

### Schedule Detail Listing

Schedule: 25 (MAHOPAC TEACHERS ASSOC.) From: 7/1/2011  
 Procedure Range: From: D0110 Through: D9952

Proc Code	Description	Full Amount	Prof. Amount	F/U Days	Anes. Unit	Anes. Value
D0110	INITIAL ORAL EXAMINATION	\$0.00	\$0.00	0	0	\$0.00
D0120	PERIODIC ORAL EXAMINATION	\$42.00	\$0.00	0	0	\$0.00
D0130	EMERGENCY ORAL EXAMINATION	\$0.00	\$0.00	0	0	\$0.00
D0140	LIMITED ORAL EVAL PROBLEM FOCUSED	\$35.00	\$0.00	0	0	\$0.00
D0150	COMPR. ORAL EVALUATION	\$54.60	\$0.00	0	0	\$0.00
D0160	DETAILED ORAL EVALUATION	\$54.60	\$0.00	0	0	\$0.00
D0210	INTRAORAL-COMPLETE SERIES INCLUDING BITEWINGS	\$85.00	\$0.00	0	0	\$0.00
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	\$18.00	\$0.00	0	0	\$0.00
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	\$17.00	\$0.00	0	0	\$0.00
D0231	PERIAPICAL-TWO ADDITIONAL FILMS	\$0.00	\$0.00	0	0	\$0.00
D0232	PERIAPICAL-THREE ADDITIONAL FILMS	\$0.00	\$0.00	0	0	\$0.00
D0233	PERIAPICAL-FOUR ADDITIONAL FILMS	\$0.00	\$0.00	0	0	\$0.00
D0240	INTRAORAL-OCCLUSAL FILM	\$30.45	\$0.00	0	0	\$0.00
D0250	EXTRAORAL-FIRST FILM	\$0.00	\$0.00	0	0	\$0.00
D0260	EXTRAORAL-EACH ADDITIONAL FILM	\$0.00	\$0.00	0	0	\$0.00
D0270	BITEWINGS-SINGLE FILM	\$13.65	\$0.00	0	0	\$0.00
D0272	BITEWINGS-TWO FILMS	\$32.00	\$0.00	0	0	\$0.00
D0273	DENTAL - RADIOGRAPHS BITEWINGS-THREE FILMS	\$0.00	\$0.00	0	0	\$0.00
D0274	BITEWINGS-FOUR FILMS	\$60.00	\$0.00	0	0	\$0.00
D0321	OTHER TMJ FILMS, BY REPORT	\$127.00	\$0.00	0	0	\$0.00
D0330	PANORAMIC FILM	\$82.95	\$0.00	0	0	\$0.00
D0460	PULP VITALITY TESTS	\$0.00	\$0.00	0	0	\$0.00
D0470	DIAGNOSTIC CASTS	\$0.00	\$0.00	0	0	\$0.00
D0471	DIAGNOSTIC PHOTOGRAPHS	\$0.00	\$0.00	0	0	\$0.00
D1110	PROPHYLAXIS-ADULT	\$85.00	\$0.00	0	0	\$0.00
D1120	PROPHYLAXIS-CHILD	\$35.00	\$0.00	0	0	\$0.00
D1203	TOPICAL APPLICATION OF FLUORIDE EXCLD/PXS CHILD	\$30.00	\$0.00	0	0	\$0.00
D1204	TOPICAL APPLICATION OF FLUORIDE EXCLD/PXS ADULT	\$30.00	\$0.00	0	0	\$0.00
D1350	DENTAL - PREVENTIVE SVS, TOP APL SEALANTS(QUAD.)	\$36.75	\$0.00	0	0	\$0.00
D1351	SEALANT-PER TOOTH	\$36.75	\$0.00	0	0	\$0.00
D1510	SPACE MAINTAINER-FIXED-UNILATERAL	\$172.20	\$0.00	0	0	\$0.00

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D1515	SPACE MAINTAINER-FIXED-BILATERAL	\$172.20	\$0.00	0	0	\$0.00
D1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	\$0.00	\$0.00	0	0	\$0.00
D1525	SPACE MAINTAINER-REMOVABLE-BILATERAL	\$0.00	\$0.00	0	0	\$0.00
D2110	AMALGAM-ONE SURFACE, PRIMARY	\$58.80	\$0.00	0	0	\$0.00
D2120	AMALGAM-TWO SURFACES, PRIMARY	\$0.00	\$0.00	0	0	\$0.00
D2130	AMALGAM-THREE SURFACES, PRIMARY	\$71.40	\$0.00	0	0	\$0.00
D2131	AMALGAM-FOUR OR MORE SURFACES, PRIMARY	\$71.40	\$0.00	0	0	\$0.00
D2140	AMALGAM-ONE SURFACE,PERMANENT	\$60.00	\$0.00	0	0	\$0.00
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$85.00	\$0.00	0	0	\$0.00
D2160	AMALGAM-THREE SURFACES, PERMANENT	\$100.00	\$0.00	0	0	\$0.00
D2161	AMALGAM-FOUR OR MORE SURFACES, PERMANENT	\$105.00	\$0.00	0	0	\$0.00
D2190	PIN RETENTION-EXCLUSIVE OF AMALGAM	\$0.00	\$0.00	0	0	\$0.00
D2310	DENTAL - ACRYLIC,OR PLASTIC PER TOOTH	\$0.00	\$0.00	0	0	\$0.00
D2330	RESIN-ONE SURFACE, ANTERIOR	\$85.00	\$0.00	0	0	\$0.00
D2331	RESIN-TWO SURFACES, ANTERIOR	\$95.00	\$0.00	0	0	\$0.00
D2332	RESIN-THREE SURFACES, ANTERIOR	\$100.00	\$0.00	0	0	\$0.00
D2334	PIN RETENTION-EXCLUSIVE OF COMPOSITE RESIN	\$0.00	\$0.00	0	0	\$0.00
D2335	RESIN-FOUR+ SURF OR INVL INCISAL ANGLE(ANTERIOR)	\$105.00	\$0.00	0	0	\$0.00
D2336	COMPOSITE RESIN CROWN-ANTERIOR-PRIMARY	\$0.00	\$0.00	0	0	\$0.00
D2337	RESIN-ONE SURFACE, ANTERIOR, ACID ETCH	\$0.00	\$0.00	0	0	\$0.00
D2338	RESIN-TWO SURFACES, ANTERIOR, ACID ETCH	\$0.00	\$0.00	0	0	\$0.00
D2339	RESIN-THREE SURFACE, ANTERIOR, ACID ETCH	\$0.00	\$0.00	0	0	\$0.00
D2340	ACID ETCH FOR RESTORATIONS	\$0.00	\$0.00	0	0	\$0.00
D2380	RESIN-ONE SURFACE, POSTERIOR-PRIMARY	\$41.00	\$0.00	0	0	\$0.00
D2381	RESIN-TWO SURFACES, POSTERIOR-PRIMARY	\$58.80	\$0.00	0	0	\$0.00
D2382	RESIN-THREE OR MORE SURFACES, POSTERIOR-PRIMARY	\$71.40	\$0.00	0	0	\$0.00
D2385	RESIN-ONE SURFACE, POSTERIOR-PERMANENT	\$51.45	\$0.00	0	0	\$0.00
D2386	RESIN-TWO SURFACES, POSTERIOR-PERMANENT	\$74.55	\$0.00	0	0	\$0.00
D2387	RESIN-THREE OR MORE SURFACES,POSTERIOR-PERMANENT	\$88.20	\$0.00	0	0	\$0.00
D2391	RESIN-ONE SURFACE POSTERIOR	\$65.00	\$0.00	0	0	\$0.00
D2392	RESIN-TWO SURFACE POSTERIOR	\$90.00	\$0.00	0	0	\$0.00

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Schedule: 25 (MAHOPAC TEACHERS ASSOC.) From: 7/1/2011  
 Procedure Range: From: D0110 Through: D9952

Proc Code	Description	Full Amount	Prof. Amount	F/U Days	Anes. Unit	Anes. Value
D2393	RESIN-THREE SURFACE POSTERIOR	\$105.00	\$0.00	0	0	\$0.00
D2394	RESIN-FOUR SURFACE POSTERIOR	\$110.00	\$0.00	0	0	\$0.00
D2520	INLAY-METALLIC-TWO SURFACES	\$0.00	\$0.00	0	0	\$0.00
D2530	INLAY-METALLIC-THREE SURFACES	\$432.60	\$0.00	0	0	\$0.00
D2540	ONLAY-METALLIC-PER TOOTH (IN ADDITION TO INLAY)	\$0.00	\$0.00	0	0	\$0.00
D2610	INLAY-PORCELAIN/CERAMIC-ONE SURFACE	\$191.10	\$0.00	0	0	\$0.00
D2620	INLAY-PORCELAIN/CERAMIC-TWO SURFACES	\$311.85	\$0.00	0	0	\$0.00
D2630	INLAY-PORCELAIN/CERAMIC-THREE SURFACES	\$432.60	\$0.00	0	0	\$0.00
D2640	ONLAY-PROCELAIN/CERAMIC-PER TOOTH (ADD.TO INLAY)	\$0.00	\$0.00	0	0	\$0.00
D2660	ONLAY-COMP./RESIN-PER TOOTH(IN ADD.TO INLAY-LAB)	\$0.00	\$0.00	0	0	\$0.00
D2710	CROWN-RESIN-LABORATORY	\$0.00	\$0.00	0	0	\$0.00
D2711	DENTAL - CROWNS,PLASTIC PREFABRICATED	\$0.00	\$0.00	0	0	\$0.00
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$0.00	\$0.00	0	0	\$0.00
D2722	CROWN-RESIN WITH NOBLE METAL	\$0.00	\$0.00	0	0	\$0.00
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$625.00	\$0.00	0	0	\$0.00
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$625.00	\$0.00	0	0	\$0.00
D2751	CROWN-PORC FUSED TO PREDOMINANTLY BASE METAL	\$625.00	\$0.00	0	0	\$0.00
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$625.00	\$0.00	0	0	\$0.00
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$625.00	\$0.00	0	0	\$0.00
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$625.00	\$0.00	0	0	\$0.00
D2792	CROWN-FULL CAST NOBLE METAL	\$625.00	\$0.00	0	0	\$0.00
D2810	CROWN-3/4 CAST METALLIC	\$0.00	\$0.00	0	0	\$0.00
D2830	DENTAL - CROWNS,STAINLESS STEEL	\$0.00	\$0.00	0	0	\$0.00
D2891	DENTAL - CROWNS,CAST POST&CORE IN ADTN TO CROWN	\$0.00	\$0.00	0	0	\$0.00
D2892	DENTAL - CROWNS,PREFABRICATED POST&COMP OR ALGM	\$0.00	\$0.00	0	0	\$0.00
D2910	RECEMENT INLAY	\$39.90	\$0.00	0	0	\$0.00
D2920	RECEMENT CROWN	\$39.90	\$0.00	0	0	\$0.00
D2940	SEDATIVE FILLING	\$63.00	\$0.00	0	0	\$0.00
D2950	CORE BUILD-UP, INCLUDING ANY PINS	\$141.75	\$0.00	0	0	\$0.00
D2951	PIN RETENTION/TOOTH, IN ADDITION TO RESTORATION	\$0.00	\$0.00	0	0	\$0.00
D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$141.75	\$0.00	0	0	\$0.00

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Schedule: 25 (MAHOPAC TEACHERS ASSOC.) From: 7/1/2011  
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Proc Code	Description	Full Amount	Prof. Amount	F/U Days	Anes. Unit	Anes. Value
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$113.40	\$0.00	0	0	\$0.00
D2960	LABIAL VENEER (LAMINATE)-CHAIRSIDE	\$0.00	\$0.00	0	0	\$0.00
D2962	LABIAL VENEER (PORCELAIN LAMINATE)-LABORATORY	\$0.00	\$0.00	0	0	\$0.00
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	\$110.25	\$0.00	0	0	\$0.00
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$0.00	\$0.00	0	0	\$0.00
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$87.15	\$0.00	0	0	\$0.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL REST)	\$87.15	\$0.00	0	0	\$0.00
D3221	PULPAL DEBRIDEMENT	\$87.15	\$0.00	0	0	\$0.00
D3310	ROOT CANAL-ANTERIOR(EXCLUDING FINAL RESTORATION)	\$345.45	\$0.00	0	0	\$0.00
D3320	ROOT CANAL-BICUSPID(EXCLUDING FINAL RESTORATION)	\$357.00	\$0.00	0	0	\$0.00
D3330	ROOT CANAL-MOLAR (EXCLUDING FINAL RESTORATION)	\$444.15	\$0.00	0	0	\$0.00
D3346	RETREATMENT-ANTERIOR, BY REPORT	\$345.45	\$0.00	0	0	\$0.00
D3347	RETREATMENT-BICUSPID, BY REPORT	\$357.00	\$0.00	0	0	\$0.00
D3348	RETREATMENT-MOLAR, BY REPORT	\$444.15	\$0.00	0	0	\$0.00
D3410	APICOECTOMY/PERIRADICULAR SURGERY- ANTERIOR	\$313.95	\$0.00	0	0	\$0.00
D3421	APICOECTOMY/PERIRADICULAR SURG-BICUSP (FIRST RT)	\$313.95	\$0.00	0	0	\$0.00
D3425	APICOECTOMY/PERIRADICULAR SURG-MOLAR(FIRST ROOT)	\$313.95	\$0.00	0	0	\$0.00
D3426	APICOECTOMY/PERIRADICULAR SURG (EA. ADDTL ROOT)	\$157.50	\$0.00	0	0	\$0.00
D3430	RETROGRADE FILLING-PER ROOT	\$78.78	\$0.00	0	0	\$0.00
D3440	APICAL CURETTAGE	\$0.00	\$0.00	0	0	\$0.00
D3450	ROOT AMPUTATION-PER ROOT	\$157.50	\$0.00	0	0	\$0.00
D3920	HEMISECTION (INC ROOT REMOVAL) NOT INC ENDO	\$0.00	\$0.00	0	0	\$0.00
D4000	PERIO EXAM	\$0.00	\$0.00	0	0	\$0.00
D4210	GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRANT	\$334.95	\$0.00	0	0	\$0.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY-PER TOOTH	\$0.00	\$0.00	0	0	\$0.00
D4220	GINGIVAL CURETTAGE, SURGICAL, PER QUAD, BY REPORT	\$55.65	\$0.00	0	0	\$0.00
D4240	GINGIVAL FLAP PROCEDURE INC ROOT PLANING/QUAD	\$0.00	\$0.00	0	0	\$0.00
D4249	CROWN LENGTHENING-HARD & SOFT TISSUE, BY REPORT	\$196.35	\$0.00	0	0	\$0.00
D4250	MUCOGINGIVAL SURGERY-PER QUADRANT	\$334.95	\$0.00	0	0	\$0.00
D4260	OSSEOUS SURGERY INC FLAP ENTRY/CLOSURE/QUAD	\$471.45	\$0.00	0	0	\$0.00
D4261	OSSEOUS SURGERY INCL FLAP ENTRY /CLOSE PER QUAD	\$0.00	\$0.00	0	0	\$0.00

**Schedule Detail Listing**

Schedule: 25 (MAHOPAC TEACHERS ASSOC.) From: 7/1/2011  
 Procedure Range: From: D0110 Through: D9952

Proc Code	Description	Full Amount	Prof. Amount	F/U Days	Anes. Unit	Anes. Value
D4262	BONE REPL.GRAFT-MULT. SITES(INCL FLAP ENTRY/CLS)	\$0.00	\$0.00	0	0	\$0.00
D4263	BONE REPLACEMENT GRAFT-FIRST SITE IN QUAD	\$0.00	\$0.00	0	0	\$0.00
D4264	BONE REPLACEMENT GRAFT EACH ADDITIONAL SITE	\$0.00	\$0.00	0	0	\$0.00
D4268	GUIDED TISSUE REGENERATION (INCL.SURG.&RE-ENTRY)	\$0.00	\$0.00	0	0	\$0.00
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$0.00	\$0.00	0	0	\$0.00
D4271	FREE SOFT TISSUE GRAFT PROC (INC DONOR SITE)	\$0.00	\$0.00	0	0	\$0.00
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT INCL DONOR	\$0.00	\$0.00	0	0	\$0.00
D4320	PROVISIONAL SPLINTING-INTRACORONAL	\$0.00	\$0.00	0	0	\$0.00
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	\$0.00	\$0.00	0	0	\$0.00
D4330	OCCLUSAL ADJUSTMENT (LIMITED)	\$0.00	\$0.00	0	0	\$0.00
D4331	OCCLUSAL ADJUSTMENT (COMPLETE)	\$0.00	\$0.00	0	0	\$0.00
D4340	PERIO SCALING AND ROOT PLANING-ENTIRE MOUTH	\$0.00	\$0.00	0	0	\$0.00
D4341	PERIO SCALING AND ROOT PLANING-PER QUADRANT	\$63.00	\$0.00	0	0	\$0.00
D4345	PERIO SCALING IN PRESENCE OF GING INFLAMMATION	\$0.00	\$0.00	0	0	\$0.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMP PERIO EVAL	\$99.75	\$0.00	0	0	\$0.00
D4360	SPEC PERIO APPLIANCES (INC OCCL GUARDS), B.R.	\$0.00	\$0.00	0	0	\$0.00
D4910	PERIO MAINTENANCE PROC FOLLOWING ACTIVE THERAPY	\$110.25	\$0.00	0	0	\$0.00
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$0.00	\$0.00	0	0	\$0.00
D5110	COMPLETE UPPER DENTURE	\$549.15	\$0.00	0	0	\$0.00
D5120	COMPLETE LOWER DENTURE	\$549.15	\$0.00	0	0	\$0.00
D5130	IMMEDIATE UPPER DENTURE	\$549.15	\$0.00	0	0	\$0.00
D5140	IMMEDIATE LOWER DENTURE	\$549.15	\$0.00	0	0	\$0.00
D5211	U PD-RESIN BASE INCL. CONVEN. CLASPS/RESTS/TEETH	\$510.30	\$0.00	0	0	\$0.00
D5212	L PD-RESIN BASE INCL. CONVEN. CLASPS/RESTS/TEETH	\$510.30	\$0.00	0	0	\$0.00
D5213	U PD-CST METL BASE W/RES SAD INC CLAS/RSTS/TEETH	\$510.30	\$0.00	0	0	\$0.00
D5214	L PD-CST METL BASE W/RES SAD INC CLAS/RSTS/TEETH	\$510.30	\$0.00	0	0	\$0.00
D5216	L PD-H NOB CST BASE/ACRY SAD INC ANY CLASPS/RSTS	\$0.00	\$0.00	0	0	\$0.00
D5218	DENTAL - PROSDNTCS,PARTL DENTRS,LWR W/2 CHROME	\$0.00	\$0.00	0	0	\$0.00
D5231	DENTAL - PROSDNTCS,PARTL DENTRS,LWR W/LNG BAR C	\$0.00	\$0.00	0	0	\$0.00
D5251	DENTAL - PROSDNTCS,PARTL DENTRS,LWR W/PAL ACRYC	\$0.00	\$0.00	0	0	\$0.00
D5281	REM UNIL PD-ONE PIECE CST METAL/INC CLSPPS/PONTCS	\$510.30	\$0.00	0	0	\$0.00

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D5291	DENTAL - PROSDNTCS,PARTL DENTRS,FULL CAST 2 U G	\$0.00	\$0.00	0	0	\$0.00
D5292	DENTAL - PROSDNTCS,PARTL DENTRS,FULL CAST 2 U C	\$0.00	\$0.00	0	0	\$0.00
D5293	DENTAL - PROSDNTCS,PARTL DENTRS,FULL CAST 2 L G	\$0.00	\$0.00	0	0	\$0.00
D5294	DENTAL - PROSDNTCS,PARTL DENTRS,FULL CAST 2 L C	\$0.00	\$0.00	0	0	\$0.00
D5310	DENTAL - PROSDNTCS,ADDTL UNITS,ADDTL CLASP WIRE	\$0.00	\$0.00	0	0	\$0.00
D5320	DENTAL - PROSDNTCS,ADDTL UNITS,ADDTL TOOTH	\$0.00	\$0.00	0	0	\$0.00
D5410	ADJUST COMPLETE DENTURE-UPPER	\$39.90	\$0.00	0	0	\$0.00
D5411	ADJUST COMPLETE DENTURE-LOWER	\$39.90	\$0.00	0	0	\$0.00
D5421	ADJUST PARTIAL DENTURE-UPPER	\$39.90	\$0.00	0	0	\$0.00
D5422	ADJUST PARTIAL DENTURE-LOWER	\$39.90	\$0.00	0	0	\$0.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$71.40	\$0.00	0	0	\$0.00
D5520	REPLACE MISS/BRKN TEETH-COMPLETE DENTURE/TOOTH	\$58.80	\$0.00	0	0	\$0.00
D5610	REPAIR RESIN SADDLE OR BASE, PARTIAL DENTURE	\$71.40	\$0.00	0	0	\$0.00
D5620	REPAIR CAST FRAMEWORK, PARTIAL DENTURE	\$71.40	\$0.00	0	0	\$0.00
D5630	REPAIR OR REPLACE BROKEN CLASP, PARTIAL DENTURE	\$39.90	\$0.00	0	0	\$0.00
D5640	REPLACE BROKEN TEETH-PER TOOTH, PARTIAL DENTURE	\$58.80	\$0.00	0	0	\$0.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$58.80	\$0.00	0	0	\$0.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$39.90	\$0.00	0	0	\$0.00
D5670	DENTAL - RPR-DENT,REATTACH DAMAGD CLASP-DENTURE	\$0.00	\$0.00	0	0	\$0.00
D5680	DENTAL - RPR-DENT,REPLCE BROKN CLASP W/NEW CLSP	\$0.00	\$0.00	0	0	\$0.00
D5690	DENTAL - RPR-DENT,EACH ADDTL CLASP W/REST	\$0.00	\$0.00	0	0	\$0.00
D5730	RELINE COMPLETE UPPER DENTURE (CHAIRSIDE)	\$71.40	\$0.00	0	0	\$0.00
D5731	RELINE COMPLETE LOWER DENTURE (CHAIRSIDE)	\$71.40	\$0.00	0	0	\$0.00
D5740	RELINE UPPER PARTIAL DENTURE (CHAIRSIDE)	\$71.40	\$0.00	0	0	\$0.00
D5741	RELINE LOWER PARTIAL DENTURE (CHAIRSIDE)	\$71.40	\$0.00	0	0	\$0.00
D5750	RELINE COMPLETE UPPER DENTURE (LABORATORY)	\$71.40	\$0.00	0	0	\$0.00
D5751	RELINE COMPLETE LOWER DENTURE (LABORATORY)	\$71.40	\$0.00	0	0	\$0.00
D5760	RELINE UPPER PARTIAL DENTURE (LABORATORY)	\$71.40	\$0.00	0	0	\$0.00
D5761	RELINE LOWER PARTIAL DENTURE (LABORATORY)	\$71.40	\$0.00	0	0	\$0.00
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPL	\$724.50	\$0.00	0	0	\$0.00
D6020	ABUTMENT PLACEMENT OR SUBSTITUTION: ENDOSTEAL IMPL	\$724.50	\$0.00	0	0	\$0.00

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D6040	SUBPERIOSTEAL IMPLANT	\$724.50	\$0.00	0	0	\$0.00
D6050	TRANSOSSEOUS IMPLANT	\$724.50	\$0.00	0	0	\$0.00
D6055	IMPLANT CONNECTING BAR	\$724.50	\$0.00	0	0	\$0.00
D6057	CUSTOM ABUTMENT	\$625.00	\$0.00	0	0	\$0.00
D6059	ABUTMENT SUPPORTED PORCELAIN	\$625.00	\$0.00	0	0	\$0.00
D6080	IMPLANT MAINT. INCL: REMOV., CLEANS., REINSERT.	\$724.50	\$0.00	0	0	\$0.00
D6090	REPAIR IMPLANT, BY REPORT	\$724.50	\$0.00	0	0	\$0.00
D6210	PONTIC-CAST HIGH NOBLE METAL	\$0.00	\$0.00	0	0	\$0.00
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	\$0.00	\$0.00	0	0	\$0.00
D6212	PONTIC-CAST NOBLE METAL	\$0.00	\$0.00	0	0	\$0.00
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$625.00	\$0.00	0	0	\$0.00
D6241	PONTIC-PORCELAIN FUSED TO PREDOM. BASE METAL	\$625.00	\$0.00	0	0	\$0.00
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	\$625.00	\$0.00	0	0	\$0.00
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$0.00	\$0.00	0	0	\$0.00
D6251	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	\$0.00	\$0.00	0	0	\$0.00
D6252	PONTIC-RESIN WITH NOBLE METAL	\$0.00	\$0.00	0	0	\$0.00
D6540	RETAINER-ONLAY-METALLIC PER TOOTH (ADD TO INLAY)	\$0.00	\$0.00	0	0	\$0.00
D6548	RETAINER-PORC FIXED PROSTHESIS	\$211.00	\$0.00	0	0	\$0.00
D6640	DENTAL - PROS FIXD,REPR,REPLC BRKN POST/ACRYLIC	\$0.00	\$0.00	0	0	\$0.00
D6710	DENTAL - PROS FIXD,CROWN,PLASTIC ACRYLIC	\$0.00	\$0.00	0	0	\$0.00
D6720	CROWN-BRIDGE RETAINER-RESIN W/ HIGH NOBLE METAL	\$0.00	\$0.00	0	0	\$0.00
D6721	CROWN-BRIDGE RETAINER-RESIN PREDOM. BASE METAL	\$0.00	\$0.00	0	0	\$0.00
D6722	CROWN-RETAINER-RESIN WITH NOBLE METAL	\$0.00	\$0.00	0	0	\$0.00
D6740	CROWN-RETAINER-PORCELAIN	\$0.00	\$0.00	0	0	\$0.00
D6750	CROWN-RETAINER-PORCELAIN FUSED HIGH NOBLE METAL	\$625.00	\$0.00	0	0	\$0.00
D6751	CROWN-RETAINER-PORCELAIN FUSED PRED. BASE METAL	\$625.00	\$0.00	0	0	\$0.00
D6752	CROWN-RETAINER-PORCELAIN FUSED TO NOBLE METAL	\$625.00	\$0.00	0	0	\$0.00
D6780	CROWN-RETAINER 3/4 CAST HIGH NOBLE METAL	\$0.00	\$0.00	0	0	\$0.00
D6790	CROWN-RETAINER-FULL CAST HIGH NOBLE METAL	\$625.00	\$0.00	0	0	\$0.00
D6791	CROWN-RETAINER-FULL CAST PREDOM. BASE METAL	\$625.00	\$0.00	0	0	\$0.00
D6792	CROWN-RETAINER-FULL CAST NOBLE METAL	\$625.00	\$0.00	0	0	\$0.00

**Schedule Detail Listing**

Schedule: 25 (MAHOPAC TEACHERS ASSOC.) From: 7/1/2011  
 Procedure Range: From: D0110 Through: D8952

Proc Code	Description	Full Amount	Prof. Amount	F/U Days	Anes. Unit	Anes. Value
D6930	RECEMENT BRIDGE	\$39.90	\$0.00	0	0	\$0.00
D6970	CAST POST AND CORE/ADDITION TO BRIDGE RETAINER	\$141.75	\$0.00	0	0	\$0.00
D6980	BRIDGE REPAIR, BY REPORT	\$0.00	\$0.00	0	0	\$0.00
D7110	EXTRACTION-SINGLE TOOTH	\$55.65	\$0.00	0	0	\$0.00
D7120	EXTRACTION-EACH ADDITIONAL TOOTH	\$55.65	\$0.00	0	0	\$0.00
D7130	ROOT REMOVAL-EXPOSED ROOT	\$55.65	\$0.00	0	0	\$0.00
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	\$55.65	\$0.00	0	0	\$0.00
D7210	SURG REM ERUP TOOTH REQ FLAP/BONE REM/SEC TOOTH	\$157.50	\$0.00	0	0	\$0.00
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$235.20	\$0.00	0	0	\$0.00
D7230	REMOVAL OF IMPACTED TOOTH-PARTIAL BONY	\$392.70	\$0.00	0	0	\$0.00
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETE BONY	\$432.60	\$0.00	0	0	\$0.00
D7241	REM IMPAC. TOOTH-COMP BONY/UNUSUAL COMPLICATIONS	\$432.60	\$0.00	0	0	\$0.00
D7250	SURG REM OF RESIDUAL TOOTH ROOTS (CUTTING PROC)	\$55.65	\$0.00	0	0	\$0.00
D7280	SURG EXP-IMP/UNERUP TOOTH FOR ORTHO INCL ATTACH	\$432.60	\$0.00	0	0	\$0.00
D7281	SUG EXP-IMP/UNERUP TOOTH TO AID ERUPTION	\$432.60	\$0.00	0	0	\$0.00
D7285	BIOPSY OF ORAL TISSUE-HARD	\$157.50	\$0.00	0	0	\$0.00
D7286	BIOPSY OF ORAL TISSUE-SOFT	\$157.50	\$0.00	0	0	\$0.00
D7310	ALVEOLOPLASTY IN CONJUNC WITH EXTS-PER QUAD	\$216.30	\$0.00	0	0	\$0.00
D7320	ALVEOLOPLASTY NOT IN CONJUNC WITH EXTS-PER QUAD	\$216.30	\$0.00	0	0	\$0.00
D7410	RADICAL EXC-REAC INFLAMM LESION DIAMETER <1.25CM	\$110.25	\$0.00	0	0	\$0.00
D7420	RADICAL EXCISION-REAC INFLAMM DIAMETER > 1.25 CM	\$110.25	\$0.00	0	0	\$0.00
D7430	EXCISION OF BENIGN TUMOR LESION < 1.25 CM	\$110.25	\$0.00	0	0	\$0.00
D7431	EXCISION OF BENIGN TUMOR LESION > 1.25 CM	\$110.25	\$0.00	0	0	\$0.00
D7440	EXC OF MALIGNANT TUMOR/LESION DIAMETER <1.25 CM	\$110.25	\$0.00	0	0	\$0.00
D7441	EXC OF MALIGNANT TUMOR/LESION DIAMETER >1.25 CM	\$110.25	\$0.00	0	0	\$0.00
D7450	REMOVAL OF ODONTOGENIC CYST/TUMOR/LESION<1.25 CM	\$110.25	\$0.00	0	0	\$0.00
D7451	REMOVAL OF ODONTOGENIC CYST/TUMOR/LESION>1.25 CM	\$235.20	\$0.00	0	0	\$0.00
D7460	REM OF NONODONTOGENIC CYST/TUMOR/LESION <1.25 CM	\$235.20	\$0.00	0	0	\$0.00
D7461	REM OF NONODONTOGENIC CYST/TUMOR/LESION >1.25 CM	\$235.20	\$0.00	0	0	\$0.00
D7520	I & D ABSCESS-EXTRAORAL-SOFT TISSUE	\$87.15	\$0.00	0	0	\$0.00
D7800	TMJ TREATMENT	\$0.00	\$0.00	0	0	\$0.00



**Schedule Detail Listing**

Schedule: 25 (MAHOPAC TEACHERS ASSOC.) From: 7/1/2011  
 Procedure Range: From: D0110 Through: D9952

Proc Code	Description	Full Amount	Prof. Amount	F/U Days	Anes. Unit	Anes. Value
D7801	TMJ EVALUATION	\$0.00	\$0.00	0	0	\$0.00
D7802	TMJ APPLIANCE	\$0.00	\$0.00	0	0	\$0.00
D7803	TMJ MONTHLY MAINTENANCE	\$0.00	\$0.00	0	0	\$0.00
D7960	FRENULECTOMY (FRENECTOMY/FRENOTOMY) SEP. PROC.	\$235.20	\$0.00	0	0	\$0.00
D8020	ORTHO APPLIANCES	\$440.00	\$0.00	0	0	\$0.00
D8030	MONTHLY MAINTENANCE	\$50.00	\$0.00	0	0	\$0.00
D8100	ORTHO RETENTION CARE	\$40.00	\$0.00	0	0	\$0.00
D8460	CLASS I MALOCCLUSION-COMPREHENSIVE/TRANSITIONAL	\$440.00	\$0.00	0	0	\$0.00
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	\$125.00	\$0.00	0	0	\$0.00
D9110	PALLIATIVE (EMERG) TX DENTAL PAIN-MINOR PROC	\$39.90	\$0.00	0	0	\$0.00
D9220	GENERAL ANESTHESIA-FIRST 30 MINUTES	\$126.00	\$0.00	0	0	\$0.00
D9221	GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES	\$63.00	\$0.00	0	0	\$0.00
D9230	ANALGESIA	\$39.90	\$0.00	0	0	\$0.00
D9240	INTRAVENOUS SEDATION	\$0.00	\$0.00	0	0	\$0.00
D9310	PROF CONSULT (DIAG SERV BY OTHER DENTIST/PHYS)	\$0.00	\$0.00	0	0	\$0.00
D9430	OFFICE VISIT FOR OBSER (REG.HOURS)NO OTHER SERVS	\$0.00	\$0.00	0	0	\$0.00
D9440	OFFICE VISIT-AFTER REGULAR HOURS	\$0.00	\$0.00	0	0	\$0.00
D9930	TX OF COMPLICATIONS/POSTSURGICAL/UNUSUAL CIRC BR	\$0.00	\$0.00	0	0	\$0.00
D9940	OCCLUSAL GUARDS, BY REPORT	\$0.00	\$0.00	0	0	\$0.00

\*\*\* End of Report \*\*\*