28 N X RESIN BASED COMPOSITE RESTORATIONS D2393 1/1/24 \$ 181.28 N X RESIN BASED COMPOSITE RESTORATIONS D2393 1/1/24 \$ 181.28 N X RESIN BASED COMPOSITE RESTORATIONS D2393 1/1/24 \$ 181.28 N X RESIN BASED COMPOSITE RESTORATIONS D2394 1/1/24 \$ 181.28 N X RESIN BASED COMPOSITE RESTORATIONS D2394 1/1/24 \$ 191.35 SINGLE CROWNS D2710 1/1/24 \$ 457.33 Y X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2740 1/1/24 \$ 457.33 Y X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2740 <t< td=""><td></td><td></td><td></td><td></td><td>\$ 134.28</td><td> </td><td></td><td></td><td>Refer to Descrider Cuidelines for additional extensio</td></t<>					\$ 134.28				Refer to Descrider Cuidelines for additional extensio		
RESIN BASED COMPOSITE RESTORATIONS D2392 1/1/24 \$ 134.28 N X RESIN BASED COMPOSITE RESTORATIONS D2393 1/1/24 \$ 144.64 \$ 181.28 N X RESIN BASED COMPOSITE RESTORATIONS D2393 1/1/24 \$ 164.64 \$ 181.28 N X RESIN BASED COMPOSITE RESTORATIONS D2394 1/1/24 \$ 173.79 \$ 191.35 V X SINGLE CROWNS D2710 1/1/24 \$ 304.89 V X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2721 1/1/24 \$ 457.33 V X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2740 1/1/24 \$ 609.77 Y X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2740 1/1/24 \$ 609.77 Y X Refer to Provider Guidelines for additional criteria					¢ (7.1.4				Keter to Provider Guidelines for additional Critéria		
RESIN BASED COMPOSITE RESTORATIONS D2393 1/1/24 \$ 164.64 \$ 181.28 N X RESIN BASED COMPOSITE RESTORATIONS D2394 1/1/24 \$ 173.79 \$ 191.35 C - SINGLE CROWNS D2710 1/1/24 \$ 457.33 V Y X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2740 1/1/24 \$ 57.33 Y X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2740 1/1/24 \$ 609.77 Y X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2740 1/1/24 \$ 609.77 Y X Refer to Provider Guidelines for additional criteria											
RESIN BASED COMPOSITE RESTORATIONS D2394 1/1/24 \$ 191.35 Y X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2710 1/1/24 \$ 457.33 Y X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2740 1/1/24 \$ 450.37 Y X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2740 1/1/24 \$ 609.77 Y X Refer to Provider Guidelines for additional criteria						1					
SINGLE CROWNS D2710 1/1/24 \$ 304.89 Y X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2721 1/1/24 \$ 457.33 Y X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2740 1/1/24 \$ 609.77 Y X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2740 1/1/24 \$ 609.77 Y X Refer to Provider Guidelines for additional criteria							N N	^			
SINGLE CROWNS D2721 1/1/24 \$ 457.33 Y X Refer to Provider Guidelines for additional criteria SINGLE CROWNS D2740 1/1/24 \$ 609.77 Y X Refer to Provider Guidelines for additional criteria					+ 101.00		Y	x	Refer to Provider Guidelines for additional criteria		
SINGLE CROWNS D2740 1/1/24 \$ 609.77 Y X Refer to Provider Guidelines for additional criteria											
					1						
	SINGLE CROWNS	D2750	1/1/24					X	Refer to Provider Guidelines for additional criteria		

SINGLE CROWNS	D2751	1/1/24	\$ 487.82		Y	Х	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2751	1/1/24	\$ 548.80		Y	X	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2792	1/1/24	\$ 579.29		Y	X	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2791	1/1/24			Y	X	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2792	1/1/24			Y	X	Refer to Provider Guidelines for additional criteria
OTHER RESTORATIVE	D2920	1/1/24	\$ 45.73		N	х	
OTHER RESTORATIVE	D2930	1/1/24	\$ 121.95		N	X	
OTHER RESTORATIVE	D2931	1/1/24	\$ 182.93		N	X	
OTHER RESTORATIVE	D2932	1/1/24	\$ 146.35		Ν	Х	
OTHER RESTORATIVE	D2933	1/1/24	\$ 137.20		Ν	Х	Refer to Provider Guidelines for additional criteria
OTHER RESTORATIVE	D2934	1/1/24	\$ 164.64		N	Х	Refer to Provider Guidelines for additional criteria
OTHER RESTORATIVE	D2940	1/1/24	\$ 45.73		N	Х	
OTHER RESTORATIVE	D2950	1/1/24	\$ 121.95		Y	Х	
OTHER RESTORATIVE	D2951	1/1/24	\$ 30.49		N	Х	
OTHER RESTORATIVE	D2952	1/1/24	\$ 243.91		Y	Х	Refer to Provider Guidelines for additional criteria
OTHER RESTORATIVE	D2954	1/1/24	\$ 152.44		Y	Х	
OTHER RESTORATIVE	D2960	1/1/24	\$ 182.93	<u> </u>	Y	Х	
OTHER RESTORATIVE	D2961	1/1/24	\$ 304.89		Y	X	
OTHER RESTORATIVE	D2962	1/1/24	\$ 439.04		Y	X	
OTHER RESTORATIVE	D2976	1/1/24	\$ 67.08		N	X	
OTHER RESTORATIVE	D2980	1/1/24	\$ 125.00		Y	X	Refer to Depuides Cuidelines for additional attacks
ENDODONTICS	D3110	1/1/24	\$ 38.11		N	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3120	1/1/24	\$ 30.49		N	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3220 D3221	1/1/24 1/1/24	\$ 91.47 \$ 121.95		N	X	Refer to Provider Guidelines for additional criteria Performance Provider Guidelines for additional criteria Performance Perfo
ENDODONTICS ENDODONTICS	D3221 D3230	1/1/24	\$ 121.95		N	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3230 D3240	1/1/24	\$ 112.81		N	X	Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3240 D3310	1/1/24	\$ 310.98		N	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3310	1/1/24	\$ 350.62		Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3320	1/1/24			Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3346	1/1/24			Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3347	1/1/24	\$ 408.55		Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3351	1/1/24	\$ 152.44		Ŷ	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3352	1/1/24	\$ 115.86		Ŷ	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3353	1/1/24	\$ 243.91		Y	Х	Refer to Provider Guidelines for additional criteria
	D3353 D3410	1/1/24 1/1/24	\$ 243.91 \$ 277.45		Y Y	X X	Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3410 D3430					~	
ENDODONTICS ENDODONTICS	D3410	1/1/24	\$ 277.45			X	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS ENDODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211	1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71		Y Y Y	X X	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71		Y Y Y Y Y	X X Quad. Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4212 D4231	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71 \$ 246.96		Y Y Y Y Y Y	X X Quad. Quad. Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4212 D4231 D4240	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71 \$ 246.96 \$ 332.33		Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4231 D4240 D4241	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71 \$ 246.96 \$ 332.33 \$ 268.30		Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4213 D4231 D4240 D4241 D4260	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71 \$ 246.96 \$ 332.33 \$ 268.30 \$ 487.82		Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4231 D4240 D4241 D4260 D4261	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71 \$ 246.96 \$ 332.33 \$ 268.30 \$ 487.82 \$ 378.06		Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4231 D4231 D4240 D4241 D4260 D4261 D4265	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71 \$ 246.96 \$ 332.33 \$ 268.30 \$ 487.82 \$ 378.06 \$ 201.23		Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. Quad. Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4221 D4231 D4240 D4241 D4260 D4261 D4265 D4270	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71 \$ 246.96 \$ 332.33 \$ 268.30 \$ 268.30 \$ 378.06 \$ 371.96		Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. Quad. Quad. X	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4231 D4240 D4240 D4260 D4261 D4265 D4270 D4275	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71 \$ 246.96 \$ 332.33 \$ 268.30 \$ 487.82 \$ 378.06 \$ 201.23 \$ 371.96 \$ 432.94		Y Y Y Y Y Y Y Y Y Y Y	X Quad. Quad. Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4231 D4240 D4240 D4240 D4260 D4261 D4265 D4275 D4276	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71 \$ 246.96 \$ 332.33 \$ 268.30 \$ 487.82 \$ 371.96 \$ 201.23 \$ 371.96 \$ 487.82 \$ 487.82 \$ 371.96 \$ 487.82 \$ 372.96 \$ 487.82 \$ 372.96 \$ 487.82 \$ 487.8		Y Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. Quad. Quad. X	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4231 D4240 D4240 D4260 D4261 D4265 D4275 D4276 D4277	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71 \$ 246.96 \$ 332.33 \$ 268.30 \$ 487.82 \$ 378.06 \$ 201.23 \$ 371.96 \$ 432.94 \$ 432.94 \$ 487.82 \$ 914.66		Y Y Y Y Y Y Y Y Y Y Y Y	X Quad. Quad. Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4213 D4240 D4240 D4261 D4265 D4270 D4275 D4276 D4277 D4278	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71 \$ 246.96 \$ 332.35 \$ 268.30 \$ 487.82 \$ 378.06 \$ 201.23 \$ 371.96 \$ 432.94 \$ 432.94 \$ 432.94 \$ 432.94 \$ 374.66 \$ 304.85 \$ 304.8		Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4231 D4240 D4241 D4260 D4261 D4265 D4275 D4276 D4277 D4278 D4341	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71 \$ 246.96 \$ 332.33 \$ 268.30 \$ 268.30 \$ 278.06 \$ 371.96 \$ 371.96 \$ 432.94 \$ 487.82 \$ 371.66 \$ 32.94 \$ 487.82 \$ 371.65 \$ 314.66 \$ 304.85 \$ 152.44 \$ 152.44	\$ 167.85 Yes		X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4213 D4241 D4240 D4240 D4260 D4261 D4265 D4270 D4275 D4276 D4278 D4341 D4342	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.73 \$ 246.96 \$ 322.33 \$ 268.30 \$ 332.33 \$ 378.06 \$ 371.96 \$ 421.23 \$ 371.96 \$ 432.94 \$ 432.83 \$ 914.66 \$ 304.85 \$ 152.44 \$ 82.24	\$ 167.85 Yes \$ 90.64 Yes	Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4231 D4241 D4240 D4260 D4261 D4265 D4270 D4275 D4276 D4277 D4278 D4341 D4276 D4278 D4341 D4342 D4346	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.77 \$ 106.77 \$ 246.96 \$ 323.33 \$ 323.33 \$ 326.83.37 \$ 246.96 \$ 323.33 \$ 378.06 \$ 201.23 \$ 314.66 \$ 301.96 \$ 487.82 \$ 914.66 \$ 304.89 \$ 152.44 \$ 82.33 \$ 82.32 \$ 82.32 \$ 82.32 \$ 82.32 \$ 82.32 \$ 82.32 \$ 82.74.40	\$ 167.85 Yes \$ 90.64 Yes \$ 302.13 Yes		X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional criteria Image: State Stat
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4231 D4241 D4260 D4261 D4265 D4270 D4275 D4276 D4277 D4278 D4341 D4342 D4341 D4342 D4341 D4342 D4341	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.66.3 \$ 106.71 \$ 106.71 \$ 249.64.96 \$ 246.33 \$ 268.33 \$ 268.33 \$ 378.06 \$ 371.96 \$ 332.33 \$ 487.82 \$ 314.66 \$ 304.88 \$ 152.44 \$ 82.32 \$ 274.40 \$ 274.40	\$ 167.85 Yes \$ 90.64 Yes \$ 302.13 Yes \$ 67.14 Yes	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4213 D4240 D4240 D4260 D4261 D4265 D4270 D4275 D4276 D4277 D4278 D4341 D4342 D4341 D4342 D4341 D4342 D4341 D4342 D4341	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.66 106.71 106.71 \$ 246.96 \$ 246.96 \$ 268.30 \$ 268.33 \$ 268.33 \$ 378.06 \$ 371.92 \$ 374.43 \$ 914.66 \$ 104.82 \$ 152.44.44 \$ 82.32 \$ 152.44.44 \$ 82.32 \$ 774.42 \$ 60.92 \$ 762.22	\$ 167.85 Yes \$ 90.64 Yes \$ 302.13 Yes \$ 67.14 Yes	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4231 D4241 D4260 D4261 D4265 D4270 D4275 D4276 D4277 D4278 D4341 D4342 D4341 D4342 D4341 D4342 D4341	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.66 106.71 106.71 \$ 246.96 \$ 246.96 \$ 268.30 \$ 268.33 \$ 268.33 \$ 378.06 \$ 371.92 \$ 374.43 \$ 914.66 \$ 104.82 \$ 152.44.44 \$ 82.32 \$ 152.44.44 \$ 82.32 \$ 774.42 \$ 60.92 \$ 762.22	\$ 167.85 Yes \$ 90.64 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 839.25 \$ 839.25	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4211 D4212 D4241 D4240 D4240 D4241 D4260 D4261 D4265 D4275 D4276 D4277 D4278 D4341 D4342 D4346 D4310 D5120	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.66.43 \$ 106.71 \$ 106.71 \$ 269.92 \$ 268.33 \$ 268.33 \$ 268.33 \$ 378.06 \$ 377.96 \$ 374.62 \$ 312.43 \$ 314.66 \$ 304.88 \$ 152.44 \$ 82.32 \$ 762.22 \$ 762.22 \$ 762.22 \$ 762.22 \$ 762.22 \$ 783.84	\$ 167.85 Yes \$ 0.64 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 839.25 \$ 839.25 \$ 932.18	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS	D3410 D3430 D4210 D4211 D4212 D4213 D4241 D4240 D4240 D4260 D4261 D4265 D4270 D4275 D4276 D4278 D4341 D4342 D4342 D4346 D4346 D4910 D5110 D5130 D5140	1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.66 106.71 106.71 \$ 246.96 \$ 248.63 \$ 248.782 \$ 372.36 \$ 372.371.96 \$ 372.371.96 \$ 372.371.96 \$ 372.371.96 \$ 372.371.96 \$ 372.371.96 \$ 372.371.96 \$ 372.371.96 \$ 372.371.96 \$ 372.371.96 \$ 372.371.96 \$ 372.371.96 \$ 372.371.96 \$ 372.371.96 \$ 372.372 \$ 372.372 \$ 372.372 \$ 762.22 \$ 838.44 \$ 3838.44	\$ 167.85 Yes \$ 90.64 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 839.25 \$ 839.25 \$ 839.25 \$ 923.18	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES	D3410 D3430 D4210 D4211 D4212 D4212 D4213 D4241 D4260 D4261 D4265 D4270 D4275 D4276 D4275 D4276 D4278 D4341 D4342 D4342 D4341 D4346 D4910 D5130	1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.66.43 \$ 106.71 \$ 106.71 \$ 269.92 \$ 268.33 \$ 268.33 \$ 268.33 \$ 378.06 \$ 377.96 \$ 374.62 \$ 312.43 \$ 314.66 \$ 304.88 \$ 152.44 \$ 82.32 \$ 762.22 \$ 762.22 \$ 762.22 \$ 762.22 \$ 762.22 \$ 783.84	\$ 167.85 Yes \$ 90.64 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 839.25 \$ 839.25 \$ 839.25 \$ 839.25 \$ 839.25 \$ 839.25 \$ 839.25 \$ 839.25 \$ 923.18 \$ 923.18 \$ 570.69	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS	D3410 D3430 D4210 D4211 D4212 D4213 D4241 D4240 D4241 D4260 D4261 D4265 D4270 D4275 D4276 D4341 D4342 D4342 D4341 D4342 D4346 D4910 D5110 D5130 D51140	1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 298.64 \$ 106.71 \$ 106.71 \$ 264.96 \$ 322.33 \$ 268.30 \$ 332.33 \$ 268.30 \$ 332.33 \$ 378.00 \$ 378.00 \$ 371.96 \$ 432.94 \$ 304.83 \$ 152.44 \$ 152.44 \$ 152.44 \$ 152.44 \$ 152.44 \$ 152.44 \$ 152.44 \$ 152.44 \$ 152.22 \$ 762.22 \$ 388.44 \$ 5 \$ 183.81	\$ 167.85 Yes \$ 90.64 Yes \$ 302.13 Yes \$ 839.25 \$ 839.25 \$ 923.18 \$ 570.69 \$ 594.19	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria Refer to Provi
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS	D3410 D3430 D4210 D4211 D4212 D4211 D4212 D4241 D4260 D4261 D4265 D4270 D4275 D4276 D4278 D4341 D4342 D4346 D4310 D5110 D5130 D5211 D5212	1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71 \$ 246.96 \$ 322.33 \$ 322.33 \$ 322.43 \$ 325.23 \$ 371.96 \$ 427.83 \$ 914.66 \$ 304.85 \$ 152.44 \$ 82.33 \$ 762.22 \$ 838.44 \$ 762.22 \$ 838.44 \$ 158.33.45	\$ 167.85 Yes \$ 0.64 Yes \$ 302.13 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 839.25 \$ 839.25 \$ 839.25 \$ 933.18 \$ 923.18 \$ 923.18 \$ 594.19 \$ 594.19 \$ 1,007.10	À À	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS	D3410 D3430 D4210 D4211 D4212 D4231 D4242 D4241 D4260 D4261 D4265 D4270 D4275 D4276 D4277 D4342 D4342 D4342 D4342 D4342 D4346 D4910 D5110 D5140 D5211 D5212 D5213	1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 298.64 \$ 106.71 \$ 106.71 \$ 264.96 \$ 268.32 \$ 322.33 \$ 268.30 \$ 332.33 \$ 368.32 \$ 378.90 \$ 371.96 \$ 432.94 \$ 304.83 \$ 152.44 \$ 82.32 \$ 762.22 \$ 762.22 \$ 383.44 \$ 531.831 \$ 531.64 \$ 531.65 \$ 534.66	\$ 167.85 Yes \$ 167.85 Yes \$ 90.64 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 67.14 Yes \$ 839.25 \$ 839.25 \$ 839.25 \$ 933.18 \$ 923.18 \$ 570.69 \$ 594.19 \$ 1,007.10	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria Refer to Provi
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS	D3410 D3430 D4210 D4211 D4212 D4213 D4241 D4240 D4241 D4260 D4261 D4265 D4270 D4275 D4276 D4341 D4342 D4342 D4341 D4342 D4346 D4910 D5110 D5120 D5130 D5211 D5213 D5213 D5214	1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71 \$ 246.96 \$ 322.33 \$ 268.30 \$ 322.33 \$ 378.06 \$ 371.92 \$ 437.82 \$ 914.66 \$ 102.44 \$ 82.33 \$ 152.44 \$ 82.34 \$ 152.44 \$ 82.33 \$ 762.22 \$ 338.44 \$ 838.44 \$ 539.65 \$ 518.31 \$ 539.65 \$ 914.66 \$ 549.41	\$ 167.85 Yes \$ 167.85 Yes \$ 90.64 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 67.14 Yes \$ 839.25 \$ 839.25 \$ 839.25 \$ 933.18 \$ 923.18 \$ 570.69 \$ 594.19 \$ 1,007.10	¥ Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria Refer to Provi
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS	D3410 D3430 D4210 D4211 D4212 D4213 D4241 D4240 D4240 D4260 D4261 D4265 D4270 D4275 D4276 D4277 D4341 D4342 D4342 D4341 D4342 D4342 D4341 D4342 D4341 D4342 D4341 D4342 D4341 D4342 D4342 D4343 D4342 D4341 D4342 D4341 D4342 D4341 D4342 D4343 D4344 D4340 D5110 D5213 D5213 D5214 D5225 D5226 D5228 </td <td>1/1/24 1/1/24</td> <td>\$ 277.45 \$ 91.47 \$ 298.64 \$ 106.71 \$ 268.63 \$ 268.32 \$ 268.33 \$ 268.33 \$ 378.06 \$ 371.92 \$ 371.92 \$ 432.32 \$ 914.66 \$ 304.82 \$ 152.444 \$ 82.32 \$ 762.22 \$ 762.22 \$ 762.22 \$ 763.94 \$ 394.66 \$ 53.84.44 \$ 53.84.44 \$ 53.84.44 \$ 53.83.44 \$ 53.83.44 \$ 53.83.44 \$ 53.83.44 \$ 53.84.44 \$ 51.83.31 \$ 53.91.66 \$ 914.66 \$ 64.94.41<!--</td--><td>\$ 167.85 Yes \$ 167.85 Yes \$ 90.64 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 39.25 \$ 839.25 \$ 933.18 \$ 923.18 \$ 923.18 \$ 923.18 \$ 923.18 \$ 570.69 \$ 594.19 \$ 1,007.10 \$ 1,007.10 \$ 715.04 \$ 715.04 \$ 44.84</td><td>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</td><td>X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.</td><td>Refer to Provider Guidelines for additional criteria Refer to Provi</td></td>	1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 298.64 \$ 106.71 \$ 268.63 \$ 268.32 \$ 268.33 \$ 268.33 \$ 378.06 \$ 371.92 \$ 371.92 \$ 432.32 \$ 914.66 \$ 304.82 \$ 152.444 \$ 82.32 \$ 762.22 \$ 762.22 \$ 762.22 \$ 763.94 \$ 394.66 \$ 53.84.44 \$ 53.84.44 \$ 53.84.44 \$ 53.83.44 \$ 53.83.44 \$ 53.83.44 \$ 53.83.44 \$ 53.84.44 \$ 51.83.31 \$ 53.91.66 \$ 914.66 \$ 64.94.41 </td <td>\$ 167.85 Yes \$ 167.85 Yes \$ 90.64 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 39.25 \$ 839.25 \$ 933.18 \$ 923.18 \$ 923.18 \$ 923.18 \$ 923.18 \$ 570.69 \$ 594.19 \$ 1,007.10 \$ 1,007.10 \$ 715.04 \$ 715.04 \$ 44.84</td> <td>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</td> <td>X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.</td> <td>Refer to Provider Guidelines for additional criteria Refer to Provi</td>	\$ 167.85 Yes \$ 167.85 Yes \$ 90.64 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 39.25 \$ 839.25 \$ 933.18 \$ 923.18 \$ 923.18 \$ 923.18 \$ 923.18 \$ 570.69 \$ 594.19 \$ 1,007.10 \$ 1,007.10 \$ 715.04 \$ 715.04 \$ 44.84	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria Refer to Provi
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS	D3410 D3430 D4210 D4211 D4212 D4213 D4241 D4240 D4241 D4260 D4261 D4265 D4270 D4275 D4276 D4342 D4342 D4342 D4342 D5100 D5110 D5120 D5130 D5140 D5212 D5213 D5224 D5225 D5226 D5226 D5282 D5283	1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.64 \$ 106.71 \$ 106.71 \$ 246.96 \$ 322.33 \$ 266.30 \$ 332.33 \$ 368.30 \$ 378.06 \$ 332.33 \$ 378.06 \$ 378.06 \$ 378.06 \$ 378.06 \$ 378.06 \$ 378.06 \$ 378.06 \$ 378.06 \$ 378.06 \$ 378.06 \$ 378.06 \$ 371.96 \$ 427.42 \$ 88.232 \$ 762.22 \$ 388.44 \$ 388.44 \$ 388.44 \$ 388.44 \$ 388.44 \$ 388.44	\$ 167.85 Yes \$ 167.85 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 839.25 \$ 839.25 \$ 839.25 \$ 839.25 \$ 839.25 \$ 923.18 \$ 923.18 \$ 923.18 \$ 570.69 \$ 594.19 \$ 1,007.10 \$ 1,007.10 \$ 715.04 \$ 715.04 \$ 449.84	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria Refer to Provi
ENDODONTICS ENDODONTICS PERIODONTAL SERVICES REMOVABLE PROSTHODONTICS	D3410 D3410 D4210 D4211 D4212 D4211 D4212 D4212 D4231 D4240 D4241 D4260 D4261 D4265 D4270 D4275 D4276 D4277 D4341 D4342 D4342 D4346 D4910 D5110 D5120 D5140 D5212 D5213 D5214 D5225 D5226 D5282 D5283 D5284	1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.66.3 \$ 106.71 \$ 106.71 \$ 268.33 \$ 268.33 \$ 268.33 \$ 378.06 \$ 371.96 \$ 372.37 \$ 342.94 \$ 432.94 \$ 432.94 \$ 324.85 \$ 312.44 \$ 324.83 \$ 324.84 \$ 304.85 \$ 762.22 \$ 762.22 \$ 762.22 \$ 762.22 \$ 762.22 \$ 762.22 \$ 334.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.67 \$ 649.41 \$ 649.41 \$ 408.55 <t< td=""><td>\$ 167.85 Yes \$ 0.64 Yes \$ 302.13 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 839.25 \$ 839.25 \$ 839.25 \$ 839.25 \$ 923.18 \$ 923.18 \$ 923.18 \$ 923.18 \$ 923.18 \$ 592.318 \$ 715.04 \$ 715.04 \$ 744.984 \$ 449.84</td><td>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</td><td>X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.</td><td>Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional crit</td></t<>	\$ 167.85 Yes \$ 0.64 Yes \$ 302.13 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 839.25 \$ 839.25 \$ 839.25 \$ 839.25 \$ 923.18 \$ 923.18 \$ 923.18 \$ 923.18 \$ 923.18 \$ 592.318 \$ 715.04 \$ 715.04 \$ 744.984 \$ 449.84	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional crit
ENDODONTICS ENDODONTICS ENDODONTICS PERIODONTAL SERVICES PERIODONTAL SERVICES REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS	D3410 D3430 D4210 D4211 D4212 D4213 D4241 D4240 D4241 D4260 D4261 D4265 D4270 D4275 D4276 D4342 D4342 D4342 D4342 D5100 D5110 D5120 D5130 D5140 D5212 D5213 D5224 D5225 D5226 D5226 D5282 D5283	1/1/24 1/1/24	\$ 277.45 \$ 91.47 \$ 289.66.3 \$ 106.71 \$ 106.71 \$ 268.33 \$ 268.33 \$ 268.33 \$ 378.06 \$ 371.96 \$ 372.37 \$ 342.94 \$ 432.94 \$ 432.94 \$ 324.85 \$ 312.44 \$ 324.83 \$ 324.84 \$ 304.85 \$ 762.22 \$ 762.22 \$ 762.22 \$ 762.22 \$ 762.22 \$ 762.22 \$ 334.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.67 \$ 649.41 \$ 649.41 \$ 408.55 <t< td=""><td>\$ 167.85 Yes \$ 0.64 Yes \$ 302.13 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 839.25 \$ 839.25 \$ 839.25 \$ 839.25 \$ 923.18 \$ 923.18 \$ 923.18 \$ 923.18 \$ 923.18 \$ 592.318 \$ 715.04 \$ 715.04 \$ 744.984 \$ 449.84</td><td>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</td><td>X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.</td><td>Refer to Provider Guidelines for additional criteria Refer to Provi</td></t<>	\$ 167.85 Yes \$ 0.64 Yes \$ 302.13 Yes \$ 302.13 Yes \$ 67.14 Yes \$ 839.25 \$ 839.25 \$ 839.25 \$ 839.25 \$ 923.18 \$ 923.18 \$ 923.18 \$ 923.18 \$ 923.18 \$ 592.318 \$ 715.04 \$ 715.04 \$ 744.984 \$ 449.84	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X X Quad. Quad. Quad. Quad. Quad. Quad. Quad. X Quad. X Quad. X Quad.	Refer to Provider Guidelines for additional criteria Refer to Provi

DEMONARIE PROCEURDONITICS	05440	1/1/24	¢ 26.50	ć 10.20	- N		
REMOVABLE PROSTHODONTICS	D5410	1/1/24			N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5411	1/1/24	\$ 36.59	\$ 40.28	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5421	1/1/24		\$ 40.28	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5422	1/1/24	\$ 36.59		N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5511	1/1/24		\$ 100.71	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5512	1/1/24	7 0	\$ 100.71	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5520	1/1/24	\$ 60.98	\$ 67.14	N	Х	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5611	1/1/24	\$ 91.47	\$ 100.71	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5612	1/1/24	\$ 91.47	\$ 100.71	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5621	1/1/24	\$ 125.00	\$ 137.64	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5622	1/1/24		\$ 137.64	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5630	1/1/24		\$ 124.21	N	X	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5640	1/1/24		\$ 100.71	N	Х	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5650	1/1/24	\$ 91.47		N	Х	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5660	1/1/24	\$ 152.44		N	Х	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5670	1/1/24		\$ 500.19	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5671	1/1/24	+	\$ 500.19	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5710	1/1/24	\$ 304.89	\$ 335.70	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5711	1/1/24	\$ 304.89	\$ 335.70	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5720	1/1/24		\$ 268.56	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5721	1/1/24		\$ 268.56	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5750	1/1/24	7	\$ 268.56	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5751	1/1/24	φ 210.51	\$ 268.56	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5760	1/1/24	\$ 243.91	\$ 268.56	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5761	1/1/24	\$ 243.91	\$ 268.56			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5820	1/1/24	+	\$ 335.70	Y	X	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5821	1/1/24	\$ 304.89	\$ 335.70	Y	X	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5850	1/1/24		\$ 87.28	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5851	1/1/24		\$ 87.28	Y		Refer to Provide Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5899	1/1/24	MANUAL	MANUAL	Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5911	1/1/24	\$ 121.95		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5912		\$ 182.93		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5913		\$ 3,048.87		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5914		\$ 3,048.87		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5915		\$ 4,115.97		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5916		\$ 4,268.42		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5919		\$ 2,439.10		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5922		\$ 1,981.77		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5923		\$ 2,439.10		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5931	=/ =/ = :	\$ 975.64		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5932		\$ 2,286.65		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5933	1/1/24			Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5934		\$ 2,286.65		Ŷ		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5935		\$ 2,286.65		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5936	1/1/24			Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5937	1/1/24			Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5951	1/1/24	\$ 914.66		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5952	1/1/24	\$ 914.66		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5954	1/1/24			Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5955		\$ 1,981.77		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5958		\$ 1,158.57		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5959	1/1/24					Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5982 D5983	1/1/24 1/1/24	\$ 164.64		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS			\$ 378.06		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5984	1/1/24	\$ 378.06 \$ 853.68		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5985	1/1/24	÷ 055.00		Y		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5986	1/1/24	\$ 91.47		Y V		Refer to Provider Guidelines for additional criteria
MAXILLOFACIAL PROSTHETICS	D5999	1/1/24	MANUAL	ć 117.50	T V	v	Refer to Provider Guidelines for additional criteria
SURGICAL SERVICES - IMPLANTS	D6105	1/1/24	\$ 106.71	\$ 117.50	Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6211	1/1/24	\$ 426.84		Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6241	1/1/24	\$ 548.80		Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6251	1/1/24	\$ 426.84		Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6545	1/1/24	\$ 289.64		Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6721	1/1/24	\$ 457.33		Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6751	1/1/24	\$ 487.82		Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6791		\$ 426.84		Y	Х	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6930	1/1/24	\$ 60.98		Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6980	=, =, = :	\$ 158.54		Y	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7111	1/1/24	\$ 60.98	\$ 67.14	N	Х	Refer to Provider Guidelines for additional criteria

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ORAL AND MAXILLOFACIAL SURGERY	D7140	1/1/24	\$ 67.08			N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7210	<i>_, _, _</i> .	\$ 121.95	\$ 134.28	Yes	N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7220	<i>_, _, _</i> .	\$ 140.25	\$ 154.42		N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7230	1/1/21	\$ 182.93	\$ 201.42		N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7240	1/1/24	\$ 219.52	\$ 241.70		N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7241	1/1/24	\$ 304.89	\$ 335.70		Y	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7250	1/1/24	\$ 121.95	\$ 134.28		N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7261	1/1/24	\$ 320.13	\$ 352.49		N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7270	1/1/24	\$ 219.52			N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7280	1/1/24	\$ 182.93			Y	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7282	1/1/24	\$ 222.57			N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7283	1/1/24	\$ 231.71			Y	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7284		\$ 198.18			N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7285	1/1/24	\$ 158.54			N		Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7286	1/1/24	\$ 121.95	A 440.00	-	N	Quad	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7310	1/1/24	\$ 128.05	\$ 140.99		N	Quad	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7321	1/1/24	\$ 234.76			N	Quad	Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7410	1/1/24	\$ 152.44		ļ	N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7411	1/1/24	\$ 253.06			Y		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7412	1/1/24	\$ 332.33	é		Y		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7413		\$ 304.89	\$ 335.70		N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7414	1/1/21	\$ 429.89	\$ 473.34		N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7415	1/1/24	\$ 432.94	\$ 476.69	<u> </u>	N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7440	<i>=, =, =</i> :	\$ 240.86			N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7441 D7450	1/1/24 1/1/24	\$ 487.82			N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS			\$ 207.32					Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7451	1/1/24	\$ 268.30			N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS EXCISION/REMOVAL OF LESIONS	D7460 D7461	1/1/24 1/1/24	\$ 204.27 \$ 289.64			N N		Refer to Provider Guidelines for additional criteria
	D7461 D7465							Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS		1/1/24	\$ 160.07	¢ 205.25		N		Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7471	1/1/24	\$ 259.15	\$ 285.35		Y	L, R	Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7472	1/1/24	\$ 320.13 \$ 219.52	\$ 352.49		Y	1.0	Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7473 D7485		φ E10.0E	\$ 241.70		Y	L, R	Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE			÷ 210.00			Y	01, 02	Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE SURGICAL INCISION	D7490		\$ 3,780.60					Refer to Provider Guidelines for additional criteria
	D7510		\$ 82.32			N	X	
SURGICAL INCISION	D7511		\$ 134.15			N	X	
SURGICAL INCISION	D7520		\$ 182.93			N	X	
	D7521	- <i>i</i> - <i>i</i> - ·	\$ 228.67			N	х	
SURGICAL INCISION SURGICAL INCISION	D7530 D7540	1/1/24 1/1/24	\$ 128.05 \$ 259.15			N		
SURGICAL INCISION	D7550		\$ 213.42			N	Quad	
SURGICAL INCISION	D7560		\$ 396.35			N	Quau	
FRACTURE TREATMENTS	D7500		\$ 1,768.34			N		
FRACTURE TREATMENTS	D7610 D7620		\$ 1,463.46			N		
FRACTURE TREATMENTS	D7620		\$ 2,012.25			N		
FRACTURE TREATMENTS	D7630		\$ 1,219.55			N		
FRACTORE TREATMENTS	D7650		\$ 1,219.55		-	N		
FRACTURE TREATMENTS	D7660		\$ 1,158.57			N		
FRACTURE TREATMENTS	D7670		\$ 609.77			N		
FRACTURE TREATMENTS	D7671		\$ 365.86			N		
FRACTURE TREATMENTS	D7710		\$ 2,103.72			N		
FRACTURE TREATMENTS	D7720		\$ 1,341.50			N		
FRACTURE TREATMENTS	D7730		\$ 2,347.63			N		
FRACTURE TREATMENTS	D7740		\$ 1,371.99			N		
FRACTURE TREATMENTS	D7750		\$ 1,981.77			N		
FRACTURE TREATMENTS	D7760		\$ 1,829.32			N		
FRACTURE TREATMENTS	D7770		\$ 1,158.57			N	Х	
FRACTURE TREATMENTS	D7771		\$ 716.48			N	X	
FRACTURE TREATMENTS	D7780		\$ 3,719.62			N		
SURGICAL TMJ	D7820		\$ 274.40			N	L. R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7830		\$ 277.45		1	N	_,	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7840		\$ 2,622.03		1	Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7850		\$ 2,500.07		1	Ý	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7858		\$ 3,414.73		1	Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7860		\$ 914.66		1	Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7865		\$ 2,561.05		1	Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7870		\$ 121.95		1	Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7872		\$ 792.71		1	Ŷ		Refer to Provider Guidelines for additional criteria
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SURGICAL TMJ	D7873	1/1/24	\$ 868.93		1	Y	L. R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7873		\$ 1,097.59			Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7874		\$ 1,173.81			Y	L, R	Refer to Provider Guidelines for adultional criteria
SURGICAL TMJ	D7876		\$ 1,219.55			Y	L, R	Refer to Provider Guidelines for adultional criteria
SURGICAL TMJ	D7876		\$ 1,219.55			Y	L, R	Refer to Provider Guidelines for adultional criteria
SURGICAL TMJ	D7880	1/1/24	\$ 1,128.08			Y	ι, к	Refer to Provider Guidelines for adultional criteria
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SURGICAL REPAIRS	D7910	1/1/24	\$ 128.05			N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7911	1/1/24				N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7912		\$ 243.91			N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7920		\$ 1,006.13			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7940		\$ 1,615.90			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7941		\$ 4,268.42			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7943		\$ 4,329.40			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7944	1/1/24	\$ 3,414.73			Y	Quad	Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7945	1/1/24	\$ 3,445.22			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7946	1/1/24	\$ 3,811.09			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7947	1/1/24	\$ 3,811.09			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7948	1/1/24	\$ 4,268.42			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7949	1/1/24	\$ 6,219.69			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7950	1/1/24	\$ 1,311.01			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7961	1/1/24	\$ 182.93			N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7962	1/1/24	\$ 213.42			N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7970	1/1/24	\$ 243.91			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7971	1/1/24				N	Х	Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7972	1/1/24	\$ 314.03			N	L.R	Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7980	1/1/24	\$ 253.06			N	L, IX	Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7981		\$ 1,219.55			N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7982	1/1/24	\$ 746.97			N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7983	1/1/24	\$ 518.31			N	Quad	Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7990	1/1/24	\$ 506.11			N	Quau	Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7991		\$ 1,890.30			Y	L. R	Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7999	1/1/24	MANUAL			Y Y	L, N	Refer to Provider Guidelines for additional criteria
ORTHODONTICS						T Y		
	D8020	1/1/24				Ŷ		Refer to Provider Guidelines for additional criteria
ORTHODONTICS	D8080	1/1/24	MANUAL			Y		Refer to Provider Guidelines for additional criteria
ORTHODONTICS	D8220	1/1/24	\$ 435.99			Y		Refer to Provider Guidelines for additional criteria
ORTHODONTICS	D8695	, ,	\$ 121.95			Y		Refer to Provider Guidelines for additional criteria
ORTHODONTICS	D8999	1/1/24	MANUAL			Y		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9110	1/1/24	\$ 60.98			N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9130	1/1/24	\$ 18.29			Y		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9222	1/1/24		\$ 87.28		N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9223	1/1/24	\$ 79.27	\$ 87.28	Yes	N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9230	1/1/24	\$ 27.44			N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9248	1/1/24	\$ 135.67			N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9310	1/1/24	\$ 48.78			N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9610	1/1/24	\$ 30.49			Ν		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9930	1/1/24	\$ 51.83			Ν		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9938	1/1/24	MANUAL			N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9944	1/1/24	\$ 262.20			Y		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9945	1/1/24				Y		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9946	1/1/24	\$ 198.18			Y		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9950	1/1/24				Y		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9951	1/1/24	\$ 70.12			Ŷ	Х	Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9999	1/1/24				Ŷ		Refer to Provider Guidelines for additional criteria
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WAIVER ONLY CODES

D0322	\$ 170.74	\$ 187.99
D1330	\$ 21.34	\$ 23.50
D1354		\$ 83.93
D3348	\$ 503.06	\$ 553.91
D5851	\$ 79.27	\$ 87.28
D7260	\$ 365.86	\$ 402.84
D7272	\$ 304.89	\$ 335.70
D9215	\$ 24.39	\$ 26.86
D9420	\$ 91.47	\$ 100.71