



OVERVIEW OF SERVICES

Here at Total Wellness Dentistry, PLLC we believe getting dental care should be a stress free experience. We understand dental work can be expensive and this cost is often a barrier to receiving the treatment that best fits your needs. For this reason we have developed an alternative method of providing affordable dental care.

We recognize each individual has different wants and needs regarding their oral health and the appearance of their smile. While those needs may be different, they should not be available only to a select few. So, to make our services available to you we offer a unique approach to providing affordable dental care to our patients. Instead of the traditional model where a dentist charges you for each procedure performed and you are responsible to pay for each procedure, maybe with some contribution from insurance, Total Wellness Dentistry does not charge on a per procedure basis.

Instead, you will be charged an annual fee for services. Your annual fee acts similarly to, *BUT IS NOT*, an insurance premium. We differ from all insurance plans and even other doctor's membership plans in several ways: Once you pay your fee you are immediately entitled to all the benefits and procedures that can be performed by Total Wellness Dentistry! No waiting period for services! No deductibles! No co-pays! No maximums! No complicated claims process!

Your annual fee provides access to all services offered by Total Wellness Dentistry. Procedures like exams, x-rays, cleanings, bleaching, fillings, root canals, extractions, and more are included with no additional cost! Some procedures do carry an additional cost due to the custom nature of the materials being used. Examples include: crowns, bridges, implants, dentures, etc. (A full list of inclusions/exclusions can be found at the end of this packet). The fee for these procedures is equal to what we are charged by our labs and suppliers for these items, with no mark-up added. Any procedures carrying an additional cost will be discussed with you and agreed upon prior to treatment. When possible, and upon request, we will provide you with the invoice of these items.

Our goal is that after your first year of being with us you will be free from oral disease and have the smile you always wanted. Once you have completed your first year of treatment, you are eligible to enroll in our maintenance program. The maintenance program has all the same benefits included in the first year fee, *but at a reduced annual fee!*

We are glad that you have chosen Total Wellness Dentistry to provide your oral health needs and we look forward to partnering with you in creating and maintaining the healthy beautiful smile you deserve!

To enroll in our program please complete the attached Contract for Services, which contains the details of the obligations between you and Total Wellness Dentistry.

CONTRACT FOR SERVICES

This Contract for Services (this "Contract") is entered into as of the date of last signature below ("Effective Date") between Total Wellness Dentistry ("TWD"), and _____ ("You" or "Your" or "I").

FEES. The initial fee for the first year of services is \$1500 for an individual or \$2500 for a family (the "First Year Fee").* The First Year Fee is due in full on the Effective Date. This Contract, and its benefits, will run from the Effective Date to the first anniversary of the Effective Date. The First Year Fee covers many procedures common to most patients, including but not limited to: exams, radiographs, cleanings, fillings, night guards, mouth guards, extractions, root canals and more**. Procedures that require outside processing and/or materials, such as crowns, bridges, dentures, implants, etc. are charged to You at the direct cost to TWD and will be an additional charge not included in the First Year Fee.

Once You have completed Your first year of enrollment You are eligible to enroll in our program for additional one year periods. Provided You enroll for the year immediately following the expiration date of Your then-current enrollment period, the program for each subsequent year has all the same benefits included in the First Year Fee, but at the following reduced rates: for an individual the fee for each consecutive subsequent year is \$600 and for a family the fee is \$1000. This maintenance program fee remains applicable so long as you remain continuously enrolled in the maintenance program with TWD. Should You fail to re-enroll for a period greater than one year from the expiration date of Your last period of enrollment You will no longer be eligible to enroll at the reduced fee until a new "first year" has been established after reenrolling at the First Year Fee and completing a new year of enrollment. The enrollment fees set forth herein are current as of the date of this Contract but TWD reserves the right to increase or decrease the enrollment fees at any time, provided, however, any change in fees will not be effective until the expiration of any then-current enrollment period.

Enrollment fees are non-refundable once You have received treatment from TWD, which includes any procedures or services furnished beyond Your initial appointment and exam. For your first year of enrollment with TWD, you may terminate this Contract by providing written notice electing to terminate to: **8382 N. Wayne Drive, Suite 202, Hayden, ID 83835** no later than twenty (20) days after the date of your initial appointment and exam. If You timely provide notice of cancellation as set forth in this Contract, your First Year Fee will be refunded in full, minus a charge of \$100 to cover administrative costs and the cost of the initial exam. As long as the services are included in the program, there is no limit on the amount of procedures or number of appointments available during any active period of coverage so long as You and TWD agree on the scope and medical necessity of any course of treatment. Covered procedures are available by appointment during TWD's standard office hours at the office of TWD. This Contract is between You and TWD. The dental services may be provided by any dentist or other professional working on behalf of TWD.

CANCELLATIONS AND FAILURES. Cancellations for appointments made by You shall be done by notifying TWD of your intent to cancel at least 24 hours in advance. Failure to notify TWD of your cancellation in a timely manner constitutes a failed appointment. If you do not appear for your appointment by your appointed time the appointment will be accounted for as failed and it will be left to the discretion of the provider to determine whether or not appropriate treatment can be rendered within the time available. Repeated failures to show up for scheduled appointments without following the cancellation policy of TWD is grounds for termination of this Contract without a refund.

WARRANTY. TWD will warranty all work performed by TWD providers as set forth in the attached limited warranty.

REFERRALS. Our goal is to give You an affordable method to obtaining the oral health and beautiful smile You want and deserve. We strive to provide as many services as possible, but some procedures are best performed by a specialist. Any procedures performed by a specialist upon referral are not covered within any plan and are Your sole responsibility unless explicitly covered by the attached limited warranty. Obtaining treatment from a specialist does not void the continuing effectiveness of Your plan with TWD.

I have read and understand this Contract for Services, including Appendix B and the limited warranty and agree to the terms described herein. I also acknowledge that a staff member has answered any questions I had and has provided me Appendix B, which covers what is and is not included in the program fee. I understand and acknowledge that TWD is not an insurance carrier or insurance provider and is not governed by any laws or rules that might apply to providers of insurance in the State of Idaho. This contract shall be governed by the laws of the State of Idaho. You may not assign this Contract to any other person or party. This Contract embodies the entire understanding between the You and TWD with respect to the provision and cost of dental services performed by TWD, and any prior or contemporaneous representations, either oral or written, are superseded. No amendments or changes to this Contract shall be effective unless made in writing and signed by authorized representatives of the parties, provided, however, TWD is authorized to, upon providing You with at least 60 days' prior notice, alter the scope of benefits covered by this Contract by updating Appendix B. If any part, term or provision of this Contract is held to be illegal or unenforceable neither the validity or enforceability of the remainder of this Contract shall be affected.

Any dispute or claim relating to or arising out of this Contract (exclusive of medical malpractice claims) must be resolved exclusively by mandatory and binding arbitration by and in accordance with the rules of the American Arbitration Association. Any arbitration conducted pursuant to this Section 8 will be conducted in Coeur d'Alene, Idaho and governed by Idaho law. Arbitration shall be before a single independent arbitrator. The Parties will equally bear the costs of arbitration. A judgment upon an award rendered in arbitration may be entered in any court of competent jurisdiction. Except as may be required by applicable law, neither party may disclose the existence, content or results of any arbitration hereunder without the prior written consent of the other party.

Signed _____ date _____

TWD Representative _____ date _____

*A family is defined as up to two adults and any children under the age of 25 living under the same roof as of the Effective Date. All family members must be identified below as of the Effective Date to be included in coverage under this Contract. Family members listed on this contract are equally bound by all terms and agreements made herein. Additional family members will be eligible to join a Family plan at the beginning of each successive year of coverage if the plan is renewed for the following year. I am selecting the family plan and my family members as of the Effective Date are:

** The complete list of services included in the scope of the First Year Fee are set forth on Appendix B. Any services or materials not expressly included on Appendix B are deemed excluded from coverage.

TOTAL WELLNESS DENTISTRY

LIMITED WARRANTY

What is Covered

This limited warranty covers defects in the workmanship of dental procedures performed by Total Wellness Dentistry (“TWD”).

What is Not Covered

This limited warranty does not cover any damage, deterioration or other related harms, injuries, or claims resulting from: any alteration, maintenance or modification of the work from any person or cause other than an employee of TWD (including, without limitation; work performed by any dentist or other party who is not a TWD employee); injuries or impacts causing that would otherwise cause non-deficient dental work to fail; the patient’s failure to routinely care or maintain their dental work and oral health; the misuse, abuse or neglect of the dental work provided by TWD; or the failure of any materials provided by third party suppliers used in connection with the dental procedures.

How Long Does Coverage Last

Coverage lasts until the earlier to occur of: (i) the reasonable expected life of the dental procedure performed according to dental industry standards or (ii) the date the patient is no longer actively enrolled as a patient with Total Wellness Dentistry.

What Total Wellness Dentistry Will Do

TWD will, at its sole option, provide one of the following remedies to the extent it deems necessary and proper to satisfy a valid warranty claim under this limited warranty:

1. Repair the defective workmanship at a scheduled, in office visit at a TWD facility; or
2. If required in the exclusive judgment of TWD, send the patient to a specialist of TWD’s choosing to have the defective workmanship repaired at TWD’s cost.

The two options above are the only remedies offered under this limited warranty and no other remedies are available under this limited warranty.

Limitation On Liability

The maximum liability of TWD under this limited warranty shall not exceed the annual fee paid by the patient to TWD for the coverage period in which the warranty coverage issue occurred. To the maximum extent permitted by law, TWD is not responsible for direct, special, incidental or consequential damages resulting from any breach of warranty or condition or under any other legal theory.

Exclusive Remedy

TO THE MAXIMUM EXTENT PERMITTED BY LAW, THIS LIMITED WARRANTY AND THE REMEDIES SET FORTH ABOVE ARE EXCLUSIVE AND IN LIEU OF ALL OTHER WARRANTIES, REMEDIES AND CONDITIONS, WHETHER ORAL OR WRITTEN, EXPRESS OR IMPLIED. TO THE MAXIMUM EXTENT PERMITTED BY LAW, TWD SPECIFICALLY DISCLAIMS ANY AND ALL IMPLIED WARRANTIES.

APPENDIX B

PROCEDURE FEE SHEET

| Procedure Code | Procedure Description | Covered | MATERIALS FEE | Referred |
|-----------------------|---|----------------|----------------------|-----------------|
| D0100-D0999 | DIAGNOSTIC | | | |
| D0120A | Periodic Oral Eval - Est Pt | y | | |
| D0140A | Limited Oral Eval - Problem Focus | y | | |
| D0150A | Comp Oral Evaluation - New/Est Pt | y | | |
| D0170 | Re-Eval-Ltd Prob Focused (Established patient) | y | | |
| D0180 | Comp Periodontal Eval (New patient) | y | | |
| D0210 | Full Mouth X-Rays | y | | |
| D0220A | Single X-Ray | y | | |
| D0220P | PEDO/ORTHO Single X-Ray | y | | |
| D0230A | Additional X-Ray | y | | |
| D0240 | Intraoral Occ. X-Ray | y | | |
| D0270A | Bitewings-Single | y | | |
| D0272A | Bitewings-Two Films | y | | |
| D0273 | Bitewings - Three Films | y | | |
| D0274 | Bitewings-Four Films | y | | |
| D0277 | Vertical Bitewings 7 - 8 Films | y | | |
| D0330A | Panoramic Film | y | | |
| D0363A | Cone Beam - 3D image - One Arch | y | | |
| D0363B | Cone Beam - 3D image - Two Arches | y | | |
| D0470 | Diag. Study Casts | y | | |
| D1000-D1999 | PREVENTIVE | | | |
| D1110 | Prophylaxis - Adult (14 +) | y | | |
| D1120 | Prophylaxis- Child (13 and under) | y | | |
| D1203 | Topical Fluoride Child | y | | |
| D1204 | Topical Fluoride Adult | y | | |
| D1206 | Topical Flouride Varnish: for mod-high caries risk | y | | |
| D1310A | Nutrition Counseling | y | | |
| D1320 | Tobacco counseling | y | | |
| D1330A | Oral Hyg Instruction | y | | |
| D1351A | Sealant Per Tooth | y | | |
| D1352 | PRR Preventive Resin Restoration for mod-high caries | y | | |
| D1510A | Space Mntr Fxed Unil | | y | |
| D1510B | Distal Shoe | | y | |
| D1515 | Space Mntr Fxd Bilat | | y | |
| D2000-D2999 | RESTORATIVE | | | |
| D2330A | Composite- Anterior One Surface (#6-12# or #22-27) | y | | |
| D2331A | Composite Anterior -2 Surface (#6-12# or #22-27) | y | | |
| D2332A | Composite Anterior -3 Surface (#6-12# or #22-27) | y | | |
| D2335A | Comp- Anterior 4/More Surface (#6-12# or #22-27) | y | | |
| D2390 | Composite Anterior comp Crown (#6-12# or #22-27) | y | | |
| D2391 | Posterior Composite Resin-based comp-1 surf, post. | y | | |
| D2392 | Posterior Composite Resin-based comp-2 surf, post. | y | | |
| D2393 | Posterior Composite Resin-based comp-3 surf, post. | y | | |
| D2394 | Posterior Resin-based comp-4+surf, post. | y | | |

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|-------------------------|--|---|------|---|
| D2510 | Inlay- Metallic 1 Surface | | 130+ | |
| D2520 | Inlay- Metallic Two Surfaces | | 130+ | |
| D2530 | Inlay- Metallic Three Surfaces | | 130+ | |
| D2542 | Onlay-Metallic-2 Surfaces | | 130+ | |
| D2543 | Onlay-Metallic-3 Surfaces | | 130+ | |
| D2544 | Onlay-Metallic-4/More Surfaces | | 130+ | |
| D2610 | Inlay- Porcelain/Ceramic 1 surface | | 100+ | |
| D2620 | Inlay- Porcelain/Ceramic 2 surface | | 100+ | |
| D2630 | Inlay- Porcelain/Ceramic 3 surface | | 100+ | |
| D2642 | Onlay- Porcelain/Ceramic 2 surface | | 100+ | |
| D2643 | Onlay- Porcelain/Ceramic 3 surface | | 100+ | |
| D2644 | Onlay- Porcelain/Ceramic 4 surface | | 100+ | |
| D2740 | Crown-ALL Porcelain/Ceramic substrate- NOT PFM | | 100+ | |
| D2750 | Crown, PFM Porcelain High Noble- for single tooth not FPD/"bridge" | | 150+ | |
| D2790 | Crown Full High Nobl-for single tooth not FPD/"bridge" | | 130+ | |
| D2799 | Provisional Crown | y | | |
| D2910 | Recement Inlay | y | | |
| D2920A | Recement Crown | y | | |
| D2930A | Ss Crown (Prim) | y | | |
| D2931A | Ss Crown (Perm) | y | | |
| D2940A | Excavate & Temporize | y | | |
| D2950 | Core Build-Up | y | | |
| D2951 | Pin Retention-Per Tooth | Y | | |
| D2954 | Post/Core Prefab Add | y | | |
| D2960 | Labial Veneer Chairside Composite | y | | |
| D2962 | Labial Veneer (Porcelain) | | 200+ | |
| D2970 | Temporary Crown for Fractured tooth NOT for regular crowns | y | | |
| D2999 | Restorative, By Report | | | |
| D3000- D3999 | ENDODONTICS | | | |
| D3220A | Therap Pulpotomy-Rem Pulp-Appl | y | | |
| D3220B | Pulpectomy | y | | |
| D3230 | Pulpal Therapy Primary Anterior teeth | y | | |
| D3240 | Pulpal Therapy Primary Posterior teeth | y | | |
| D3310A | Root Canal-Anterior | y | | |
| D3320A | Root Canal-Premolar | y | | |
| D3330A | Root Canal-Molar | y | | |
| D3346 | Rct Retreat-Ant,Rpt* | y | | R |
| D3347 | Rct Retreat-Biscup * | y | | R |
| D3348 | Rct Retreat-Molar * | y | | R |
| D3351 | Apexification Initial | y | | R |
| D3352 | Apexif. Interim Med | y | | R |
| D3353 | Apexification-Final | y | | R |
| D3410 | Apicoectomy-Anterior | | | R |
| D3421 | Apicoectomy-Biscupid | | | R |
| D3425 | Apicoectomy-Molar | | | R |
| D3426 | Apicoectomy-Add'L Rt | | | R |
| D3430 | Retrograde Filling | | | R |
| D3450 | Root Amputation | | | R |
| D3920 | Hemisection | | | R |

| D4000- D4999 | PERIODONTICS | | | |
|-------------------------|---|---|---------------|---|
| D4210 | Gingivectomy/Gingivoplasty 4 or more teeth per quad | y | | R |
| D4211 | Ging/Gingivoplasty-1-3 Teeth/Quad | y | | R |
| D4230 | Anatomic Crown Exp 4 or more Teeth/Quad | y | | R |
| D4231 | Anatomic Crown Exp 1-3 Teeth/Quad | y | | R |
| D4240 | Gingival Flap Procedure 4 or more teeth per quad | y | | R |
| D4241 | Gingival Flap Proc. 1-3 teeth per quad, Incl Root | y | | R |
| D4245 | Apically Positioned Flap | y | | R |
| D4249 | Crown Lengthening | y | | R |
| D4260 | Osseous Surgery 4 or more teeth per quad | y | | R |
| D4261 | Osseous Surg 1-3 teeth/quad | y | | R |
| D4263 | Bone Replace Graft-1st Site, Quad | y | 150+ | R |
| D4264 | Bone Replace Graft-Ea Addtl Site | y | 150+ | R |
| D4266 | GTR - Resorbable Barrier/Site | y | 75+ | R |
| D4267 | GTR - Nonresorbable Barrier/Site | y | 75+ | R |
| D4270 | Pedicle Graft | | | |
| D4271 | Free Soft Tissue Graft | y | | R |
| D4273 | Subepithelial Connective Tissue graft | y | | R |
| D4274 | Distal/Proximal Wedge | y | | R |
| D4275 | Soft Tissue Allograft | | | |
| D4276 | Combined Connective Tissue And Double Pedicle graft | | | |
| D4320 | Perio Splint - Intracoronal | | | |
| D4321 | Perio Splint - Extracoronal | | | |
| D4341 | Perio SRP 4 or more teeth/quad- | y | | |
| D4342 | Perio SRP 1-3 teeth/quad | y | | |
| D4355A | Full Mouth Debridement | y | | |
| D4381 | Local Delivery of antimicrobial agent | y | | |
| D4910 | Perio Maintenance | y | | |
| D4999C | Osteotome Sinus Lift | y | | R |
| D7951 | Sinus Augmentation w/bone | | | R |
| D7953 | Socket Preservation Bone Replacement Graft-Per Sit | y | 150+ | |
| D5000- D5999 | REMOVABLE PROSTHODONTICS | | | |
| D5110S | Comp Upper Denture - Simple | y | 475 | |
| D5120S | Comp Lower Denture - Simple | y | 475 | |
| | complete upper and lower denture | y | 750 | |
| D5211 | U/Partial- Resin base (all acrylic with clasps) NOT flipper | y | lab dependent | |
| D5212 | L/Partial- Resin Base (all acrylic with clasps) NOT flipper | y | lab dependent | |
| D5213S | U/Partial-Metal Base - Simple | y | lab dependent | |
| D5214S | L/Partial-Metal Base - Simple | y | lab dependent | |
| D5410TV | Upper Denture Adjust (No Fee) | y | | |
| D5411TV | Lower Denture Adjust (No Fee) | y | | |
| D5421TV | Upr Part Dent Adjust (No Fee) | y | | |
| D5422TV | Lwr Part Dent Adjust (No Fee) | y | | |
| D5410 | Upper Denture Adjust after 6 months | y | | |
| D5411 | Lower Denture Adjust after 6 months | y | | |
| D5421 | Upr Part Dent Adjust after 6 months | y | | |
| D5422 | Lwr Part Dent Adjust after 6 months | y | | |
| D5510 | Rpr Brkn Dent. Base | y | lab dependent | |
| D5520 | Rpl Brkn Tth-Denture | y | lab dependent | |
| D5610 | Repair RPD Acrylic Resin Base | y | lab dependent | |
| D5620 | Repair RPD Cast Framework | y | lab dependent | |

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|-------------------------|--|---|---------------|--|
| D5630 | Rpr/Rpl Broken Clasp | y | lab dependent | |
| D5640 | Rpl Broken Tooth | y | lab dependent | |
| D5650 | Add Tooth To Part Dn | y | lab dependent | |
| D5660 | Add Clasp/Part Dent | y | lab dependent | |
| D5710 | Rebase Comp/Upr Dent | y | lab dependent | |
| D5711 | Rebase Comp Low Dent | y | lab dependent | |
| D5720 | Rebase Upper Partial | y | lab dependent | |
| D5721 | Rebase Low/Partial | | lab dependent | |
| D5730 | Chairside Hard Reline Upper Denture (NOT Coesoft) | y | | |
| D5731 | Chairside Hard Reline Lower Denture (NOT Coesoft) | y | | |
| D5740 | Chairside Hard Reline Upper Partial (NOT Coesoft) | y | | |
| D5741 | Chairside Hard Reline Lower Partial (NOT Coesoft) | y | | |
| D5750 | Lab Reline Upper Denture | | 128 | |
| D5751 | Lab Reline Lower Denture | | 128 | |
| D5760 | Lab Reline Upper Partial | | 128 | |
| D5761 | Lab Reline Lower Partial | | 128 | |
| D5761 | Lab Reline Lower Partial | | 128 | |
| D5820 | Interim upper partial 4 + teeth | | 214+ | |
| D5820A | Interim upper partial 1-3 teeth | | 214+ | |
| D5821 | Interim lower partial 4 + teeth | | 214+ | |
| D5821A | Interim lower partial 1-3 teeth | | 214+ | |
| D5850 | Tissue Cond Upper | y | | |
| D5851 | Tissue Condition Lower | y | | |
| D5862 | Precision Attachment, By Report | | y | |
| D5899A | Personalized Tooth | | y | |
| D6000- D6199 | IMPLANT SERVICES | | | |
| D6010A | Endosseous Implant- | | at cost | |
| D7953 | Socket Preservation Bone Replacement Graft-Per Sit | | 150+ | |
| D0363A | Cone Beam - 3D image - One Arch | y | | |
| D0363B | Cone Beam - 3D image - Two Arches | y | | |
| D6053A | Implant Denture with 2 implant locators | | 475 | |
| D6054A | Implant Partial with Locator abutments | | lab dependent | |
| D6065 | Implant Crown- All Ceramic | | 540+ | |
| D6066 | Implant Supported PFM Crown (Porcelain Fused Metal) | | 540+ | |
| D6080 | Implant maintenance proc. | y | | |
| D6199A | Implant Surg Stent | | 225+ | |
| D6200- D6999 | FIXED PROSTHODONTICS | | | |
| D6210 | Pontic - Cast Hg Noble (GOLD) | | 126+ | |
| D6240B | Pontic PFM Porc Hg/Noble | | 170+ | |
| D6740 | Bridge abutment Crown-Porcelain/ ALL Ceramic | | 99+ | |
| D6750 | Bridge Crown PFM Porc H/Noble- for Fixed Partial Denture/"Bridge" abut | | 170+ | |
| D6790 | Crown Full (Gold)Hg Noble- for Fixed Partial Denture/"Bridge" abut | | 126+ | |
| D6920 | Connector/Splint Bar P/Tth Re | | lab dependent | |
| D6930 | Recement Bridge | y | | |
| D6980 | Bridge Repair, By Report | | y | |

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|-------------------------|--|---|------|---|
| D7000- D7999 | ORAL & MAXILLOFACIAL SURGERY | | | |
| D7111 | Coronal Remnants - Primary / Deciduous Tooth | y | | |
| D7140A | Extraction, Erupted Tooth | y | | |
| D7210 | Surg/Removal-Erupted- NOT impacted | y | | |
| D7220 | Surgical Removal Impacted- Soft Tissue only | y | | |
| D7230 | Surgical Removal Impacted-Partial Bony | y | | |
| D7240 | Surgical Removal Impacted-Complete Bony | y | | R |
| D7250 | Rem Residual Root | y | | |
| D7280 | Surg Access Of Unerupted tooth | | | R |
| D7283 | Placement Of Device To Erupt T | | | R |
| D7285 | Biopsy Hard Tissue-note add fee for path read | | | R |
| D7286 | Biopsy-Soft Tissue-note add fee for path read | | | R |
| 88304 | SURGICAL PATHOLOGY-code/fee by path Dx | | | R |
| 88305 | SURGICAL PATHOLOGY-code/fee by path Dx | | | R |
| 88307 | SURGICAL PATHOLOGY-code/fee by path Dx | | | R |
| D7310 | Alveoplasty-Quad w/ext | y | | |
| D7311 | Alveoplasty W/Ext,1-3 Teeth, | y | | |
| D7320 | Alveoplasty(Edent) (new patient already edentulous) | y | | |
| D7321 | Alveoplasty-Edentulous No Ext, 1-3 Teeth areas | y | | R |
| D7471A | Removal Of Lateral Exostosis per quad- usually maxillary | | | R |
| D7472 | Removal Of Torus Palatinus | | | R |
| D7473 | Removal Of Torus Mandibularis per quadrant | | | R |
| D7485 | Surg Red Of Osseous Tuberosity | | | R |
| D7950 | Monocortical Block Graft -add membrane and biological materials as necessary | | | R |
| D7951 | Sinus Augmentation w/bone | | | R |
| D7953 | Socket Preservation Bone Replacement Graft-Per Sit | y | 150+ | |
| D7960B | Frenectomy - Simple | | | R |
| D7970 | Excise Hyperplastic tissue | y | | |
| D7972 | Surg Red Of Fibrous Tuberosity | | | R |
| D8000- D8999 | ORTHODONTICS | | | |
| D8070A | Lingual Orthodontic treatment | | | R |
| D8070PS | Comp Ortho Tx,Trans - Simple PEDO | | | R |
| D8080PS | Comp Ortho Tx, Adol - Simple PEDO | | | R |
| D8090ID | COMP ORTHO, INVISALIGN, FULL | | | R |
| D8090IM | COMP ORTHO, INVISALIGN, MODERATE | | | R |
| D8090IS | COMP ORTHO, INVISALIGN, EXPRESS | | | R |
| D8090PS | Comp Ortho Tx, Adult - Simple Pedo | | | R |
| D8090S | COMP ORTHO TX, ADULT - SIMPLE | | | R |
| D8090ID | COMP ORTHO, INVISALIGN, FULL | | | R |
| D8090IM | COMP ORTHO, INVISALIGN, MODERATE | | | R |
| D8090IS | COMP ORTHO, INVISALIGN, EXPRESS | | | R |
| D8210A | Minor Tth Guid.(Rem) | | | R |
| D8210B | Rmvbl Appl Ther./Hrm | | | R |
| D8210C | Interceptive(Remov) | | | R |
| D8220A | Minor Tth Guid.(Fix) | | | R |
| D8220B | Full Arch Alignment | | | R |
| D8220C | Bilateral Molar Upri | | | R |
| D8220D | Unilateral Molar Upri | | | R |
| D8220E | Anter Align(2X4;2X6) | | | R |
| D8220F | Extrusion | | | R |
| D8220G | Fxd Appl Ther/Harmfl | | | R |
| D8220H | Interceptive(Fixed) | | | R |

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|-------------------------|---|---|-------------------|---|
| D8660 | PRE-ORTHODONTIC TREATMENT (RECORDS) | | | R |
| D8999E | Unspec Ortho Proc, By Report | | | R |
| D9000- D9999 | MISCELLANEOUS | | | |
| D9230A | Nitrous Oxide | y | | |
| D9241S | IV Cons Sed - 1st 30 min-Surg | | | R |
| D9242 | IV Cons Sed/Analg - add 15 min | | | R |
| D9310 | Consultation-Diagnostic 2nd opinion | | 50-100 | |
| D9910 | Apply Desensitizing | y | | |
| D9911A | Appl Desen Res-Cerv &/Or Root/ | y | | |
| D9940 | Occlusal Guards | y | | |
| D9941 | Athletic Mouthguards | y | | |
| D9942 | Repair And/Or Reline Of Occlusal guard | y | | |
| D9951 | Occl Adjust-Limited | y | | |
| D9951NC | Occlusal adjust- Limited No charge (post operative usually) | y | | |
| D9952 | Occl Adjust-Complete | y | | |
| D9972 | External Bleaching-Per Arch 1st time kit | y | | |
| D9972A | Additional bleaching tray per arch | | | |
| D9973 | External Bleaching-Per Tooth- ENDO usually | y | | |
| D9110C | EMER PALLIATIVE(no other tx medicaid same day but xray OK) | y | 300 if not member | |