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<ProcTime>/</ProcTime>

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<AbbrDesc>CompPerioEval</AbbrDesc>

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<Descript>intraoral - complete series of radiographic images</Descript>

<AbbrDesc>FMX</AbbrDesc>

<ProcTime>/</ProcTime>

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<Descript>intraoral - periapical first radiographic image</Descript>

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<Descript>intraoral - periapical each additional radiographic image</Descript>

<AbbrDesc>PA+</AbbrDesc>

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<Descript>bitewings - two radiographic images</Descript>

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<ProcCode>D0274</ProcCode>

<Descript>bitewings - four radiographic images</Descript>

<AbbrDesc>4BW</AbbrDesc>

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<ProcTime>/X/</ProcTime>

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<Descript>cone beam CT capture and interpretation with limited field of view â€“ less than one whole jaw</Descript>

<AbbrDesc>CTPartial</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>73</ProcCat>

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<Descript>cone beam CT capture and interpretation with field of view of one full dental arch â€“ maxilla, with or without cranium</Descript>

<AbbrDesc>CTMaxilla</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>73</ProcCat>

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<Descript>cone beam CT capture and interpretation for TMJ series including two or more exposures</Descript>

<AbbrDesc>CTTMJ2+</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>cone beam CT image capture with field of view of both jaws; with or without cranium</Descript>

<AbbrDesc>CTUp+LowCapt</AbbrDesc>

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<ProcCat>73</ProcCat>

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<Descript>HbA1c in-office point of service testing</Descript>

<AbbrDesc>HbA1c</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<CodeNum>115</CodeNum>

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<Descript>blood glucose level test â€“ in-office using a glucose meter</Descript>

<AbbrDesc>BloGlu</AbbrDesc>

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<CodeNum>125</CodeNum>

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<Descript>pulp vitality tests </Descript>

<AbbrDesc>PulpVital</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>unspecified diagnostic procedure, by report</Descript>

<AbbrDesc>UnspecDiagn</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>Surgical Consult Deposit</Descript>

<AbbrDesc>SCD</AbbrDesc>

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<ProcCode>D1310</ProcCode>

<Descript>nutritional counseling for control of dental disease</Descript>

<AbbrDesc>NutriCnsl</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>tobacco counseling for the control and prevention of oral disease</Descript>

<AbbrDesc>TobacoCnsl</AbbrDesc>

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<Descript>oral hygiene instructions</Descript>

<AbbrDesc>OralHygIn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>73</ProcCat>

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<Descript>Re-Cement or Re-bond bilateral space maintainer - Maxillary</Descript>

<AbbrDesc>RebondM</AbbrDesc>

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<ProcCat>73</ProcCat>

<TreatArea>Arch</TreatArea>

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<CodeNum>719</CodeNum>

<ProcCode>D9310</ProcCode>

<Descript>consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician</Descript>

<AbbrDesc>Consult</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<AbbrDesc>INV</AbbrDesc>

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<Descript>Membership Plan Perio- Yearly</Descript>

<AbbrDesc>MPADVYR</AbbrDesc>

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<ProcCode>MEMAV</ProcCode>

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<Descript>Membership Discount Plan- Adult</Descript>

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<Descript>Membership Discount Plan- Child (16 and Under)</Descript>

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<ProcCode>N1254</ProcCode>

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CC:

Updated medical history with parent.

Premed:

Xrays:

EO/IO exam:

Occlusal Analysis:

Ortho Rec:

Child prophy, Polish, Scale, Floss, Fluoride varnish treatment with post op instructions give to parent.

Plaque:

Calculus:

OHI: Sucular brushing with ETB if possible. Instructed parents to help with daily flossing. ACT home fluoride mouth rinse one daily before bedtime.

Next Hyg visit:

Periodic Exam by Addison Killeen, DDS

Areas to watch:

Future Dental Considerations:

Immediate Dental Needs:

Kim M Westenfeld, RDH""

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<CodeNum>150</CodeNum>

<ProcCode>D1206</ProcCode>

<Descript>topical application of fluoride varnish</Descript>

<AbbrDesc>FloVarn</AbbrDesc>

<ProcTime>/</ProcTime>

<ProcCat>74</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>151</CodeNum>

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<Descript>topical application of fluoride â€“ excluding varnish</Descript>

<AbbrDesc>Flo</AbbrDesc>

<ProcTime>/</ProcTime>

<ProcCat>74</ProcCat>

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<ProcCode>D1220</ProcCode>

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<AbbrDesc>D1220</AbbrDesc>

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<CodeNum>155</CodeNum>

<ProcCode>D1351</ProcCode>

<Descript>sealant - per tooth</Descript>

<AbbrDesc>Seal</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>156</CodeNum>

<ProcCode>D1352</ProcCode>

<Descript>preventive resin restoration in a moderate to high caries risk patient â€“ permanent tooth</Descript>

<AbbrDesc>PermRes</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>157</CodeNum>

<ProcCode>D1353</ProcCode>

<Descript>sealant repair â€“ per tooth</Descript>

<AbbrDesc>SealRepair</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>168</CodeNum>

<ProcCode>D1999</ProcCode>

<Descript>unspecified preventive procedure, by report</Descript>

<AbbrDesc>UnspecByRep</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Mouth</TreatArea>

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<ProcCode>D2110</ProcCode>

<Descript>D2110</Descript>

<AbbrDesc>D2110</AbbrDesc>

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<AbbrDesc>D2120</AbbrDesc>

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<CodeNum>1841</CodeNum>

<ProcCode>D2130</ProcCode>

<Descript>D2130</Descript>

<AbbrDesc>D2130</AbbrDesc>

<ProcTime />

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<CodeNum>169</CodeNum>

<ProcCode>D2140</ProcCode>

<Descript>amalgam - one surface, primary or permanent</Descript>

<AbbrDesc>A1</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Surf</TreatArea>

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<CodeNum>170</CodeNum>

<ProcCode>D2150</ProcCode>

<Descript>amalgam - two surfaces, primary or permanent</Descript>

<AbbrDesc>A2</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Surf</TreatArea>

<NoBillIns>false</NoBillIns>

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<IsNew>false</IsNew>

<CodeNum>171</CodeNum>

<ProcCode>D2160</ProcCode>

<Descript>amalgam - three surfaces, primary or permanent</Descript>

<AbbrDesc>A3</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Surf</TreatArea>

<NoBillIns>false</NoBillIns>

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<GTypeNum>0</GTypeNum>

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<IsNew>false</IsNew>

<CodeNum>172</CodeNum>

<ProcCode>D2161</ProcCode>

<Descript>amalgam - four or more surfaces, primary or permanent</Descript>

<AbbrDesc>A4</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Surf</TreatArea>

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<CodeNum>173</CodeNum>

<ProcCode>D2330</ProcCode>

<Descript>resin-based composite - one surface, anterior</Descript>

<AbbrDesc>C1</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Surf</TreatArea>

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<CodeNum>174</CodeNum>

<ProcCode>D2331</ProcCode>

<Descript>resin-based composite - two surfaces, anterior</Descript>

<AbbrDesc>C2</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Surf</TreatArea>

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<CodeNum>175</CodeNum>

<ProcCode>D2332</ProcCode>

<Descript>resin-based composite - three surfaces, anterior</Descript>

<AbbrDesc>C3</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>75</ProcCat>

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<ProcCode>D2335</ProcCode>

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<AbbrDesc>C4</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

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<CodeNum>178</CodeNum>

<ProcCode>D2391</ProcCode>

<Descript>resin-based composite - one surface, posterior</Descript>

<AbbrDesc>C1(P)</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Surf</TreatArea>

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<CodeNum>179</CodeNum>

<ProcCode>D2392</ProcCode>

<Descript>resin-based composite - two surfaces, posterior</Descript>

<AbbrDesc>C2(P)</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Surf</TreatArea>

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<Descript>resin-based composite - three surfaces, posterior</Descript>

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<ProcCat>75</ProcCat>

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<ProcCode>D2394</ProcCode>

<Descript>resin-based composite - four or more surfaces, posterior</Descript>

<AbbrDesc>C4(P)</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Surf</TreatArea>

<NoBillIns>false</NoBillIns>

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<ProcCode>D2810</ProcCode>

<Descript>D2810</Descript>

<AbbrDesc>D2810</AbbrDesc>

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<ProcCode>D2840</ProcCode>

<Descript>D2840</Descript>

<AbbrDesc>D2840</AbbrDesc>

<ProcTime />

<ProcCat>75</ProcCat>

<TreatArea>Mouth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>224</CodeNum>

<ProcCode>D2921</ProcCode>

<Descript>reattachment of tooth fragment, incisal edge or cusp</Descript>

<AbbrDesc>ReattachThFrag</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Surf</TreatArea>

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<CodeNum>231</CodeNum>

<ProcCode>D2940</ProcCode>

<Descript>protective restoration</Descript>

<AbbrDesc>SedFill</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>232</CodeNum>

<ProcCode>D2941</ProcCode>

<Descript>interim therapeutic restoration â€“ primary dentition </Descript>

<AbbrDesc>IntRestPriDent</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Surf</TreatArea>

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<CodeNum>233</CodeNum>

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<Descript>restorative foundation for an indirect restoration</Descript>

<AbbrDesc>FndIndRest</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Surf</TreatArea>

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<CodeNum>234</CodeNum>

<ProcCode>D2950</ProcCode>

<Descript>core buildup, including any pins when required</Descript>

<AbbrDesc>BU</AbbrDesc>

<ProcTime>/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcCode>D2952</ProcCode>

<Descript>post and core in addition to crown, indirectly fabricated</Descript>

<AbbrDesc>CastP&amp;C</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>75</ProcCat>

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<ProcCode>D2954</ProcCode>

<Descript>prefabricated post and core in addition to crown</Descript>

<AbbrDesc>P&amp;C</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>75</ProcCat>

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<ProcCode>D2998</ProcCode>

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<AbbrDesc>D2998</AbbrDesc>

<ProcTime />

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<ProcCode>D2999</ProcCode>

<Descript>unspecified restorative procedure, by report</Descript>

<AbbrDesc>UnspecRestor</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>75</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcCode>D3005</ProcCode>

<Descript>D3005</Descript>

<AbbrDesc>D3005</AbbrDesc>

<ProcTime />

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<IsNew>false</IsNew>

<CodeNum>252</CodeNum>

<ProcCode>D3110</ProcCode>

<Descript>pulp cap - direct (excluding final restoration)</Descript>

<AbbrDesc>PulpCap</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>253</CodeNum>

<ProcCode>D3120</ProcCode>

<Descript>pulp cap - indirect (excluding final restoration)</Descript>

<AbbrDesc>PulpCapIn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

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<CodeNum>254</CodeNum>

<ProcCode>D3220</ProcCode>

<Descript>therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament</Descript>

<AbbrDesc>Pulpotomy</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>76</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcCode>D3221</ProcCode>

<Descript>pulpal debridement, primary and permanent teeth</Descript>

<AbbrDesc>PulpDebr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

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<CodeNum>256</CodeNum>

<ProcCode>D3222</ProcCode>

<Descript>partial pulpotomy for apexogenesis - permanent tooth with incomplete root development</Descript>

<AbbrDesc>PartPulp</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<ProcCode>D3230</ProcCode>

<Descript>pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) </Descript>

<AbbrDesc>PulpThA/Pr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>903</CodeNum>

<ProcCode>D3233</ProcCode>

<Descript>Internal Root Repair of Perforation Defects (Not Iatrogenic by Provider Filing Claim)</Descript>

<AbbrDesc>InternRRepair</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

<IsProsth>false</IsProsth>

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<CodeNum>258</CodeNum>

<ProcCode>D3240</ProcCode>

<Descript>pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)</Descript>

<AbbrDesc>PulpThP/Pr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>259</CodeNum>

<ProcCode>D3310</ProcCode>

<Descript>endodontic therapy, anterior tooth (excluding final restoration)</Descript>

<AbbrDesc>RCTAnt</AbbrDesc>

<ProcTime>/XXXX/</ProcTime>

<ProcCat>76</ProcCat>

<TreatArea>Tooth</TreatArea>

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<Descript>endodontic therapy, premolar tooth (excluding final restoration)</Descript>

<AbbrDesc>RCTPre</AbbrDesc>

<ProcTime>/XXXXX/</ProcTime>

<ProcCat>76</ProcCat>

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<CodeNum>261</CodeNum>

<ProcCode>D3330</ProcCode>

<Descript>endodontic therapy, molar tooth (excluding final restoration)</Descript>

<AbbrDesc>RCTMol</AbbrDesc>

<ProcTime>/XXXXXXX/</ProcTime>

<ProcCat>76</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcedureCode>

<IsNew>false</IsNew>

<CodeNum>262</CodeNum>

<ProcCode>D3331</ProcCode>

<Descript>treatment of root canal obstruction; non-surgical access</Descript>

<AbbrDesc>RCObstr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

<IsProsth>false</IsProsth>

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<CodeNum>263</CodeNum>

<ProcCode>D3332</ProcCode>

<Descript>incomplete endodontic therapy; inoperable, unrestorable or fractured tooth</Descript>

<AbbrDesc>IncmpRCT</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>76</ProcCat>

<TreatArea>Tooth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>264</CodeNum>

<ProcCode>D3333</ProcCode>

<Descript>internal root repair of perforation defects</Descript>

<AbbrDesc>RepPerf</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<Descript>retreatment of previous root canal therapy - anterior</Descript>

<AbbrDesc>RCT-RAnt</AbbrDesc>

<ProcTime>/XXXXX/</ProcTime>

<ProcCat>76</ProcCat>

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<Descript>retreatment of previous root canal therapy - premolar</Descript>

<AbbrDesc>RCT-RBi</AbbrDesc>

<ProcTime>/XXXXXXX/</ProcTime>

<ProcCat>76</ProcCat>

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<Descript>retreatment of previous root canal therapy - molar</Descript>

<AbbrDesc>RCT-RMol</AbbrDesc>

<ProcTime>/XXXXXXXX/</ProcTime>

<ProcCat>76</ProcCat>

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<ProcCode>D3351</ProcCode>

<Descript>apexification/recalcification â€“ initial visit (apical closure / calcific repair of perforations, root resorption, etc.)</Descript>

<AbbrDesc>Apexif</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

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<CodeNum>269</CodeNum>

<ProcCode>D3352</ProcCode>

<Descript>apexification/recalcification â€“ interim medication replacement </Descript>

<AbbrDesc>ApxRclIn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

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<Descript>apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)</Descript>

<AbbrDesc>ApxRcFin</AbbrDesc>

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<ProcCat>76</ProcCat>

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<CodeNum>271</CodeNum>

<ProcCode>D3355</ProcCode>

<Descript>pulpal regeneration - initial visit</Descript>

<AbbrDesc>PulpRegInit</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

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<CodeNum>272</CodeNum>

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<Descript>pulpal regeneration - interim medication replacement</Descript>

<AbbrDesc>PulpRegMedRep</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

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<ProcCode>D3357</ProcCode>

<Descript>pulpal regeneration - completion of treatment</Descript>

<AbbrDesc>PulpRegCmpTx</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

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<Descript>apicoectomy - anterior</Descript>

<AbbrDesc>ApctPrSrA</AbbrDesc>

<ProcTime>/XXXXXX/</ProcTime>

<ProcCat>76</ProcCat>

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<ProcCode>D3421</ProcCode>

<Descript>apicoectomy - premolar (first root)</Descript>

<AbbrDesc>ApctPr+th</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

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<CodeNum>276</CodeNum>

<ProcCode>D3425</ProcCode>

<Descript>apicoectomy - molar (first root)</Descript>

<AbbrDesc>ApctPrMol</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

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<ProcCode>D3426</ProcCode>

<Descript>apicoectomy (each additional root)</Descript>

<AbbrDesc>ApctPr+th</AbbrDesc>

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<ProcCat>76</ProcCat>

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<Descript>periradicular surgery without apicoectomy</Descript>

<AbbrDesc>PrSurgNoApic</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

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<Descript>bone graft in conjunction with periradicular surgery â€“ per tooth, single site</Descript>

<AbbrDesc>BnGrftPrSurgTh</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

<TreatArea>Tooth</TreatArea>

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<Descript>bone graft in conjunction with periradicular surgery â€“ each additional contiguous tooth in the same surgical site</Descript>

<AbbrDesc>BnGrftPrSurgAddTh</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<TreatArea>Tooth</TreatArea>

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<Descript>retrograde filling - per root</Descript>

<AbbrDesc>RetroFill</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>76</ProcCat>

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<ProcCode>D3431</ProcCode>

<Descript>biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery</Descript>

<AbbrDesc>BioMatAidPrSurg</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>283</CodeNum>

<ProcCode>D3432</ProcCode>

<Descript>guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery</Descript>

<AbbrDesc>GuidTisRegPrSurg</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

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<Descript>endodontic endosseous implant</Descript>

<AbbrDesc>EndoEdsIm</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

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<Descript>intentional reimplantation (including necessary splinting)</Descript>

<AbbrDesc>IntRplISp</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

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<Descript>Surgical repair of root resorption, Anterior</Descript>

<AbbrDesc>RCT-Ant</AbbrDesc>

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<ProcCat>76</ProcCat>

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<CodeNum>1898</CodeNum>

<ProcCode>D3472</ProcCode>

<Descript>Surgical repair of root resorption, premolar</Descript>

<AbbrDesc>RCT</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

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<CodeNum>1899</CodeNum>

<ProcCode>D3473</ProcCode>

<Descript>Surgical repair of root resorption, molar</Descript>

<AbbrDesc>RCT</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>D3690</Descript>

<AbbrDesc>D3690</AbbrDesc>

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<ProcCode>D3910</ProcCode>

<Descript>surgical procedure for isolation of tooth with rubber dam</Descript>

<AbbrDesc>SurgIs/RD</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>76</ProcCat>

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<ProcCode>D3920</ProcCode>

<Descript>hemisection (including any root removal), not including root canal therapy</Descript>

<AbbrDesc>Hemi</AbbrDesc>

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<ProcCode>D3950</ProcCode>

<Descript>canal preparation and fitting of preformed dowel or post</Descript>

<AbbrDesc>CanPrepPt</AbbrDesc>

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<ProcCat>76</ProcCat>

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<AbbrDesc>D3960</AbbrDesc>

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<Descript>unspecified endodontic procedure, by report</Descript>

<AbbrDesc>UnspecEndo</AbbrDesc>

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<ProcCode>D4210</ProcCode>

<Descript>gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant</Descript>

<AbbrDesc>GingivQdr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

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<CodeNum>292</CodeNum>

<ProcCode>D4211</ProcCode>

<Descript>gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant</Descript>

<AbbrDesc>Gingiv</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Quad</TreatArea>

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<Descript>gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth</Descript>

<AbbrDesc>GingivAccess</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

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<Descript>anatomical crown exposure â€“ four or more contiguous teeth or tooth bounded spaces per quadrant</Descript>

<AbbrDesc>AnCrnEx4+</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<ProcCode>D4231</ProcCode>

<Descript>anatomical crown exposure â€“ one to three teeth or tooth bounded spaces per quadrant</Descript>

<AbbrDesc>AnCrnEx1-3</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

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<Descript>gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant</Descript>

<AbbrDesc>GnFlInRtp4+</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

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<CodeNum>297</CodeNum>

<ProcCode>D4241</ProcCode>

<Descript>gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant</Descript>

<AbbrDesc>GnFlInRtp1-3</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Quad</TreatArea>

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<ProcCode>D4245</ProcCode>

<Descript>apically positioned flap</Descript>

<AbbrDesc>ApicFlap</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>ToothRange</TreatArea>

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<ProcCode>D4249</ProcCode>

<Descript>clinical crown lengthening â€“ hard tissue</Descript>

<AbbrDesc>CrnLength</AbbrDesc>

<ProcTime>/XXXXXX/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>928</CodeNum>

<ProcCode>D4250</ProcCode>

<Descript>Mucogingival Surgery-per Quadrant</Descript>

<AbbrDesc>MucGinSrQ</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>300</CodeNum>

<ProcCode>D4260</ProcCode>

<Descript>osseous surgery (including elevation of a full thickness flap and closure) â€“ four or more contiguous teeth or tooth bounded spaces per quadrant </Descript>

<AbbrDesc>OssSurgQ</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Quad</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>301</CodeNum>

<ProcCode>D4261</ProcCode>

<Descript>osseous surgery (including elevation of a full thickness flap and closure) â€“ one to three contiguous teeth or tooth bounded spaces per quadrant</Descript>

<AbbrDesc>OssSurg1-2</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Quad</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>302</CodeNum>

<ProcCode>D4263</ProcCode>

<Descript>bone replacement graft â€“ retained natural tooth â€“ first site in quadrant</Descript>

<AbbrDesc>BnRpGr1st</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Quad</TreatArea>

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<CodeNum>303</CodeNum>

<ProcCode>D4264</ProcCode>

<Descript>bone replacement graft â€“ retained natural tooth â€“ each additional site in quadrant</Descript>

<AbbrDesc>BnRpGrEa1+</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Quad</TreatArea>

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<CodeNum>304</CodeNum>

<ProcCode>D4265</ProcCode>

<Descript>biologic materials to aid in soft and osseous tissue regeneration</Descript>

<AbbrDesc>BioMatSftOTissReg</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

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<ProcCode>D4266</ProcCode>

<Descript>guided tissue regeneration - resorbable barrier, per site</Descript>

<AbbrDesc>TissRgPer</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Mouth</TreatArea>

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<ProcCode>D4267</ProcCode>

<Descript>guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)</Descript>

<AbbrDesc>TissRgNr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>307</CodeNum>

<ProcCode>D4268</ProcCode>

<Descript>surgical revision procedure, per tooth</Descript>

<AbbrDesc>SurgRevis</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>308</CodeNum>

<ProcCode>D4270</ProcCode>

<Descript>pedicle soft tissue graft procedure</Descript>

<AbbrDesc>PedSfTsGr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>309</CodeNum>

<ProcCode>D4273</ProcCode>

<Descript>autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft</Descript>

<AbbrDesc>SubTsGr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<IsNew>false</IsNew>

<CodeNum>310</CodeNum>

<ProcCode>D4274</ProcCode>

<Descript>mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)</Descript>

<AbbrDesc>DistPxWg</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>311</CodeNum>

<ProcCode>D4275</ProcCode>

<Descript>non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft</Descript>

<AbbrDesc>SfTsAll</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Mouth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>312</CodeNum>

<ProcCode>D4276</ProcCode>

<Descript>combined connective tissue and double pedicle graft, per tooth</Descript>

<AbbrDesc>ComConTissDPGr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>313</CodeNum>

<ProcCode>D4277</ProcCode>

<Descript>free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft</Descript>

<AbbrDesc>FrSfTsGrFirst</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<CodeNum>314</CodeNum>

<ProcCode>D4278</ProcCode>

<Descript>free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site</Descript>

<AbbrDesc>FrSfTsGrAdd</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

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<CodeNum>317</CodeNum>

<ProcCode>D4320</ProcCode>

<Descript>provisional splinting - intracoronal</Descript>

<AbbrDesc>ProSplIn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Mouth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>318</CodeNum>

<ProcCode>D4321</ProcCode>

<Descript>provisional splinting - extracoronal</Descript>

<AbbrDesc>ProSplEx</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>1857</CodeNum>

<ProcCode>D4330</ProcCode>

<Descript>D4330</Descript>

<AbbrDesc>D4330</AbbrDesc>

<ProcTime />

<ProcCat>77</ProcCat>

<TreatArea>Mouth</TreatArea>

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<ProcedureCode>

<IsNew>false</IsNew>

<CodeNum>319</CodeNum>

<ProcCode>D4341</ProcCode>

<Descript>periodontal scaling and root planing - four or more teeth per quadrant</Descript>

<AbbrDesc>SRP</AbbrDesc>

<ProcTime>/XXXXXX/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Quad</TreatArea>

<NoBillIns>false</NoBillIns>

<IsProsth>false</IsProsth>

<DefaultNote>Patient read, signed the Periodontal Information and Treatment Recommendations Consent Form.

Obtained permission from patient to proceed with scheduled treatment today.

Updated Medical Hx BP:

Premed:

Applied topical anesthetic (Benzocaine 20%) by cotton swab to gingiva for 2 minutes prior to local anesthetic.

Local Anesthetic:

No complications were noted from local anesthesia injection

SRP Quadrant/Teeth:

Difficulty Level:

Demo and reviewed homecare instruction which included: OHI: Sucular brushing with ETB if possible, daily floss, Waterpik oral irrigation daily, ACT home fluoride mouth rinse once daily before bedtime.

Handout:Written and Oral Post Op instructions dispensed to pt.

Handout: Following Active Periodontal Treatment

Next Hygiene appt:

Kim M. Westenfeld, RDH""</DefaultNote>

<IsHygiene>true</IsHygiene>

<GTypeNum>0</GTypeNum>

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<CodeNum>320</CodeNum>

<ProcCode>D4342</ProcCode>

<Descript>periodontal scaling and root planing - one to three teeth per quadrant</Descript>

<AbbrDesc>SRP1-3</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>ToothRange</TreatArea>

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<CodeNum>321</CodeNum>

<ProcCode>D4346</ProcCode>

<Descript>scaling in presence of generalized moderate or severe gingival inflammation â€“ full mouth, after oral evaluation</Descript>

<AbbrDesc>ScaleInflamFull</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

<IsProsth>false</IsProsth>

<DefaultNote>Obtained permission from patient to proceed with scheduled treatment today.

CC:

Updated Medical History. BP:

Premed:

X-rays:

EO/IO photos:

Patient read, understood and signed Periodontal Information and Treatment Recommendations consent form: Gingivitis

Scaling in the presence of generalized gingival inflammation: Ultrasonic, hand scale, polish, floss, fluoride varnish treatment with post op instructions.

Next Hygiene Appointment:

Periodic Exam by Addison Killeen, DDS

Areas to Watch:

Future Dental Considerations:

Immediate Dental Needs:

Kim M Westenfeld, RDH""</DefaultNote>

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<CodeNum>322</CodeNum>

<ProcCode>D4355</ProcCode>

<Descript>full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit</Descript>

<AbbrDesc>FullDebrd</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

<IsProsth>false</IsProsth>

<DefaultNote>Obtained permission from patient to proceed with scheduled treatment today.

CC:

Updated Medical History. BP:

Premed:

X-rays:

EO/IO Exam

IO Photos:

Limited Examination by Addison Killeen, DDS

Gross Debridement, Ultrasonic (full mouth)

Anesthetic: Topical Benzocaine applied by cotton swab to gingival tissues.

Plaque;

Calculus:

Stain:

OHI: Sucular brushing with ETB if possible. Daily floss, Waterpik oral irrigation daily, ACT home fluoride mouth rinse once daily.

Handouts: Post Op and OHI instructions; Contributing Factors to PD and Effects of of Uncontrolled PD

Limited exam by Addison Killeen, DDS

Next Hygiene Appt:

Kiim M Westenfeld, RDH""</DefaultNote>

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<CodeNum>1858</CodeNum>

<ProcCode>D4360</ProcCode>

<Descript>D4360</Descript>

<AbbrDesc>D4360</AbbrDesc>

<ProcTime />

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<CodeNum>323</CodeNum>

<ProcCode>D4381</ProcCode>

<Descript>localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth</Descript>

<AbbrDesc>Arestin</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>324</CodeNum>

<ProcCode>D4910</ProcCode>

<Descript>periodontal maintenance </Descript>

<AbbrDesc>PerioMaint</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>325</CodeNum>

<ProcCode>D4920</ProcCode>

<Descript>unscheduled dressing change (by someone other than treating dentist or their staff)</Descript>

<AbbrDesc>UnscDrChg</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>326</CodeNum>

<ProcCode>D4921</ProcCode>

<Descript>gingival irrigation â€“ per quadrant</Descript>

<AbbrDesc>GingivIrrQuad</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Quad</TreatArea>

<NoBillIns>false</NoBillIns>

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<IsNew>false</IsNew>

<CodeNum>327</CodeNum>

<ProcCode>D4999</ProcCode>

<Descript>unspecified periodontal procedure, by report</Descript>

<AbbrDesc>UnspecPerio</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<IsNew>false</IsNew>

<CodeNum>766</CodeNum>

<ProcCode>Perio Charting</ProcCode>

<Descript>Periodontal Charting</Descript>

<AbbrDesc>PerioC</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>77</ProcCat>

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<CodeNum>328</CodeNum>

<ProcCode>D5110</ProcCode>

<Descript>complete denture - maxillary</Descript>

<AbbrDesc>MaxDent</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Arch</TreatArea>

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<Descript>complete denture - mandibular </Descript>

<AbbrDesc>MandDent</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>immediate denture - maxillary</Descript>

<AbbrDesc>MaxImmDent</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>immediate denture - mandibular</Descript>

<AbbrDesc>MandImmDent</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>maxillary partial denture â€“ resin base (including, retentive/clasping materials, rests, and teeth)</Descript>

<AbbrDesc>PermMaxFlip</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>78</ProcCat>

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<ProcCode>D5212</ProcCode>

<Descript>mandibular partial denture â€“ resin base (including, retentive/clasping materials, rests, and teeth)</Descript>

<AbbrDesc>PermMandFlip</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>ToothRange</TreatArea>

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<CodeNum>334</CodeNum>

<ProcCode>D5213</ProcCode>

<Descript>maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</Descript>

<AbbrDesc>MaxRPD</AbbrDesc>

<ProcTime>/XXXX/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</Descript>

<AbbrDesc>MandRPD</AbbrDesc>

<ProcTime>/XXXX/</ProcTime>

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<Descript>immediate maxillary partial denture â€“ resin base (including any conventional clasps, rests and teeth)</Descript>

<AbbrDesc>MaxRPDResin</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>immediate mandibular partial denture â€“ resin base (including any conventional clasps, rests and teeth)</Descript>

<AbbrDesc>MandRPDResin</AbbrDesc>

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<Descript>immediate maxillary partial denture â€“ cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</Descript>

<AbbrDesc>MaxRPDCastMet</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>immediate mandibular partial denture â€“ cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</Descript>

<AbbrDesc>MandRPDCastMet</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>maxillary partial denture - flexible base (including any clasps, rests and teeth)</Descript>

<AbbrDesc>MaxRPDFlex</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>mandibular partial denture - flexible base (including any clasps, rests and teeth)</Descript>

<AbbrDesc>MandRPDFlex</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>removable unilateral partial denture â€“ one piece cast metal (including clasps and teeth), maxillary</Descript>

<AbbrDesc>RmvUniPDnMax</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

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<Descript>removable unilateral partial denture â€“ one piece cast metal (including clasps and teeth), mandibular</Descript>

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<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>adjust complete denture - maxillary</Descript>

<AbbrDesc>AdjCmDnMax</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>adjust complete denture - mandibular</Descript>

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<ProcTime>/X/</ProcTime>

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<CodeNum>346</CodeNum>

<ProcCode>D5421</ProcCode>

<Descript>adjust partial denture - maxillary</Descript>

<AbbrDesc>AdjPrDnMax</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

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<Descript>adjust partial denture - mandibular</Descript>

<AbbrDesc>AdjPrDnMand</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>348</CodeNum>

<ProcCode>D5511</ProcCode>

<Descript>repair broken complete denture base, mandibular</Descript>

<AbbrDesc>RepairDentMand</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>349</CodeNum>

<ProcCode>D5512</ProcCode>

<Descript>repair broken complete denture base, maxillary</Descript>

<AbbrDesc>RepairDentMax</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>350</CodeNum>

<ProcCode>D5520</ProcCode>

<Descript>replace missing or broken teeth - complete denture (each tooth)</Descript>

<AbbrDesc>RplThCmDn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>351</CodeNum>

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<Descript>repair resin partial denture base, mandibular</Descript>

<AbbrDesc>RepairPartMand</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>352</CodeNum>

<ProcCode>D5612</ProcCode>

<Descript>repair resin partial denture base, maxillary</Descript>

<AbbrDesc>RepairPartMax</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>repair cast partial framework, mandibular</Descript>

<AbbrDesc>RepairCastMand</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

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<ProcCode>D5622</ProcCode>

<Descript>repair cast partial framework, maxillary</Descript>

<AbbrDesc>RepairCastMax</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<CodeNum>355</CodeNum>

<ProcCode>D5630</ProcCode>

<Descript>repair or replace broken retentive clasping materials â€“ per tooth</Descript>

<AbbrDesc>RepClsp</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>356</CodeNum>

<ProcCode>D5640</ProcCode>

<Descript>replace broken teeth - per tooth</Descript>

<AbbrDesc>RepBrkTh</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>357</CodeNum>

<ProcCode>D5650</ProcCode>

<Descript>add tooth to existing partial denture</Descript>

<AbbrDesc>AddTooth</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcTime />

<ProcCat>78</ProcCat>

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<CodeNum>358</CodeNum>

<ProcCode>D5660</ProcCode>

<Descript>add clasp to existing partial denture - per tooth</Descript>

<AbbrDesc>AddClasp</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Tooth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>359</CodeNum>

<ProcCode>D5670</ProcCode>

<Descript>replace all teeth and acrylic on cast metal framework (maxillary) </Descript>

<AbbrDesc>ReTh&amp;AcryMaxRPD</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

<IsProsth>false</IsProsth>

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<CodeNum>360</CodeNum>

<ProcCode>D5671</ProcCode>

<Descript>replace all teeth and acrylic on cast metal framework (mandibular)</Descript>

<AbbrDesc>ReTh&amp;AcryMandRPD</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>361</CodeNum>

<ProcCode>D5710</ProcCode>

<Descript>rebase complete maxillary denture</Descript>

<AbbrDesc>RebsComMaxDn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

<IsProsth>false</IsProsth>

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<IsNew>false</IsNew>

<CodeNum>362</CodeNum>

<ProcCode>D5711</ProcCode>

<Descript>rebase complete mandibular denture</Descript>

<AbbrDesc>RebsComMandDn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>363</CodeNum>

<ProcCode>D5720</ProcCode>

<Descript>rebase maxillary partial denture</Descript>

<AbbrDesc>RebsRPDMaxDn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

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<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>reline complete maxillary denture (laboratory)</Descript>

<AbbrDesc>RelMaxDnLab</AbbrDesc>

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<Descript>interim complete denture (maxillary)</Descript>

<AbbrDesc>TempCompMaxDn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Arch</TreatArea>

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<Descript>interim complete denture (mandibular)</Descript>

<AbbrDesc>TempCompMandDn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Arch</TreatArea>

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<ProcCode>D5820</ProcCode>

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<AbbrDesc>TempMaxFlip</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>ToothRange</TreatArea>

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<CodeNum>378</CodeNum>

<ProcCode>D5851</ProcCode>

<Descript>tissue conditioning, mandibular</Descript>

<AbbrDesc>TisConMand</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<ProcCode>D5862</ProcCode>

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<AbbrDesc>DentAttach</AbbrDesc>

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<CodeNum>381</CodeNum>

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<Descript>overdenture â€“ partial maxillary</Descript>

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<CodeNum>382</CodeNum>

<ProcCode>D5865</ProcCode>

<Descript>overdenture â€“ complete mandibular</Descript>

<AbbrDesc>OverDentCmpMand</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>overdenture â€“ partial mandibular</Descript>

<AbbrDesc>OverDentPartMand</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>ToothRange</TreatArea>

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<ProcCode>D5867</ProcCode>

<Descript>replacement of replaceable part of semi-precision or precision attachment (male or female component)</Descript>

<AbbrDesc>ReplaceAttach</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

<IsProsth>false</IsProsth>

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<CodeNum>385</CodeNum>

<ProcCode>D5875</ProcCode>

<Descript>modification of removable prosthesis following implant surgery</Descript>

<AbbrDesc>ModRmvProAftImpSurg</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>386</CodeNum>

<ProcCode>D5876</ProcCode>

<Descript>add metal substructure to acrylic full denture (per arch)</Descript>

<AbbrDesc>MetSubAcr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

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<Descript>unspecified removable prosthodontic procedure, by report</Descript>

<AbbrDesc>UnspecDent</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>489</CodeNum>

<ProcCode>D6205</ProcCode>

<Descript>pontic - indirect resin based composite</Descript>

<AbbrDesc>PontRes</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<CodeNum>491</CodeNum>

<ProcCode>D6211</ProcCode>

<Descript>pontic - cast predominantly base metal</Descript>

<AbbrDesc>PontCastBasM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<CodeNum>492</CodeNum>

<ProcCode>D6212</ProcCode>

<Descript>pontic - cast noble metal</Descript>

<AbbrDesc>PontCastNM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<CodeNum>493</CodeNum>

<ProcCode>D6214</ProcCode>

<Descript>pontic - titanium</Descript>

<AbbrDesc>PontTitan</AbbrDesc>

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<ProcCat>78</ProcCat>

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<CodeNum>496</CodeNum>

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<Descript>pontic - porcelain fused to noble metal</Descript>

<AbbrDesc>PontPFNM</AbbrDesc>

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<ProcCat>78</ProcCat>

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<CodeNum>498</CodeNum>

<ProcCode>D6250</ProcCode>

<Descript>pontic - resin with high noble metal</Descript>

<AbbrDesc>PntcRsHNM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>499</CodeNum>

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<Descript>pontic - resin with predominantly base metal</Descript>

<AbbrDesc>PntcRsRdB</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcCode>D6252</ProcCode>

<Descript>pontic - resin with noble metal</Descript>

<AbbrDesc>PntcRsNM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>501</CodeNum>

<ProcCode>D6253</ProcCode>

<Descript>provisional pontic - further treatment or completion of diagnosis necessary prior to final impression</Descript>

<AbbrDesc>ProvisPontic</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>503</CodeNum>

<ProcCode>D6548</ProcCode>

<Descript>retainer - porcelain/ceramic for resin bonded fixed prosthesis</Descript>

<AbbrDesc>PorcRet</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>505</CodeNum>

<ProcCode>D6600</ProcCode>

<Descript>retainer inlay - porcelain/ceramic, two surfaces </Descript>

<AbbrDesc>BrdgRetInPor2S</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Surf</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>506</CodeNum>

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<Descript>retainer inlay - porcelain/ceramic, three or more surfaces</Descript>

<AbbrDesc>BrdgRetInPor3+S</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Surf</TreatArea>

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<Descript>retainer inlay - cast high noble metal, two surfaces</Descript>

<AbbrDesc>BrdgRetInCasHNM2S</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<AbbrDesc>BrdgRetInCasHNM3+S</AbbrDesc>

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<CodeNum>512</CodeNum>

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<AbbrDesc>BrdgRetInCasNM3+S</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<CodeNum>513</CodeNum>

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<Descript>retainer onlay - porcelain/ceramic, two surfaces</Descript>

<AbbrDesc>BrdgRetOnPor2S</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>retainer onlay - porcelain/ceramic, three or more surfaces</Descript>

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<ProcCode>D6613</ProcCode>

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<ProcCat>78</ProcCat>

<TreatArea>Surf</TreatArea>

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<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<AbbrDesc>BrdgRetRsHNM</AbbrDesc>

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<ProcCode>D6624</ProcCode>

<Descript>retainer inlay - titanium</Descript>

<AbbrDesc>TitanInlay</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Surf</TreatArea>

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<CodeNum>522</CodeNum>

<ProcCode>D6634</ProcCode>

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<AbbrDesc>TitanInlay</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Surf</TreatArea>

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<CodeNum>527</CodeNum>

<ProcCode>D6740</ProcCode>

<Descript>retainer crown - porcelain/ceramic</Descript>

<AbbrDesc>CrnPorBr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>530</CodeNum>

<ProcCode>D6752</ProcCode>

<Descript>retainer crown - porcelain fused to noble metal</Descript>

<AbbrDesc>RtCrnPrFN</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>538</CodeNum>

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<Descript>provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression</Descript>

<AbbrDesc>ProvisRt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Tooth</TreatArea>

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<Descript>re-cement or re-bond fixed partial denture</Descript>

<AbbrDesc>RecemBrdg</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>stress breaker</Descript>

<AbbrDesc>StressBrk</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>precision attachment</Descript>

<AbbrDesc>PrecAttach</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>fixed partial denture repair necessitated by restorative material failure</Descript>

<AbbrDesc>BrdgRepair</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<ProcCode>D9932</ProcCode>

<Descript>cleaning and inspection of removable complete denture, maxillary</Descript>

<AbbrDesc>MaxCleanCompDent</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<Descript>cleaning and inspection of removable complete denture, mandibular</Descript>

<AbbrDesc>MandCleanCompDent</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>736</CodeNum>

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<Descript>cleaning and inspection of removable partial denture, maxillary</Descript>

<AbbrDesc>MaxCleanPartDent</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<ProcCode>D9935</ProcCode>

<Descript>cleaning and inspection of removable partial denture, mandibular</Descript>

<AbbrDesc>MandCleanPartDent</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>78</ProcCat>

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<Descript>Fluoride Tray</Descript>

<AbbrDesc>Fluor</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<ProcCode>D2610</ProcCode>

<Descript>inlay - porcelain/ceramic - one surface</Descript>

<AbbrDesc>Cerinlay1</AbbrDesc>

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<ProcCat>79</ProcCat>

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<CodeNum>192</CodeNum>

<ProcCode>D2620</ProcCode>

<Descript>inlay - porcelain/ceramic - two surfaces </Descript>

<AbbrDesc>Cerinlay2</AbbrDesc>

<ProcTime>///XXXX/</ProcTime>

<ProcCat>79</ProcCat>

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<CodeNum>193</CodeNum>

<ProcCode>D2630</ProcCode>

<Descript>inlay - porcelain/ceramic - three or more surfaces</Descript>

<AbbrDesc>Cerinlay3</AbbrDesc>

<ProcTime>///XXXX/</ProcTime>

<ProcCat>79</ProcCat>

<TreatArea>Surf</TreatArea>

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<CodeNum>241</CodeNum>

<ProcCode>D2960</ProcCode>

<Descript>labial veneer (resin laminate) - chairside</Descript>

<AbbrDesc>CmpVnr</AbbrDesc>

<ProcTime>/XXXXX/</ProcTime>

<ProcCat>79</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>243</CodeNum>

<ProcCode>D2962</ProcCode>

<Descript>labial veneer (porcelain laminate) - laboratory</Descript>

<AbbrDesc>PorcVnr</AbbrDesc>

<ProcTime>/XXXX/</ProcTime>

<ProcCat>79</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>749</CodeNum>

<ProcCode>D9971</ProcCode>

<Descript>odontoplasty 1 - 2 teeth; includes removal of enamel projections</Descript>

<AbbrDesc>Shaping</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>79</ProcCat>

<TreatArea>Sextant</TreatArea>

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<CodeNum>750</CodeNum>

<ProcCode>D9972</ProcCode>

<Descript>external bleaching - per arch - performed in office</Descript>

<AbbrDesc>White</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>79</ProcCat>

<TreatArea>Arch</TreatArea>

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<Descript>InhouseWhitening</Descript>

<AbbrDesc>InHouWhit</AbbrDesc>

<ProcTime>/////////////</ProcTime>

<ProcCat>79</ProcCat>

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<AbbrDesc>WhiteTooth</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>79</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcCode>D9974</ProcCode>

<Descript>internal bleaching - per tooth</Descript>

<AbbrDesc>InternalWhite</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>79</ProcCat>

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<ProcCode>D9975</ProcCode>

<Descript>external bleaching for home application, per arch; includes materials and fabrication of custom trays</Descript>

<AbbrDesc>WhiteTray</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>79</ProcCat>

<TreatArea>Arch</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>430</CodeNum>

<ProcCode>D6010</ProcCode>

<Descript>surgical placement of implant body: endosteal implant</Descript>

<AbbrDesc>SurgImpEnd</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>431</CodeNum>

<ProcCode>D6011</ProcCode>

<Descript>second stage implant surgery</Descript>

<AbbrDesc>SurgImpSec</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<CodeNum>432</CodeNum>

<ProcCode>D6012</ProcCode>

<Descript>surgical placement of interim implant body for transitional prosthesis: endosteal implant</Descript>

<AbbrDesc>SurgIntImpEnd</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<CodeNum>433</CodeNum>

<ProcCode>D6013</ProcCode>

<Descript>surgical placement of mini implant</Descript>

<AbbrDesc>SurgPlcMiniImp</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<CodeNum>1038</CodeNum>

<ProcCode>D6020</ProcCode>

<Descript>Abutment Placement or Substitution: Ã‚Â  Endosteal Implant</Descript>

<AbbrDesc>PlaceAbut</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>434</CodeNum>

<ProcCode>D6040</ProcCode>

<Descript>surgical placement: eposteal implant</Descript>

<AbbrDesc>SurgEpoImp</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>435</CodeNum>

<ProcCode>D6050</ProcCode>

<Descript>surgical placement: transosteal implant</Descript>

<AbbrDesc>SurgTranImp</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<CodeNum>436</CodeNum>

<ProcCode>D6051</ProcCode>

<Descript>interim abutment</Descript>

<AbbrDesc>InterimAbt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<CodeNum>437</CodeNum>

<ProcCode>D6052</ProcCode>

<Descript>semi-precision attachment abutment</Descript>

<AbbrDesc>SemiprecAttAbt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<CodeNum>438</CodeNum>

<ProcCode>D6055</ProcCode>

<Descript>connecting bar â€“ implant supported or abutment supported</Descript>

<AbbrDesc>ImpConBr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>ToothRange</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>439</CodeNum>

<ProcCode>D6056</ProcCode>

<Descript>prefabricated abutment â€“ includes modification and placement</Descript>

<AbbrDesc>PrefabAbut</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>440</CodeNum>

<ProcCode>D6057</ProcCode>

<Descript>custom fabricated abutment â€“ includes placement</Descript>

<AbbrDesc>CustAbut</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>441</CodeNum>

<ProcCode>D6058</ProcCode>

<Descript>abutment supported porcelain/ceramic crown</Descript>

<AbbrDesc>AbPorCerCn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<GTypeNum>0</GTypeNum>

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<CodeNum>442</CodeNum>

<ProcCode>D6059</ProcCode>

<Descript>abutment supported porcelain fused to metal crown (high noble metal) </Descript>

<AbbrDesc>AbPFMCnHNM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>443</CodeNum>

<ProcCode>D6060</ProcCode>

<Descript>abutment supported porcelain fused to metal crown (predominantly base metal)</Descript>

<AbbrDesc>AbPFMCnBasM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<Descript>abutment supported porcelain fused to metal crown (noble metal) </Descript>

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<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcCode>D6062</ProcCode>

<Descript>abutment supported cast metal crown (high noble metal)</Descript>

<AbbrDesc>AbCasMCnHNM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>446</CodeNum>

<ProcCode>D6063</ProcCode>

<Descript>abutment supported cast metal crown (predominantly base metal)</Descript>

<AbbrDesc>AbCasMCnBasM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<LaymanTerm />

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<CodeNum>447</CodeNum>

<ProcCode>D6064</ProcCode>

<Descript>abutment supported cast metal crown (noble metal)</Descript>

<AbbrDesc>AbCasMCnNM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<Descript>implant supported porcelain/ceramic crown</Descript>

<AbbrDesc>ImpPorCerCn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<Descript>implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)</Descript>

<AbbrDesc>ImpPFMCrn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<CodeNum>450</CodeNum>

<ProcCode>D6067</ProcCode>

<Descript>implant supported metal crown (titanium, titanium alloy, high noble metal)</Descript>

<AbbrDesc>ImpMCn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcCode>D6068</ProcCode>

<Descript>abutment supported retainer for porcelain/ceramic FPD</Descript>

<AbbrDesc>AbCasMCnBasM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>452</CodeNum>

<ProcCode>D6069</ProcCode>

<Descript>abutment supported retainer for porcelain fused to metal FPD (high noble metal)</Descript>

<AbbrDesc>AbRPFMFxRPDHNM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcCode>D6070</ProcCode>

<Descript>abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)</Descript>

<AbbrDesc>AbRPFMFxRPDBasM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<IsProsth>false</IsProsth>

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<IsNew>false</IsNew>

<CodeNum>454</CodeNum>

<ProcCode>D6071</ProcCode>

<Descript>abutment supported retainer for porcelain fused to metal FPD (noble metal)</Descript>

<AbbrDesc>AbRPFMFxRPDNM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

<IsProsth>false</IsProsth>

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<CodeNum>455</CodeNum>

<ProcCode>D6072</ProcCode>

<Descript>abutment supported retainer for cast metal FPD (high noble metal)</Descript>

<AbbrDesc>AbRtCasMFxRPDHNM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>456</CodeNum>

<ProcCode>D6073</ProcCode>

<Descript>abutment supported retainer for cast metal FPD (predominantly base metal)</Descript>

<AbbrDesc>AbRCasMFxRPDBasM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>457</CodeNum>

<ProcCode>D6074</ProcCode>

<Descript>abutment supported retainer for cast metal FPD (noble metal)</Descript>

<AbbrDesc>AbRCasMFxRPDNM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>458</CodeNum>

<ProcCode>D6075</ProcCode>

<Descript>implant supported retainer for ceramic FPD</Descript>

<AbbrDesc>ImpRCerFxRPD</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>459</CodeNum>

<ProcCode>D6076</ProcCode>

<Descript>implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)</Descript>

<AbbrDesc>ImpRPFMFxRPD</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

<IsProsth>false</IsProsth>

<DefaultNote />

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<GTypeNum>0</GTypeNum>

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<CodeNum>460</CodeNum>

<ProcCode>D6077</ProcCode>

<Descript>implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)</Descript>

<AbbrDesc>ImpRCasMFxRPD</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

<IsProsth>false</IsProsth>

<DefaultNote />

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<GTypeNum>0</GTypeNum>

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<CodeNum>461</CodeNum>

<ProcCode>D6080</ProcCode>

<Descript>implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments </Descript>

<AbbrDesc>ImplMaint</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<IsNew>false</IsNew>

<CodeNum>462</CodeNum>

<ProcCode>D6081</ProcCode>

<Descript>scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure</Descript>

<AbbrDesc>ImpClean</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>463</CodeNum>

<ProcCode>D6085</ProcCode>

<Descript>provisional implant crown</Descript>

<AbbrDesc>ImpCrown</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>464</CodeNum>

<ProcCode>D6090</ProcCode>

<Descript>repair implant supported prosthesis, by report</Descript>

<AbbrDesc>RepairProsth</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<ProcCode>D6091</ProcCode>

<Descript>replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment</Descript>

<AbbrDesc>ReplaceProsth</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<CodeNum>466</CodeNum>

<ProcCode>D6092</ProcCode>

<Descript>re-cement or re-bond implant/abutment supported crown</Descript>

<AbbrDesc>ReceSuppCrn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>467</CodeNum>

<ProcCode>D6093</ProcCode>

<Descript>re-cement or re-bond implant/abutment supported fixed partial denture</Descript>

<AbbrDesc>RecemFPD</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>468</CodeNum>

<ProcCode>D6094</ProcCode>

<Descript>abutment supported crown - (titanium)</Descript>

<AbbrDesc>Abt-proths</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>469</CodeNum>

<ProcCode>D6095</ProcCode>

<Descript>repair implant abutment, by report</Descript>

<AbbrDesc>RepairAbut</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>470</CodeNum>

<ProcCode>D6096</ProcCode>

<Descript>remove broken implant retaining screw</Descript>

<AbbrDesc>RemoveImpScrew</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>471</CodeNum>

<ProcCode>D6100</ProcCode>

<Descript>implant removal, by report</Descript>

<AbbrDesc>ImpRmv</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<IsNew>false</IsNew>

<CodeNum>472</CodeNum>

<ProcCode>D6101</ProcCode>

<Descript>debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure</Descript>

<AbbrDesc>ImpDebr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>473</CodeNum>

<ProcCode>D6102</ProcCode>

<Descript>debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure</Descript>

<AbbrDesc>ImpDebrOss</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>474</CodeNum>

<ProcCode>D6103</ProcCode>

<Descript>bone graft for repair of peri-implant defect â€“ does not include flap entry and closure</Descript>

<AbbrDesc>GrftNoFlap</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>475</CodeNum>

<ProcCode>D6104</ProcCode>

<Descript>bone graft at time of implant placement</Descript>

<AbbrDesc>GrftPlcmnt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<CodeNum>476</CodeNum>

<ProcCode>D6110</ProcCode>

<Descript>implant /abutment supported removable denture for edentulous arch â€“ maxillary</Descript>

<AbbrDesc>ImpRemDentMax</AbbrDesc>

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<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>477</CodeNum>

<ProcCode>D6111</ProcCode>

<Descript>implant /abutment supported removable denture for edentulous arch â€“ mandibular</Descript>

<AbbrDesc>ImpRemDentMand</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>478</CodeNum>

<ProcCode>D6112</ProcCode>

<Descript>implant /abutment supported removable denture for partially edentulous arch â€“ maxillary</Descript>

<AbbrDesc>ImpRemDentPartMax</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>479</CodeNum>

<ProcCode>D6113</ProcCode>

<Descript>implant /abutment supported removable denture for partially edentulous arch â€“ mandibular</Descript>

<AbbrDesc>ImpRemDentPartMand</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>480</CodeNum>

<ProcCode>D6114</ProcCode>

<Descript>implant /abutment supported fixed denture for edentulous arch â€“ maxillary</Descript>

<AbbrDesc>ImpFixDentMax</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>481</CodeNum>

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<Descript>implant /abutment supported fixed denture for edentulous arch â€“ mandibular</Descript>

<AbbrDesc>ImpFixDentMand</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<CodeNum>482</CodeNum>

<ProcCode>D6116</ProcCode>

<Descript>implant /abutment supported fixed denture for partially edentulous arch â€“ maxillary</Descript>

<AbbrDesc>ImpFixDentPartMax</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Tooth</TreatArea>

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<Descript>implant /abutment supported fixed denture for partially edentulous arch â€“ mandibular</Descript>

<AbbrDesc>ImpFixDentPartMand</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

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<ProcCode>D6118</ProcCode>

<Descript>implant/abutment supported interim fixed denture for edentulous arch â€“ mandibular</Descript>

<AbbrDesc>ImplAbutEdentuMand</AbbrDesc>

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<Descript>implant/abutment supported interim fixed denture for edentulous arch â€“ maxillary</Descript>

<AbbrDesc>ImplAbutEdentuMax</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>80</ProcCat>

<TreatArea>Mouth</TreatArea>

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<Descript>abutment supported retainer crown for FPD (titanium)</Descript>

<AbbrDesc>AbutRetCrnTitan</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>unspecified implant procedure, by report</Descript>

<AbbrDesc>Unspeclmpl</AbbrDesc>

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<AbbrDesc>D6620</AbbrDesc>

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<Descript>D6850</Descript>

<AbbrDesc>D6850</AbbrDesc>

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<Descript>resin-based composite crown, anterior</Descript>

<AbbrDesc>CresCn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

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<ProcCode>D2510</ProcCode>

<Descript>inlay - metallic - one surface</Descript>

<AbbrDesc>InlayMet1</AbbrDesc>

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<ProcCat>81</ProcCat>

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<CodeNum>186</CodeNum>

<ProcCode>D2520</ProcCode>

<Descript>inlay - metallic - two surfaces</Descript>

<AbbrDesc>InlayMet2</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Surf</TreatArea>

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<CodeNum>187</CodeNum>

<ProcCode>D2530</ProcCode>

<Descript>inlay - metallic - three or more surfaces</Descript>

<AbbrDesc>InlayMet3</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Surf</TreatArea>

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<CodeNum>188</CodeNum>

<ProcCode>D2542</ProcCode>

<Descript>onlay - metallic - two surfaces</Descript>

<AbbrDesc>OnlayMet2</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Surf</TreatArea>

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<CodeNum>189</CodeNum>

<ProcCode>D2543</ProcCode>

<Descript>onlay - metallic - three surfaces</Descript>

<AbbrDesc>OnlayMet3</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

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<CodeNum>190</CodeNum>

<ProcCode>D2544</ProcCode>

<Descript>onlay - metallic - four or more surfaces</Descript>

<AbbrDesc>OnlayMet4</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<CodeNum>194</CodeNum>

<ProcCode>D2642</ProcCode>

<Descript>onlay - porcelain/ceramic - two surfaces</Descript>

<AbbrDesc>CerOnlay2</AbbrDesc>

<ProcTime>///XXXX/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Surf</TreatArea>

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<Descript>onlay - porcelain/ceramic - three surfaces</Descript>

<AbbrDesc>CerOnlay3</AbbrDesc>

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<CodeNum>196</CodeNum>

<ProcCode>D2644</ProcCode>

<Descript>onlay - porcelain/ceramic - four or more surfaces</Descript>

<AbbrDesc>CerOnlay4</AbbrDesc>

<ProcTime>///XXXXX/</ProcTime>

<ProcCat>81</ProcCat>

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<IsNew>false</IsNew>

<CodeNum>197</CodeNum>

<ProcCode>D2650</ProcCode>

<Descript>inlay - resin-based composite - one surface </Descript>

<AbbrDesc>InCRs1Lb</AbbrDesc>

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<ProcTime>/X/</ProcTime>

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<Descript>crown - resin with high noble metal</Descript>

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<CodeNum>206</CodeNum>

<ProcCode>D2721</ProcCode>

<Descript>crown - resin with predominantly base metal</Descript>

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<AbbrDesc>AllCerCrn</AbbrDesc>

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<ProcCat>81</ProcCat>

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<AbbrDesc>PFM</AbbrDesc>

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<ProcCode>D2751</ProcCode>

<Descript>crown - porcelain fused to predominantly base metal</Descript>

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<Descript>crown - 3/4 cast predominantly base metal </Descript>

<AbbrDesc>3/4BaseM</AbbrDesc>

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<ProcCode>D2783</ProcCode>

<Descript>crown - 3/4 porcelain/ceramic </Descript>

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<ProcCode>D2790</ProcCode>

<Descript>crown - full cast high noble metal</Descript>

<AbbrDesc>FGCrn</AbbrDesc>

<ProcTime>/XXXX/////</ProcTime>

<ProcCat>81</ProcCat>

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<CodeNum>217</CodeNum>

<ProcCode>D2791</ProcCode>

<Descript>crown - full cast predominantly base metal</Descript>

<AbbrDesc>CrnFlcBm</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

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<ProcCode>D2792</ProcCode>

<Descript>crown - full cast noble metal</Descript>

<AbbrDesc>CrnFlcNm</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>219</CodeNum>

<ProcCode>D2794</ProcCode>

<Descript>crown - titanium</Descript>

<AbbrDesc>CrnTitan</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

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<CodeNum>220</CodeNum>

<ProcCode>D2799</ProcCode>

<Descript>provisional crownâ€“ further treatment or completion of diagnosis necessary prior to final impression</Descript>

<AbbrDesc>ProvisCn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>221</CodeNum>

<ProcCode>D2910</ProcCode>

<Descript>re-cement or re-bond inlay, onlay, veneer or partial coverage restoration</Descript>

<AbbrDesc>RecemInly</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

<IsProsth>false</IsProsth>

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<CodeNum>222</CodeNum>

<ProcCode>D2915</ProcCode>

<Descript>re-cement or re-bond indirectly fabricated or prefabricated post and core</Descript>

<AbbrDesc>RecemPost</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>223</CodeNum>

<ProcCode>D2920</ProcCode>

<Descript>re-cement or re-bond crown</Descript>

<AbbrDesc>RecemCn</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>225</CodeNum>

<ProcCode>D2929</ProcCode>

<Descript>prefabricated porcelain/ceramic crown â€“ primary tooth</Descript>

<AbbrDesc>PrefabPrimary</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>226</CodeNum>

<ProcCode>D2930</ProcCode>

<Descript>prefabricated stainless steel crown - primary tooth</Descript>

<AbbrDesc>SSCPri</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>227</CodeNum>

<ProcCode>D2931</ProcCode>

<Descript>prefabricated stainless steel crown - permanent tooth</Descript>

<AbbrDesc>SSCPer</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>81</ProcCat>

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<CodeNum>228</CodeNum>

<ProcCode>D2932</ProcCode>

<Descript>prefabricated resin crown</Descript>

<AbbrDesc>PrFbRsCrn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>229</CodeNum>

<ProcCode>D2933</ProcCode>

<Descript>prefabricated stainless steel crown with resin window</Descript>

<AbbrDesc>PrFbScRsW</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>230</CodeNum>

<ProcCode>D2934</ProcCode>

<Descript>prefabricated esthetic coated stainless steel crown - primary tooth</Descript>

<AbbrDesc>PrFbEsSc</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>239</CodeNum>

<ProcCode>D2955</ProcCode>

<Descript>post removal </Descript>

<AbbrDesc>PostRemov</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>240</CodeNum>

<ProcCode>D2957</ProcCode>

<Descript>each additional prefabricated post - same tooth</Descript>

<AbbrDesc>AdditPost</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>242</CodeNum>

<ProcCode>D2961</ProcCode>

<Descript>labial veneer (resin laminate) - laboratory</Descript>

<AbbrDesc>CmpVnrLb</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>244</CodeNum>

<ProcCode>D2971</ProcCode>

<Descript>additional procedures to construct new crown under existing partial denture framework</Descript>

<AbbrDesc>CrnUnderEx</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<IsNew>false</IsNew>

<CodeNum>246</CodeNum>

<ProcCode>D2980</ProcCode>

<Descript>crown repair necessitated by restorative material failure</Descript>

<AbbrDesc>CrnRepair</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<ProcCode>D2982</ProcCode>

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<AbbrDesc>CrnRepairOnlay</AbbrDesc>

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<ProcCode>D2983</ProcCode>

<Descript>veneer repair necessitated by restorative material failure</Descript>

<AbbrDesc>VenRepair</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

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<Descript>resin infiltration of incipient smooth surface lesions</Descript>

<AbbrDesc>ResinInfilt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

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<Descript>pontic - cast high noble metal</Descript>

<AbbrDesc>PontCast</AbbrDesc>

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<ProcCat>81</ProcCat>

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<ProcCode>D6240</ProcCode>

<Descript>pontic - porcelain fused to high noble metal</Descript>

<AbbrDesc>Pontic-PorcHN</AbbrDesc>

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<Descript>pontic - porcelain fused to predominantly base metal</Descript>

<AbbrDesc>Pontic-PorcBase</AbbrDesc>

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<CodeNum>497</CodeNum>

<ProcCode>D6245</ProcCode>

<Descript>pontic - porcelain/ceramic </Descript>

<AbbrDesc>PonticPorc</AbbrDesc>

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<ProcCode>D6545</ProcCode>

<Descript>retainer - cast metal for resin bonded fixed prosthesis</Descript>

<AbbrDesc>MaryBridgeRet</AbbrDesc>

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<Descript>retainer â€“ for resin bonded fixed prosthesis</Descript>

<AbbrDesc>ResinRet</AbbrDesc>

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<Descript>retainer crown - indirect resin based composite </Descript>

<AbbrDesc>CrnIndRsnCmp</AbbrDesc>

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<Descript>retainer crown - resin with high noble metal</Descript>

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<ProcCode>D6721</ProcCode>

<Descript>retainer crown - resin with predominantly base metal</Descript>

<AbbrDesc>RtCrnRsBM</AbbrDesc>

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<Descript>retainer crown - porcelain fused to high noble metal</Descript>

<AbbrDesc>BrdgRetPorHN</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>retainer crown - porcelain fused to predominantly base metal</Descript>

<AbbrDesc>Bridge(end)Base</AbbrDesc>

<ProcTime>/XXXXXXX/</ProcTime>

<ProcCat>81</ProcCat>

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<ProcTime>/X/</ProcTime>

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<AbbrDesc>3/4Base</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<CodeNum>533</CodeNum>

<ProcCode>D6782</ProcCode>

<Descript>retainer crown - 3/4 cast noble metal</Descript>

<AbbrDesc>3/4CrnNob</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

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<AbbrDesc>3/4Porc</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<ProcCode>D6790</ProcCode>

<Descript>retainer crown - full cast high noble metal</Descript>

<AbbrDesc>RtCrnFCHN</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

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<Descript>retainer crown - full cast predominantly base metal</Descript>

<AbbrDesc>RtFCastBasM</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

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<Descript>retainer crown - full cast noble metal</Descript>

<AbbrDesc>RtFCastNM</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<IsNew>false</IsNew>

<CodeNum>539</CodeNum>

<ProcCode>D6794</ProcCode>

<Descript>retainer crown - titanium</Descript>

<AbbrDesc>CrnTitan</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>540</CodeNum>

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<Descript>connector bar</Descript>

<AbbrDesc>Bar</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>ToothRange</TreatArea>

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<CodeNum>1122</CodeNum>

<ProcCode>D6971</ProcCode>

<Descript>Cast Post as Part of Bridge retainer</Descript>

<AbbrDesc>CstPtBrdgeRet</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>546</CodeNum>

<ProcCode>D6999</ProcCode>

<Descript>unspecified fixed prosthodontic procedure, by report</Descript>

<AbbrDesc>UnspFxProsth</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>81</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>1883</CodeNum>

<ProcCode>BOTOX</ProcCode>

<Descript>BOTOX Treatment for TMJ or other Facial Issues</Descript>

<AbbrDesc>BOTOX</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>1882</CodeNum>

<ProcCode>COLDS</ProcCode>

<Descript>Laser treatment of aphthous ulcers</Descript>

<AbbrDesc>ColdSore</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>315</CodeNum>

<ProcCode>D4283</ProcCode>

<Descript>autogenous connective tissue graft procedure (including donor and recipient surgical sites) â€“ each additional contiguous tooth, implant or edentulous tooth position in same graft site</Descript>

<AbbrDesc>AutoTissGraft</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>316</CodeNum>

<ProcCode>D4285</ProcCode>

<Descript>non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) â€“ each additional contiguous tooth, implant or edentulous tooth position in same graft site</Descript>

<AbbrDesc>NonAutoTissGraft</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>1864</CodeNum>

<ProcCode>D7100</ProcCode>

<Descript>D7100</Descript>

<AbbrDesc>D7100</AbbrDesc>

<ProcTime />

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<ProcCode>D7110</ProcCode>

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<AbbrDesc>D7110</AbbrDesc>

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<CodeNum>547</CodeNum>

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<Descript>extraction, coronal remnants â€“ primary tooth</Descript>

<AbbrDesc>E-Prim</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcCode>D7120</ProcCode>

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<AbbrDesc>D7120</AbbrDesc>

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<Descript>D7130</Descript>

<AbbrDesc>D7130</AbbrDesc>

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<CodeNum>548</CodeNum>

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<Descript>extraction, erupted tooth or exposed root (elevation and/or forceps removal)</Descript>

<AbbrDesc>E</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<Descript>extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated</Descript>

<AbbrDesc>E-Surg</AbbrDesc>

<ProcTime>/XXXX/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcCode>D7220</ProcCode>

<Descript>removal of impacted tooth - soft tissue</Descript>

<AbbrDesc>E-SoftTiss</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>82</ProcCat>

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<Descript>removal of impacted tooth - partially bony</Descript>

<AbbrDesc>E-PartBony</AbbrDesc>

<ProcTime>/XXXX/</ProcTime>

<ProcCat>82</ProcCat>

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<Descript>removal of impacted tooth - completely bony</Descript>

<AbbrDesc>E-CompBony</AbbrDesc>

<ProcTime>/XXXXX/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Tooth</TreatArea>

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<Descript>removal of impacted tooth - completely bony, with unusual surgical complications</Descript>

<AbbrDesc>E-BonywComplic</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Tooth</TreatArea>

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<Descript>removal of residual tooth roots (cutting procedure)</Descript>

<AbbrDesc>SurgRmvResidR</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>555</CodeNum>

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<Descript>coronectomy â€“ intentional partial tooth removal</Descript>

<AbbrDesc>Coron</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Tooth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>556</CodeNum>

<ProcCode>D7260</ProcCode>

<Descript>oroantral fistula closure</Descript>

<AbbrDesc>OrAntFistClos</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<ProcCode>D7261</ProcCode>

<Descript>primary closure of a sinus perforation</Descript>

<AbbrDesc>PrimClosSinusPerfor</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>558</CodeNum>

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<Descript>tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth</Descript>

<AbbrDesc>ToothReimplant/Stabili</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<Descript>tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)</Descript>

<AbbrDesc>ToothTransplant</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Tooth</TreatArea>

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<Descript>exposure of an unerupted tooth</Descript>

<AbbrDesc>SurgAccessUnerupt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcCode>D7281</ProcCode>

<Descript>Surgical Exposure of Tooth to Aid Eruption</Descript>

<AbbrDesc>SurgExposAidErupt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<ProcCode>D7282</ProcCode>

<Descript>mobilization of erupted or malpositioned tooth to aid eruption</Descript>

<AbbrDesc>MobErup/MalposAidErup</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>562</CodeNum>

<ProcCode>D7283</ProcCode>

<Descript>placement of device to facilitate eruption of impacted tooth</Descript>

<AbbrDesc>DevFacErupt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>563</CodeNum>

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<Descript>incisional biopsy of oral tissue-hard (bone, tooth)</Descript>

<AbbrDesc>BiopsyOralTissH</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>564</CodeNum>

<ProcCode>D7286</ProcCode>

<Descript>incisional biopsy of oral tissue-soft</Descript>

<AbbrDesc>BiopsySoft</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>565</CodeNum>

<ProcCode>D7287</ProcCode>

<Descript>exfoliative cytological sample collection</Descript>

<AbbrDesc>OytologySampCol</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<CodeNum>566</CodeNum>

<ProcCode>D7288</ProcCode>

<Descript>brush biopsy - transepithelial sample collection</Descript>

<AbbrDesc>BrushBiop</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<Descript>surgical repositioning of teeth</Descript>

<AbbrDesc>SurgReposition</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>ToothRange</TreatArea>

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<ProcCode>D7291</ProcCode>

<Descript>transseptal fiberotomy/supra crestal fiberotomy, by report</Descript>

<AbbrDesc>TransFibero</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<ProcCode>D7292</ProcCode>

<Descript>placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal</Descript>

<AbbrDesc>SurgAnchScrw</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<CodeNum>570</CodeNum>

<ProcCode>D7293</ProcCode>

<Descript>placement of temporary anchorage device requiring flap; includes device removal</Descript>

<AbbrDesc>SurgAnch-w/Flap</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>571</CodeNum>

<ProcCode>D7294</ProcCode>

<Descript>placement of temporary anchorage device without flap; includes device removal</Descript>

<AbbrDesc>SurgAnch-w/oFlap</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>572</CodeNum>

<ProcCode>D7295</ProcCode>

<Descript>harvest of bone for use in autogenous grafting procedure</Descript>

<AbbrDesc>HarvBone</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>573</CodeNum>

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<Descript>corticotomy â€“ one to three teeth or tooth spaces, per quadrant</Descript>

<AbbrDesc>CortiLess3</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<CodeNum>574</CodeNum>

<ProcCode>D7297</ProcCode>

<Descript>corticotomy â€“ four or more teeth or tooth spaces, per quadrant</Descript>

<AbbrDesc>Corti3+</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<CodeNum>575</CodeNum>

<ProcCode>D7310</ProcCode>

<Descript>alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant</Descript>

<AbbrDesc>Alveolo-w/E4+</AbbrDesc>

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<CodeNum>576</CodeNum>

<ProcCode>D7311</ProcCode>

<Descript>alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant</Descript>

<AbbrDesc>Alveolo-w/E1-3</AbbrDesc>

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<TreatArea>Quad</TreatArea>

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<ProcCode>D7320</ProcCode>

<Descript>alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant</Descript>

<AbbrDesc>Alveolo-w/oE4+</AbbrDesc>

<ProcTime>/XXXX/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Quad</TreatArea>

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<ProcCode>D7321</ProcCode>

<Descript>alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant</Descript>

<AbbrDesc>Alveolo-w/oE1-3</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<TreatArea>Quad</TreatArea>

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<CodeNum>579</CodeNum>

<ProcCode>D7340</ProcCode>

<Descript>vestibuloplasty - ridge extension (secondary epithelialization)</Descript>

<AbbrDesc>Vestib-Ridge</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>580</CodeNum>

<ProcCode>D7350</ProcCode>

<Descript>vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)</Descript>

<AbbrDesc>VestibRidExten</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<ProcCode>D7410</ProcCode>

<Descript>excision of benign lesion up to 1.25 cm</Descript>

<AbbrDesc>ExcBenLes&gt;1.25</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>582</CodeNum>

<ProcCode>D7411</ProcCode>

<Descript>excision of benign lesion greater than 1.25 cm</Descript>

<AbbrDesc>ExcBenLes&lt;1.25</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<CodeNum>583</CodeNum>

<ProcCode>D7412</ProcCode>

<Descript>excision of benign lesion, complicated </Descript>

<AbbrDesc>ExcBenLesCompl</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<CodeNum>584</CodeNum>

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<Descript>excision of malignant lesion up to 1.25 cm</Descript>

<AbbrDesc>ExcMalLes&gt;1.25</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<Descript>excision of malignant lesion greater than 1.25 cm</Descript>

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<Descript>excision of malignant tumor - lesion diameter up to 1.25 cm</Descript>

<AbbrDesc>ExMTumLes&lt;1.25</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>excision of malignant tumor - lesion diameter greater than 1.25 cm</Descript>

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<Descript>removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm</Descript>

<AbbrDesc>RemBenTum&gt;1.25</AbbrDesc>

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<Descript>removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm</Descript>

<AbbrDesc>ReBOTum&lt;1.25</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm</Descript>

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<Descript>removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm</Descript>

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<Descript>destruction of lesion(s) by physical or chemical method, by report</Descript>

<AbbrDesc>DestLes</AbbrDesc>

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<Descript>removal of lateral exostosis (maxilla or mandible)</Descript>

<AbbrDesc>RemExost</AbbrDesc>

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<Descript>removal of torus palatinus</Descript>

<AbbrDesc>RemTorPal</AbbrDesc>

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<Descript>removal of torus mandibularis</Descript>

<AbbrDesc>RemTorMand</AbbrDesc>

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<Descript>radical resection of maxilla or mandible </Descript>

<AbbrDesc>RadReManBonGr</AbbrDesc>

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<Descript>incision and drainage of abscess - intraoral soft tissue</Descript>

<AbbrDesc>Inc&amp;Drain</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)</Descript>

<AbbrDesc>Inc&amp;DrainComp</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>incision and drainage of abscess - extraoral soft tissue</Descript>

<AbbrDesc>Inc&amp;DrAbsExtST</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) </Descript>

<AbbrDesc>Inc&amp;DrainCompEx</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue</Descript>

<AbbrDesc>RemForeign</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>removal of reaction producing foreign bodies, musculoskeletal system</Descript>

<AbbrDesc>ReReaProForMus</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>partial ostectomy/sequestrectomy for removal of non-vital bone</Descript>

<AbbrDesc>PartOstec</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<ProcCode>D7560</ProcCode>

<Descript>maxillary sinusotomy for removal of tooth fragment or foreign body</Descript>

<AbbrDesc>MaxSinRemFrag</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<ProcCode>D7610</ProcCode>

<Descript>maxilla - open reduction (teeth immobilized, if present)</Descript>

<AbbrDesc>MaxillOpenRed</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<AbbrDesc>MaxillClosRed</AbbrDesc>

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<Descript>mandible - open reduction (teeth immobilized, if present)</Descript>

<AbbrDesc>ManOpenRed</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<CodeNum>610</CodeNum>

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<Descript>mandible - closed reduction (teeth immobilized, if present)</Descript>

<AbbrDesc>ManClosRed</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>malar and/or zygomatic arch - open reduction </Descript>

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<ProcCode>D7660</ProcCode>

<Descript>malar and/or zygomatic arch - closed reduction</Descript>

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<ProcTime>/X/</ProcTime>

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<Descript>facial bones - complicated reduction with fixation and multiple surgical approaches</Descript>

<AbbrDesc>FacBoComRedFix</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<AbbrDesc>MaxClosReduc</AbbrDesc>

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<Descript>malar and/or zygomatic arch - open reduction</Descript>

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<ProcTime>/X/</ProcTime>

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<Descript>malar and/or zygomatic arch - closed reduction</Descript>

<AbbrDesc>MaZyClosRed</AbbrDesc>

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<Descript>alveolus - open reduction stabilization of teeth</Descript>

<AbbrDesc>AlvOpRedStabT</AbbrDesc>

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<ProcCode>D7771</ProcCode>

<Descript>alveolus, closed reduction stabilization of teeth </Descript>

<AbbrDesc>AlvCloRedStabT</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<ProcCode>D7780</ProcCode>

<Descript>facial bones - complicated reduction with fixation and multiple approaches </Descript>

<AbbrDesc>FacBoComRedFix</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<ProcCode>D7910</ProcCode>

<Descript>suture of recent small wounds up to 5 cm</Descript>

<AbbrDesc>SutRecSmWou&gt;5</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<CodeNum>648</CodeNum>

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<Descript>complicated suture - up to 5 cm</Descript>

<AbbrDesc>ComplSut&gt;5</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>649</CodeNum>

<ProcCode>D7912</ProcCode>

<Descript>complicated suture - greater than 5 cm</Descript>

<AbbrDesc>ComplSut&lt;5</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<Descript>skin graft (identify defect covered, location and type of graft)</Descript>

<AbbrDesc>SkinGraft</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<ProcCode>D7921</ProcCode>

<Descript>collection and application of autologous blood concentrate product</Descript>

<AbbrDesc>AutoBldCon</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<ProcCode>D7940</ProcCode>

<Descript>osteoplasty - for orthognathic deformities</Descript>

<AbbrDesc>OsteOrthognDefo</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<ProcCode>D7941</ProcCode>

<Descript>osteotomy - mandibular rami</Descript>

<AbbrDesc>OsteMandRami</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<CodeNum>654</CodeNum>

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<Descript>osteotomy - mandibular rami with bone graft; includes obtaining the graft</Descript>

<AbbrDesc>OsteManRaBoGr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<Descript>osteotomy - segmented or subapical</Descript>

<AbbrDesc>OsteSegSub</AbbrDesc>

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<ProcCode>D7945</ProcCode>

<Descript>osteotomy - body of mandible</Descript>

<AbbrDesc>OsteoBodMand</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<ProcCode>D7946</ProcCode>

<Descript>LeFort I (maxilla - total)</Descript>

<AbbrDesc>LefortIMaxTot</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<ProcCode>D7947</ProcCode>

<Descript>LeFort I (maxilla - segmented)</Descript>

<AbbrDesc>LefortIMaxSegm</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<CodeNum>659</CodeNum>

<ProcCode>D7948</ProcCode>

<Descript>LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft</Descript>

<AbbrDesc>LeFII/IIIWoBoGr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<ProcCode>D7949</ProcCode>

<Descript>LeFort II or LeFort III - with bone graft</Descript>

<AbbrDesc>LeFII/IIIWBoGr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<Descript>osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report</Descript>

<AbbrDesc>GrMandAug/NonAug</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Arch</TreatArea>

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<Descript>sinus augmentation with bone or bone substitutes via a lateral open approach</Descript>

<AbbrDesc>SinAugLat</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>sinus augmentation via a vertical approach</Descript>

<AbbrDesc>SinAugVert</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<ProcCode>D7953</ProcCode>

<Descript>bone replacement graft for ridge preservation - per site</Descript>

<AbbrDesc>BnGraft</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<ProcCode>D7955</ProcCode>

<Descript>repair of maxillofacial soft and/or hard tissue defect</Descript>

<AbbrDesc>RepairMaxSft/HdTiss</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Arch</TreatArea>

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<Descript>frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure</Descript>

<AbbrDesc>Frenulectomy</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>1900</CodeNum>

<ProcCode>D7961</ProcCode>

<Descript>Buccal / labial frenectomy</Descript>

<AbbrDesc>Ext</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<Descript>Lingual frenectomy</Descript>

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<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<Descript>frenuloplasty</Descript>

<AbbrDesc>Frenuloplasty</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>668</CodeNum>

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<Descript>excision of hyperplastic tissue - per arch</Descript>

<AbbrDesc>ExcisTissue</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Arch</TreatArea>

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<ProcCode>D7971</ProcCode>

<Descript>excision of pericoronal gingiva </Descript>

<AbbrDesc>ExciPericoronalging</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<Descript>surgical reduction of fibrous tuberosity</Descript>

<AbbrDesc>SurgRedFibTub</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<Descript>non â€“ surgical sialolithotomy</Descript>

<AbbrDesc>NonSurgSialol</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<Descript>surgical sialolithotomy</Descript>

<AbbrDesc>Sailolithotomy</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<Descript>excision of salivary gland, by report</Descript>

<AbbrDesc>ExcisSalGl</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<ProcCode>D7982</ProcCode>

<Descript>sialodochoplasty</Descript>

<AbbrDesc>Sialodochoplasty</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<ProcCode>D7983</ProcCode>

<Descript>closure of salivary fistula</Descript>

<AbbrDesc>ClosSalFist</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

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<Descript>emergency tracheotomy</Descript>

<AbbrDesc>EmerTrach</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<AbbrDesc>Coronoidectomy</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<CodeNum>1243</CodeNum>

<ProcCode>D7993</ProcCode>

<Descript>Implant-Facial Bones</Descript>

<AbbrDesc>ImplantFB</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<ProcCat>82</ProcCat>

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<Descript>synthetic graft - mandible or facial bones, by report</Descript>

<AbbrDesc>SynthGr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<CodeNum>679</CodeNum>

<ProcCode>D7996</ProcCode>

<Descript>implant-mandible for augmentation purposes (excluding alveolar ridge), by report</Descript>

<AbbrDesc>ImplantMandAugmen</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<CodeNum>680</CodeNum>

<ProcCode>D7997</ProcCode>

<Descript>appliance removal (not by dentist who placed appliance), includes removal of archbar</Descript>

<AbbrDesc>ApplRemov</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<ProcCode>D7998</ProcCode>

<Descript>intraoral placement of a fixation device not in conjunction with a fracture</Descript>

<AbbrDesc>InFix-w/oFrac</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<ProcCode>D7999</ProcCode>

<Descript>unspecified oral surgery procedure, by report </Descript>

<AbbrDesc>UnspOralSurg</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<CodeNum>1881</CodeNum>

<ProcCode>DPRF</ProcCode>

<Descript>Blood draw and PRF fabrication Membrane/Plug/Sticky Bone</Descript>

<AbbrDesc>PRF</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>82</ProcCat>

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<Descript>space maintainer - fixed - unilateral</Descript>

<AbbrDesc>BandLoop</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>83</ProcCat>

<TreatArea>Tooth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>160</CodeNum>

<ProcCode>D1516</ProcCode>

<Descript>space maintainer â€“ fixed â€“ bilateral, maxillary</Descript>

<AbbrDesc>SpMFxBiMax</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>83</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>161</CodeNum>

<ProcCode>D1517</ProcCode>

<Descript>space maintainer â€“ fixed â€“ bilateral, mandibular</Descript>

<AbbrDesc>SpMFxBiMand</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>83</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>162</CodeNum>

<ProcCode>D1520</ProcCode>

<Descript>space maintainer - removable - unilateral</Descript>

<AbbrDesc>SpMRemUni</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>83</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>163</CodeNum>

<ProcCode>D1526</ProcCode>

<Descript>space maintainer â€“ removable â€“ bilateral, maxillary</Descript>

<AbbrDesc>SpMRemBiMax</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>83</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>164</CodeNum>

<ProcCode>D1527</ProcCode>

<Descript>space maintainer â€“ removable â€“ bilateral, mandibular</Descript>

<AbbrDesc>SpMRemBiMand</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>83</ProcCat>

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<CodeNum>167</CodeNum>

<ProcCode>D1575</ProcCode>

<Descript>distal shoe space maintainer â€“ fixed â€“ unilateral</Descript>

<AbbrDesc>DistShoeSpFxUni</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>83</ProcCat>

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<CodeNum>645</CodeNum>

<ProcCode>D7881</ProcCode>

<Descript>occlusal orthotic device adjustment</Descript>

<AbbrDesc>OcclOrthDeviAdj</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<CodeNum>1868</CodeNum>

<ProcCode>D8009</ProcCode>

<Descript>D8009</Descript>

<AbbrDesc>D8009</AbbrDesc>

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<Descript>limited orthodontic treatment of the primary dentition</Descript>

<AbbrDesc>LimOrthoPri</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>83</ProcCat>

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<Descript>limited orthodontic treatment of the transitional dentition</Descript>

<AbbrDesc>LimOrthoTxPriDent</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>83</ProcCat>

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<Descript>limited orthodontic treatment of the adolescent dentition</Descript>

<AbbrDesc>LimOrthoTxAdolDent</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<ProcCode>D8040</ProcCode>

<Descript>limited orthodontic treatment of the adult dentition</Descript>

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<ProcTime>/X/</ProcTime>

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<Descript>interceptive orthodontic treatment of the primary dentition</Descript>

<AbbrDesc>InterOrthoTxPriDent</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>83</ProcCat>

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<AbbrDesc>ComOrthoTxAdolDent</AbbrDesc>

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<ProcTime>/XXXX/</ProcTime>

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<Descript>removable appliance therapy</Descript>

<AbbrDesc>RemHabitAppl</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>83</ProcCat>

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<Descript>fixed appliance therapy</Descript>

<AbbrDesc>FxApplTh</AbbrDesc>

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<ProcCat>83</ProcCat>

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<Descript>pre-orthodontic treatment examination to monitor growth and development</Descript>

<AbbrDesc>PreOrthoTx</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>periodic orthodontic treatment visit</Descript>

<AbbrDesc>OrthoAdj</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>83</ProcCat>

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<Descript>Default auto ortho procedure code</Descript>

<AbbrDesc>AutoOrthoProc</AbbrDesc>

<ProcTime>/</ProcTime>

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<CodeNum>696</CodeNum>

<ProcCode>D8680</ProcCode>

<Descript>orthodontic retention (removal of appliances, construction and placement of retainer(s))</Descript>

<AbbrDesc>OrthoRetent</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>83</ProcCat>

<TreatArea>Arch</TreatArea>

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<ProcCode>D8681</ProcCode>

<Descript>removable orthodontic retainer adjustment</Descript>

<AbbrDesc>OrthoRetAdj</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>orthodontic treatment (alternative billing to a contract fee)</Descript>

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<ProcCode>D8695</ProcCode>

<Descript>removal of fixed orthodontic appliances for reasons other than completion of treatment</Descript>

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<ProcCode>00008</ProcCode>

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<ProcCode>00120</ProcCode>

<Descript>Periodic Oral Evaluation</Descript>

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<Descript>Emergency oral exam</Descript>

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<CodeNum>1535</CodeNum>

<ProcCode>00150</ProcCode>

<Descript>Comprehensive Oral Evaluation</Descript>

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<Descript>Comprehensive Periodontal Evaluation</Descript>

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<Descript>Periapical Each Additional Film</Descript>

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<ProcCode>00240</ProcCode>

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<Descript>Bitewing - Single Film</Descript>

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<Descript>Panoramic Film</Descript>

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<Descript>Oral/Facial Photographic Images</Descript>

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<Descript>Diagnostic Casts</Descript>

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<ProcCode>00471</ProcCode>

<Descript>Diagnostic Photographs</Descript>

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<Descript>Repair Orthodontic Appliance</Descript>

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<Descript>Adult Prophylaxis</Descript>

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<Descript>Child Prophylaxis</Descript>

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<ProcCode>01203</ProcCode>

<Descript>Topical Fluoride only - Child</Descript>

<AbbrDesc>01203</AbbrDesc>

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<ProcCode>01204</ProcCode>

<Descript>Topical Fluroride only - adult</Descript>

<AbbrDesc>01204</AbbrDesc>

<ProcTime />

<ProcCat>84</ProcCat>

<TreatArea>Mouth</TreatArea>

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<ProcCode>01205</ProcCode>

<Descript>Prophy with Fluoride</Descript>

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<CodeNum>1558</CodeNum>

<ProcCode>01206</ProcCode>

<Descript>Topical Fluoride Varnish</Descript>

<AbbrDesc>01206</AbbrDesc>

<ProcTime />

<ProcCat>84</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>1559</CodeNum>

<ProcCode>01208</ProcCode>

<Descript>Topical Fluoride - Child</Descript>

<AbbrDesc>01208</AbbrDesc>

<ProcTime />

<ProcCat>84</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>1560</CodeNum>

<ProcCode>01220</ProcCode>

<Descript>Topical fluoride (excluding prophy)</Descript>

<AbbrDesc>01220</AbbrDesc>

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<CodeNum>1561</CodeNum>

<ProcCode>01350</ProcCode>

<Descript>RESTORATIONS\*\*\*\*\*\*\*RESTORATIONS</Descript>

<AbbrDesc>01350</AbbrDesc>

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<CodeNum>1562</CodeNum>

<ProcCode>01351</ProcCode>

<Descript>Sealant - Per Tooth</Descript>

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<ProcCode>01500</ProcCode>

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<ProcCode>01510</ProcCode>

<Descript>Space Maintainer, Fixed, Unilateral</Descript>

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<ProcCode>01515</ProcCode>

<Descript>Space Maintainer, Fixed, Bilateral</Descript>

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<CodeNum>1566</CodeNum>

<ProcCode>01550</ProcCode>

<Descript>Recement Space Maintainer</Descript>

<AbbrDesc>01550</AbbrDesc>

<ProcTime />

<ProcCat>84</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>1567</CodeNum>

<ProcCode>01720</ProcCode>

<Descript>Code Not Found.</Descript>

<AbbrDesc>01720</AbbrDesc>

<ProcTime />

<ProcCat>84</ProcCat>

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<CodeNum>1568</CodeNum>

<ProcCode>02110</ProcCode>

<Descript>Amalgam one surface deciduous</Descript>

<AbbrDesc>02110</AbbrDesc>

<ProcTime />

<ProcCat>84</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>1569</CodeNum>

<ProcCode>02120</ProcCode>

<Descript>Amalgam two surfaces deciduous</Descript>

<AbbrDesc>02120</AbbrDesc>

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<CodeNum>1570</CodeNum>

<ProcCode>02130</ProcCode>

<Descript>Amalgam three surfaces deciduous</Descript>

<AbbrDesc>02130</AbbrDesc>

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<ProcCode>02131</ProcCode>

<Descript>Amalgam four surfaces deciduous</Descript>

<AbbrDesc>02131</AbbrDesc>

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<CodeNum>1572</CodeNum>

<ProcCode>02140</ProcCode>

<Descript>Amalgam 1-surface, prim or perm</Descript>

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<CodeNum>1573</CodeNum>

<ProcCode>02150</ProcCode>

<Descript>Amalgam 2-surface, prim or perm</Descript>

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<CodeNum>1580</CodeNum>

<ProcCode>02340</ProcCode>

<Descript>Acid Etch for Resorations</Descript>

<AbbrDesc>02340</AbbrDesc>

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<Descript>Two surface composite - Posterior</Descript>

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<ProcCode>02380</ProcCode>

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<AbbrDesc>02391</AbbrDesc>

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<AbbrDesc>02392</AbbrDesc>

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<Descript>Resin 4+ surface, posterior</Descript>

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<CodeNum>1592</CodeNum>

<ProcCode>02740</ProcCode>

<Descript>All Ceramic Crown</Descript>

<AbbrDesc>02740</AbbrDesc>

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<TreatArea>Tooth</TreatArea>

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<ProcCode>02750</ProcCode>

<Descript>Porcelain Fused to High Noble</Descript>

<AbbrDesc>02750</AbbrDesc>

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<Descript>Porcelain Fused to Metal Crown</Descript>

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<Descript>3/4 Cast High Noble Metal</Descript>

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<CodeNum>1597</CodeNum>

<ProcCode>02791</ProcCode>

<Descript>Full Cast Metal Crown</Descript>

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<CodeNum>1598</CodeNum>

<ProcCode>02810</ProcCode>

<Descript>Three-Quarter Crown (Gold)</Descript>

<AbbrDesc>02810</AbbrDesc>

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<TreatArea>Mouth</TreatArea>

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<Descript>Stainless Steel Crown</Descript>

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<TreatArea>Tooth</TreatArea>

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<ProcCode>02840</ProcCode>

<Descript>Temporary Crown (Fractured tooth)</Descript>

<AbbrDesc>02840</AbbrDesc>

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<ProcCat>84</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>1601</CodeNum>

<ProcCode>02910</ProcCode>

<Descript>Recement Inlay</Descript>

<AbbrDesc>02910</AbbrDesc>

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<TreatArea>Surf</TreatArea>

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<ProcCode>02920</ProcCode>

<Descript>Recement Crown</Descript>

<AbbrDesc>02920</AbbrDesc>

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<TreatArea>Tooth</TreatArea>

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<Descript>Protective Restoration</Descript>

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<Descript>Build Up for Crown, including any pins</Descript>

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<TreatArea>Tooth</TreatArea>

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<ProcCode>02951</ProcCode>

<Descript>Pin - per tooth in addition to restor.</Descript>

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<ProcCode>02954</ProcCode>

<Descript>Post &amp; Build Up, including any pins</Descript>

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<CodeNum>1607</CodeNum>

<ProcCode>02960</ProcCode>

<Descript>Labial Veneer - Composite, chairside</Descript>

<AbbrDesc>02960</AbbrDesc>

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<CodeNum>1608</CodeNum>

<ProcCode>02962</ProcCode>

<Descript>Labial Veneer - Porcelain Laminate, lab</Descript>

<AbbrDesc>02962</AbbrDesc>

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<ProcCat>84</ProcCat>

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<CodeNum>1609</CodeNum>

<ProcCode>02970</ProcCode>

<Descript>Temporary Crown - fractured tooth</Descript>

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<CodeNum>1610</CodeNum>

<ProcCode>02971</ProcCode>

<Descript>Construct Crown Under Partial</Descript>

<AbbrDesc>02971</AbbrDesc>

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<ProcCat>84</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>1611</CodeNum>

<ProcCode>02980</ProcCode>

<Descript>Crown Repair</Descript>

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<CodeNum>1612</CodeNum>

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<Descript>Crown Cementation</Descript>

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<ProcCode>03004</ProcCode>

<Descript>ENDODONTICS-ROOT CANAL THERAPY</Descript>

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<Descript>Root Canal Evaluation Testing</Descript>

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<ProcCode>03120</ProcCode>

<Descript>Pulp Cap - Indirect</Descript>

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<CodeNum>1618</CodeNum>

<ProcCode>03220</ProcCode>

<Descript>Therapeutic Pulpotomy - prim or perm</Descript>

<AbbrDesc>03220</AbbrDesc>

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<ProcCode>03221</ProcCode>

<Descript>Pulpal Debridement</Descript>

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<Descript>Pulpal Therapy - Anterior Primary</Descript>

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<Descript>Pulpal Therapy - Posterior Primary</Descript>

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<ProcCode>03310</ProcCode>

<Descript>Anterior Endodontics - One Canal</Descript>

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<Descript>Bicuspid Endodontics - Two Canals</Descript>

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<CodeNum>1624</CodeNum>

<ProcCode>03330</ProcCode>

<Descript>Molar Endodontics - Three Canals</Descript>

<AbbrDesc>03330</AbbrDesc>

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<ProcCode>03690</ProcCode>

<Descript>Endo procedure not used at this time</Descript>

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<CodeNum>1626</CodeNum>

<ProcCode>03960</ProcCode>

<Descript>Bleaching of a root canal treated tooth</Descript>

<AbbrDesc>03960</AbbrDesc>

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<CodeNum>1627</CodeNum>

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<CodeNum>1628</CodeNum>

<ProcCode>04100</ProcCode>

<Descript>Periodontal Gum Evaluation, Probing</Descript>

<AbbrDesc>04100</AbbrDesc>

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<CodeNum>1629</CodeNum>

<ProcCode>04321</ProcCode>

<Descript>Provisional Splinting - Extracoronal</Descript>

<AbbrDesc>04321</AbbrDesc>

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<CodeNum>1631</CodeNum>

<ProcCode>04341</ProcCode>

<Descript>Perio Scaling and Root Planing 4+ teeth</Descript>

<AbbrDesc>04341</AbbrDesc>

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<ProcCode>04342</ProcCode>

<Descript>Perio Scaling and Root Planing 1-3 teeth</Descript>

<AbbrDesc>04342</AbbrDesc>

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<ProcCode>04355</ProcCode>

<Descript>Full Mouth Debridement</Descript>

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<ProcCode>04910</ProcCode>

<Descript>Periodontal Maintenance</Descript>

<AbbrDesc>04910</AbbrDesc>

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<ProcCode>05109</ProcCode>

<Descript>PROSTHETICS REMOVALBE</Descript>

<AbbrDesc>05109</AbbrDesc>

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<ProcCode>05110</ProcCode>

<Descript>Complete Upper Denture</Descript>

<AbbrDesc>05110</AbbrDesc>

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<ProcCode>05130</ProcCode>

<Descript>Immediate Upper Denture</Descript>

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<ProcCode>05140</ProcCode>

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<ProcCode>05213</ProcCode>

<Descript>Upper Partial with Vitallium Base</Descript>

<AbbrDesc>05213</AbbrDesc>

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<ProcCode>05214</ProcCode>

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<CodeNum>1645</CodeNum>

<ProcCode>05231</ProcCode>

<Descript>Part Dent Chrome Ling Bar 2 clasps</Descript>

<AbbrDesc>05231</AbbrDesc>

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<ProcCode>05251</ProcCode>

<Descript>Part Dent Chrome Palatal Bar 2 clas</Descript>

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<CodeNum>1647</CodeNum>

<ProcCode>05281</ProcCode>

<Descript>Unilaterial Partial Denture</Descript>

<AbbrDesc>05281</AbbrDesc>

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<CodeNum>1648</CodeNum>

<ProcCode>05310</ProcCode>

<Descript>Cast clasp with rest</Descript>

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<CodeNum>1649</CodeNum>

<ProcCode>05410</ProcCode>

<Descript>Upper Denture Adjustment</Descript>

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<ProcCode>05411</ProcCode>

<Descript>Lower Denture Adjustment</Descript>

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<ProcCode>05422</ProcCode>

<Descript>Partial Lower Denture Adjustment</Descript>

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<ProcCode>05510</ProcCode>

<Descript>Repair Broken Complete Denture Base</Descript>

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<CodeNum>1654</CodeNum>

<ProcCode>05520</ProcCode>

<Descript>Replace Missing or Broken Teeth - lab</Descript>

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<CodeNum>1655</CodeNum>

<ProcCode>05610</ProcCode>

<Descript>Repair Acrylic Saddle or Base</Descript>

<AbbrDesc>05610</AbbrDesc>

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<ProcCode>05620</ProcCode>

<Descript>Repair Cast Framework</Descript>

<AbbrDesc>05620</AbbrDesc>

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<TreatArea>ToothRange</TreatArea>

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<ProcCode>05630</ProcCode>

<Descript>Repair Broken Clasp - lab</Descript>

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<TreatArea>Tooth</TreatArea>

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<CodeNum>1658</CodeNum>

<ProcCode>05640</ProcCode>

<Descript>Replace Broken Tooth Partial - lab</Descript>

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<CodeNum>1659</CodeNum>

<ProcCode>05650</ProcCode>

<Descript>Add tooth-replace extracted tooth</Descript>

<AbbrDesc>05650</AbbrDesc>

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<CodeNum>1660</CodeNum>

<ProcCode>05651</ProcCode>

<Descript>Add tooth-each additional</Descript>

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<ProcCode>05660</ProcCode>

<Descript>add clasp to existing partial denture</Descript>

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<CodeNum>1662</CodeNum>

<ProcCode>05710</ProcCode>

<Descript>Rebase Complete Upper Denture</Descript>

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<ProcCode>05720</ProcCode>

<Descript>Complete Rebase of upper partial</Descript>

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<CodeNum>1664</CodeNum>

<ProcCode>05721</ProcCode>

<Descript>Complete Rebase of lower partial</Descript>

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<CodeNum>1665</CodeNum>

<ProcCode>05730</ProcCode>

<Descript>Relining upper comp denture lab</Descript>

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<TreatArea>Arch</TreatArea>

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<ProcCode>05731</ProcCode>

<Descript>Relining lower comp denture lab</Descript>

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<CodeNum>1667</CodeNum>

<ProcCode>05740</ProcCode>

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<CodeNum>1669</CodeNum>

<ProcCode>05750</ProcCode>

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<Descript>Relining Lower partial- lab</Descript>

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<Descript>Interium Implant Denture</Descript>

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<ProcCode>05820</ProcCode>

<Descript>Flipper - Interim partial denture</Descript>

<AbbrDesc>05820</AbbrDesc>

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<ProcCode>05862</ProcCode>

<Descript>Precision Attachment-male and female</Descript>

<AbbrDesc>05862</AbbrDesc>

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<ProcCode>05867</ProcCode>

<Descript>Replacement part of component</Descript>

<AbbrDesc>05867</AbbrDesc>

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<CodeNum>1678</CodeNum>

<ProcCode>06010</ProcCode>

<Descript>Surgical placement of implant body</Descript>

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<ProcCode>06056</ProcCode>

<Descript>Custom Abutment for Implant Crown</Descript>

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<ProcCode>06057</ProcCode>

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<CodeNum>1681</CodeNum>

<ProcCode>06061</ProcCode>

<Descript>Implant Crown porc fused to metal(noble)</Descript>

<AbbrDesc>06061</AbbrDesc>

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<ProcCode>06062</ProcCode>

<Descript>Abutment-Supported Cast Gold Crown</Descript>

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<CodeNum>1683</CodeNum>

<ProcCode>06066</ProcCode>

<Descript>PFM (NP) Crown cemented on implant abut.</Descript>

<AbbrDesc>06066</AbbrDesc>

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<ProcCode>06199</ProcCode>

<Descript>Unspecified implant procedure by report</Descript>

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<CodeNum>1685</CodeNum>

<ProcCode>06209</ProcCode>

<Descript>PROSTHETICS FIXED</Descript>

<AbbrDesc>06209</AbbrDesc>

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<CodeNum>1686</CodeNum>

<ProcCode>06210</ProcCode>

<Descript>Pontic Gold Pontic</Descript>

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<ProcCode>06211</ProcCode>

<Descript>Pontic - Base metal</Descript>

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<ProcCode>06240</ProcCode>

<Descript>Pontic - PFG with gold</Descript>

<AbbrDesc>06240</AbbrDesc>

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<Descript>Replace broken facing with acrylic</Descript>

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<Descript>Retainer resin w/high noble metal</Descript>

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<Descript>All Porcelain Retainer Crown</Descript>

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<ProcCode>06790</ProcCode>

<Descript>crown - Gold Retainer</Descript>

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<ProcCode>06850</ProcCode>

<Descript>All Porcelain Retaining crown</Descript>

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<Descript>Recement BRIDGE</Descript>

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<Descript>Stress breaker</Descript>

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<ProcCode>06973</ProcCode>

<Descript>BUILD UP for Retainer Crown</Descript>

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<CodeNum>1705</CodeNum>

<ProcCode>07109</ProcCode>

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<CodeNum>1707</CodeNum>

<ProcCode>07111</ProcCode>

<Descript>Extraction,coronal remnants-deciduous</Descript>

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<ProcCode>07230</ProcCode>

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<Descript>Root Recovery (Surgical Removal)</Descript>

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<ProcCode>07880</ProcCode>

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<CodeNum>1727</CodeNum>

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<Descript>Interceptive ortho primary dentitio</Descript>

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<Descript>Rem appl therapy harmful habits</Descript>

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<ProcCode>08420</ProcCode>

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<Descript>Initial Orthodontic Exam/Consult</Descript>

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<Descript>Periodic Orthodontic Treatment</Descript>

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<Descript>Ortho retention/remove app/place ret</Descript>

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<ProcCode>08692</ProcCode>

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<Descript>Recement retainer</Descript>

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<Descript>Ortho Check</Descript>

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<Descript>Emergency Palliative Treatment</Descript>

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<Descript>Consulation per session</Descript>

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<Descript>Office Visit</Descript>

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<ProcCode>09630</ProcCode>

<Descript>Stannous fluoride</Descript>

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<ProcCode>09910</ProcCode>

<Descript>Desensitizing Medicament</Descript>

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<Descript>Sonicare Platinum w/o sanitizer</Descript>

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<ProcCode>09940</ProcCode>

<Descript>Occlusal Guard</Descript>

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<TreatArea>Arch</TreatArea>

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<ProcCode>09941</ProcCode>

<Descript>Snore Guard</Descript>

<AbbrDesc>09941</AbbrDesc>

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<CodeNum>1763</CodeNum>

<ProcCode>09942</ProcCode>

<Descript>Repair and/or reline of occlusal guard</Descript>

<AbbrDesc>09942</AbbrDesc>

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<ProcCode>09950</ProcCode>

<Descript>Diagnostic Wax-Up</Descript>

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<CodeNum>1765</CodeNum>

<ProcCode>09951</ProcCode>

<Descript>Occlusal Adjustment(Limited)</Descript>

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<Descript>UltraEZ Desensitizing Gel</Descript>

<AbbrDesc>09985</AbbrDesc>

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<ProcCode>09986</ProcCode>

<Descript>Opalescence Tres White</Descript>

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<ProcCode>09987</ProcCode>

<Descript>Sonicare Diamond Clean toothbrush</Descript>

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<CodeNum>1772</CodeNum>

<ProcCode>09988</ProcCode>

<Descript>Sonicare Diamond Clean Brush heads</Descript>

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<Descript>Sonicare Compact Brushheads</Descript>

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<CodeNum>1774</CodeNum>

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<Descript>Opalescence Whitening Vanilla Mint</Descript>

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<Descript>ClinPro</Descript>

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<Descript>Sonicare Easy Clean Toothbrush</Descript>

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<Descript>Whitening Custom Tray System</Descript>

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<Descript>Opalescence touch-up tube(s)</Descript>

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<Descript>Sonicare Air Floss</Descript>

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<Descript>GENERAL SERVICES</Descript>

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<Descript>Unspecified adjunctive procedure,by repo</Descript>

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<Descript>Adult prophylaxis- Denture present</Descript>

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<AbbrDesc>GenSamLabAnal</AbbrDesc>

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<Descript>fixed partial denture sectioning</Descript>

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<Descript>evaluation for moderate sedation, deep sedation or general anesthesia</Descript>

<AbbrDesc>EvalAnesth</AbbrDesc>

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<AbbrDesc>Nitrous</AbbrDesc>

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<AbbrDesc>Nitrous10</AbbrDesc>

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<Descript>house/extended care facility call</Descript>

<AbbrDesc>HouseCall</AbbrDesc>

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<ProcCode>D9420</ProcCode>

<Descript>hospital or ambulatory surgical center call</Descript>

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<Descript>office visit for observation (during regularly scheduled hours) - no other services performed</Descript>

<AbbrDesc>Observation</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>case presentation, detailed and extensive treatment planning</Descript>

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<Descript>therapeutic parenteral drug, single administration</Descript>

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<ProcTime>/X/</ProcTime>

<ProcCat>84</ProcCat>

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<ProcCode>D9612</ProcCode>

<Descript>therapeutic parenteral drugs, two or more administrations, different medications</Descript>

<AbbrDesc>TherDrugInj2+</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>84</ProcCat>

<TreatArea>Mouth</TreatArea>

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<ProcCode>D9613</ProcCode>

<Descript>infiltration of sustained release therapeutic drug â€“ single or multiple sites</Descript>

<AbbrDesc>InfTherDrug</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>84</ProcCat>

<TreatArea>Mouth</TreatArea>

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<Descript>drugs or medicaments dispensed in the office for home use</Descript>

<AbbrDesc>Odrug/Med</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>84</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>730</CodeNum>

<ProcCode>D9910</ProcCode>

<Descript>application of desensitizing medicament</Descript>

<AbbrDesc>Desens</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>84</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcCode>D9911</ProcCode>

<Descript>application of desensitizing resin for cervical and/or root surface, per tooth</Descript>

<AbbrDesc>DesensRes</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>84</ProcCat>

<TreatArea>Mouth</TreatArea>

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<Descript>behavior management, by report</Descript>

<AbbrDesc>Behav</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

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<ProcCode>D9930</ProcCode>

<Descript>treatment of complications (post-surgical) - unusual circumstances, by report</Descript>

<AbbrDesc>TxCompl</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>84</ProcCat>

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<ProcCode>D9941</ProcCode>

<Descript>fabrication of athletic mouthguard</Descript>

<AbbrDesc>AthGuard</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>84</ProcCat>

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<ProcCode>D9942</ProcCode>

<Descript>repair and/or reline of occlusal guard</Descript>

<AbbrDesc>RepOcc</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>84</ProcCat>

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<Descript>occlusal guard adjustment</Descript>

<AbbrDesc>BiteGuardAdj</AbbrDesc>

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<ProcCat>84</ProcCat>

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<Descript>occlusal guard â€“ hard appliance, full arch</Descript>

<AbbrDesc>OccGuardHardFull</AbbrDesc>

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<CodeNum>742</CodeNum>

<ProcCode>D9945</ProcCode>

<Descript>occlusal guard â€“ soft appliance, full arch</Descript>

<AbbrDesc>OccGuardSoftFull</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>84</ProcCat>

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<CodeNum>743</CodeNum>

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<Descript>occlusal guard â€“ hard appliance, partial arch</Descript>

<AbbrDesc>OccGuardHardPart</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<ProcCode>D9950</ProcCode>

<Descript>occlusion analysis - mounted case</Descript>

<AbbrDesc>OcclAnalyMntCase</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>84</ProcCat>

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<CodeNum>745</CodeNum>

<ProcCode>D9951</ProcCode>

<Descript>occlusal adjustment - limited</Descript>

<AbbrDesc>OcclAdjLim</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>84</ProcCat>

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<ProcCode>D9952</ProcCode>

<Descript>occlusal adjustment - complete</Descript>

<AbbrDesc>OcclAdjCp</AbbrDesc>

<ProcTime>/XX/</ProcTime>

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<CodeNum>747</CodeNum>

<ProcCode>D9961</ProcCode>

<Descript>duplicate/copy patient's records</Descript>

<AbbrDesc>DupPatRec</AbbrDesc>

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<Descript>enamel microabrasion </Descript>

<AbbrDesc>EnamMicroab</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<AbbrDesc>AdjPart</AbbrDesc>

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<CodeNum>56</CodeNum>

<ProcCode>N4122</ProcCode>

<Descript>Repair Deliver</Descript>

<AbbrDesc>ReprDeliv</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>85</ProcCat>

<TreatArea>Mouth</TreatArea>

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<Descript>Whitening Deliver</Descript>

<AbbrDesc>WhitDeliv</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>85</ProcCat>

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<ProcCode>N4124</ProcCode>

<Descript>Biteguard Deliver</Descript>

<AbbrDesc>BitguaDeli</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>85</ProcCat>

<TreatArea>Mouth</TreatArea>

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<Descript>Flipper Deliver</Descript>

<AbbrDesc>FlipDeliv</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>85</ProcCat>

<TreatArea>Tooth</TreatArea>

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<CodeNum>60</CodeNum>

<ProcCode>N4126</ProcCode>

<Descript>Retainer Deliver</Descript>

<AbbrDesc>RetaDeliv</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>85</ProcCat>

<TreatArea>Arch</TreatArea>

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<CodeNum>61</CodeNum>

<ProcCode>N4127</ProcCode>

<Descript>Bridge Seat</Descript>

<AbbrDesc>BridgeSeat</AbbrDesc>

<ProcTime>/XXXXXXXX/</ProcTime>

<ProcCat>85</ProcCat>

<TreatArea>ToothRange</TreatArea>

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<ProcCode>N4130</ProcCode>

<Descript>Wax Try-in</Descript>

<AbbrDesc>WaxTryin</AbbrDesc>

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<ProcCat>85</ProcCat>

<TreatArea>Arch</TreatArea>

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<ProcCode>N4131</ProcCode>

<Descript>CustomTray</Descript>

<AbbrDesc>CustomTray</AbbrDesc>

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<ProcCat>85</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>64</CodeNum>

<ProcCode>N4132</ProcCode>

<Descript>Invisalign deliver</Descript>

<AbbrDesc>Invisadeliver</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>85</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>65</CodeNum>

<ProcCode>N4136</ProcCode>

<Descript>Full Gold Crown Seat</Descript>

<AbbrDesc>FGCSeat</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>85</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcCode>NGSEAT</ProcCode>

<Descript>Seating Nightguard</Descript>

<AbbrDesc>NGseat</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>85</ProcCat>

<TreatArea>Mouth</TreatArea>

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<ProcCode>D0001</ProcCode>

<Descript>Membership fee initiation cost</Descript>

<AbbrDesc>MDP</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>86</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>79</CodeNum>

<ProcCode>D0240</ProcCode>

<Descript>intraoral - occlusal radiographic image</Descript>

<AbbrDesc>OcclusalX</AbbrDesc>

<ProcTime>/</ProcTime>

<ProcCat>86</ProcCat>

<TreatArea>Arch</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>182</CodeNum>

<ProcCode>D2410</ProcCode>

<Descript>gold foil - one surface</Descript>

<AbbrDesc>GoldFoil1</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>86</ProcCat>

<TreatArea>Surf</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>183</CodeNum>

<ProcCode>D2420</ProcCode>

<Descript>gold foil - two surfaces</Descript>

<AbbrDesc>GoldFoil2</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>86</ProcCat>

<TreatArea>Surf</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>184</CodeNum>

<ProcCode>D2430</ProcCode>

<Descript>gold foil - three surfaces</Descript>

<AbbrDesc>GoldFoil3</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>86</ProcCat>

<TreatArea>Surf</TreatArea>

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<ProcCode>~BAD~</ProcCode>

<Descript>Invalid procedure</Descript>

<AbbrDesc>Invalid procedure</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<CodeNum>70</CodeNum>

<ProcCode>D0160</ProcCode>

<Descript>detailed and extensive oral evaluation - problem focused, by report</Descript>

<AbbrDesc>DetailedEval</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

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<ProcCode>D0171</ProcCode>

<Descript>re-evaluation â€“ post-operative office visit</Descript>

<AbbrDesc>ReEvalPost</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<CodeNum>86</CodeNum>

<ProcCode>D0277</ProcCode>

<Descript>vertical bitewings - 7 to 8 radiographic images</Descript>

<AbbrDesc>VertBW7-8</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<Descript>sialography</Descript>

<AbbrDesc>Sialo</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<Descript>temporomandibular joint arthrogram, including injection</Descript>

<AbbrDesc>TMJArthrIninj</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>89</CodeNum>

<ProcCode>D0321</ProcCode>

<Descript>other temporomandibular joint radiographic images, by report</Descript>

<AbbrDesc>OtherTMJX</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>90</CodeNum>

<ProcCode>D0322</ProcCode>

<Descript>tomographic survey</Descript>

<AbbrDesc>TomoSurv</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<IsNew>false</IsNew>

<CodeNum>92</CodeNum>

<ProcCode>D0340</ProcCode>

<Descript>2D cephalometric radiographic image â€“ acquisition, measurement and analysis</Descript>

<AbbrDesc>Cephalo</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>94</CodeNum>

<ProcCode>D0351</ProcCode>

<Descript>3D photographic image</Descript>

<AbbrDesc>3DImage</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>96</CodeNum>

<ProcCode>D0365</ProcCode>

<Descript>cone beam CT capture and interpretation with field of view of one full dental arch â€“ mandible</Descript>

<AbbrDesc>CTMandible</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>98</CodeNum>

<ProcCode>D0367</ProcCode>

<Descript>cone beam CT capture and interpretation with field of view of both jaws; with or without cranium</Descript>

<AbbrDesc>CTUp+Low</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>100</CodeNum>

<ProcCode>D0369</ProcCode>

<Descript>maxillofacial MRI capture and interpretation</Descript>

<AbbrDesc>MRIMaxillo</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>101</CodeNum>

<ProcCode>D0370</ProcCode>

<Descript>maxillofacial ultrasound capture and interpretation</Descript>

<AbbrDesc>UltrasndMaxillo</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>102</CodeNum>

<ProcCode>D0371</ProcCode>

<Descript>sialoendoscopy capture and interpretation</Descript>

<AbbrDesc>Sialoendoscopy</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>103</CodeNum>

<ProcCode>D0380</ProcCode>

<Descript>cone beam CT image capture with limited field of view â€“ less than one whole jaw</Descript>

<AbbrDesc>CTPartialCapt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>104</CodeNum>

<ProcCode>D0381</ProcCode>

<Descript>cone beam CT image capture with field of view of one full dental arch â€“ mandible</Descript>

<AbbrDesc>CTMandibleCapt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>105</CodeNum>

<ProcCode>D0382</ProcCode>

<Descript>cone beam CT image capture with field of view of one full dental arch â€“ maxilla, with or without cranium</Descript>

<AbbrDesc>CTMaxillaCapt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<IsNew>false</IsNew>

<CodeNum>107</CodeNum>

<ProcCode>D0384</ProcCode>

<Descript>cone beam CT image capture for TMJ series including two or more exposures</Descript>

<AbbrDesc>CTTMJ2+Capt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>108</CodeNum>

<ProcCode>D0385</ProcCode>

<Descript>maxillofacial MRI image capture</Descript>

<AbbrDesc>MRIMaxilloCapt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>109</CodeNum>

<ProcCode>D0386</ProcCode>

<Descript>maxillofacial ultrasound image capture</Descript>

<AbbrDesc>UltrasndMaxilloCapt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<IsNew>false</IsNew>

<CodeNum>110</CodeNum>

<ProcCode>D0391</ProcCode>

<Descript>interpretation of diagnostic image by a practitioner not associated with capture of the image, including report</Descript>

<AbbrDesc>XrayInterpOther</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>111</CodeNum>

<ProcCode>D0393</ProcCode>

<Descript>treatment simulation using 3D image volume</Descript>

<AbbrDesc>TxSimImgVol</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

<IsProsth>false</IsProsth>

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<CodeNum>112</CodeNum>

<ProcCode>D0394</ProcCode>

<Descript>digital subtraction of two or more images or image volumes of the same modality</Descript>

<AbbrDesc>SubImgVolMod</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>113</CodeNum>

<ProcCode>D0395</ProcCode>

<Descript>fusion of two or more 3D image volumes of one or more modalities</Descript>

<AbbrDesc>FusImgVolMod</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<IsNew>false</IsNew>

<CodeNum>116</CodeNum>

<ProcCode>D0414</ProcCode>

<Descript>laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report</Descript>

<AbbrDesc>MicroLab</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>117</CodeNum>

<ProcCode>D0415</ProcCode>

<Descript>collection of microorganisms for culture and sensitivity </Descript>

<AbbrDesc>MicroEx</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>118</CodeNum>

<ProcCode>D0416</ProcCode>

<Descript>viral culture</Descript>

<AbbrDesc>VirCult</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>119</CodeNum>

<ProcCode>D0417</ProcCode>

<Descript>collection and preparation of saliva sample for laboratory diagnostic testing</Descript>

<AbbrDesc>PrepSalv</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>120</CodeNum>

<ProcCode>D0418</ProcCode>

<Descript>analysis of saliva sample</Descript>

<AbbrDesc>AnalSalv</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<IsNew>false</IsNew>

<CodeNum>123</CodeNum>

<ProcCode>D0425</ProcCode>

<Descript>caries susceptibility tests</Descript>

<AbbrDesc>CariesTest</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>124</CodeNum>

<ProcCode>D0431</ProcCode>

<Descript>adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures </Descript>

<AbbrDesc>MucAbnorm</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>126</CodeNum>

<ProcCode>D0470</ProcCode>

<Descript>diagnostic casts</Descript>

<AbbrDesc>DiagnCast</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<CodeNum>127</CodeNum>

<ProcCode>D0472</ProcCode>

<Descript>accession of tissue, gross examination, preparation and transmission of written report</Descript>

<AbbrDesc>AccessTissGrEx</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>128</CodeNum>

<ProcCode>D0473</ProcCode>

<Descript>accession of tissue, gross and microscopic examination, preparation and transmission of written report</Descript>

<AbbrDesc>AccessTissGrMicrEx</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>129</CodeNum>

<ProcCode>D0474</ProcCode>

<Descript>accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report</Descript>

<AbbrDesc>AccessTissGrExInSurg</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<CodeNum>130</CodeNum>

<ProcCode>D0475</ProcCode>

<Descript>decalcification procedure</Descript>

<AbbrDesc>Decalc</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>131</CodeNum>

<ProcCode>D0476</ProcCode>

<Descript>special stains for microorganisms</Descript>

<AbbrDesc>StnMicro</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>132</CodeNum>

<ProcCode>D0477</ProcCode>

<Descript>special stains, not for microorganisms</Descript>

<AbbrDesc>StnNotMicro</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<IsNew>false</IsNew>

<CodeNum>133</CodeNum>

<ProcCode>D0478</ProcCode>

<Descript>immunohistochemical stains</Descript>

<AbbrDesc>ImmHistStn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<IsNew>false</IsNew>

<CodeNum>134</CodeNum>

<ProcCode>D0479</ProcCode>

<Descript>tissue in-situ hybridization, including interpretation</Descript>

<AbbrDesc>TisHybr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<Descript>accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report</Descript>

<AbbrDesc>ProInterOytoSm</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<CodeNum>136</CodeNum>

<ProcCode>D0481</ProcCode>

<Descript>electron microscopy</Descript>

<AbbrDesc>ElectMicroscopy</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<CodeNum>137</CodeNum>

<ProcCode>D0482</ProcCode>

<Descript>direct immunofluorescence</Descript>

<AbbrDesc>DirImmFlour</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>138</CodeNum>

<ProcCode>D0483</ProcCode>

<Descript>indirect immunofluorescence</Descript>

<AbbrDesc>IndirImmFlour</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>139</CodeNum>

<ProcCode>D0484</ProcCode>

<Descript>consultation on slides prepared elsewhere</Descript>

<AbbrDesc>ConsultSlide</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>140</CodeNum>

<ProcCode>D0485</ProcCode>

<Descript>consultation, including preparation of slides from biopsy material supplied by referring source</Descript>

<AbbrDesc>Consult-w/Prep</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>141</CodeNum>

<ProcCode>D0486</ProcCode>

<Descript>laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report</Descript>

<AbbrDesc>AccTransEpCyt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<IsNew>false</IsNew>

<CodeNum>142</CodeNum>

<ProcCode>D0502</ProcCode>

<Descript>other oral pathology procedures, by report</Descript>

<AbbrDesc>OtherPath</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>143</CodeNum>

<ProcCode>D0600</ProcCode>

<Descript>non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum</Descript>

<AbbrDesc>NonIonizDiag</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>144</CodeNum>

<ProcCode>D0601</ProcCode>

<Descript>caries risk assessment and documentation, with a finding of low risk </Descript>

<AbbrDesc>CariesFindLow</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<CodeNum>145</CodeNum>

<ProcCode>D0602</ProcCode>

<Descript>caries risk assessment and documentation, with a finding of moderate risk</Descript>

<AbbrDesc>CariesFindMod</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>146</CodeNum>

<ProcCode>D0603</ProcCode>

<Descript>caries risk assessment and documentation, with a finding of high risk</Descript>

<AbbrDesc>CariesFindHigh</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<CodeNum>235</CodeNum>

<ProcCode>D2951</ProcCode>

<Descript>pin retention - per tooth, in addition to restoration</Descript>

<AbbrDesc>Pin</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Tooth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>237</CodeNum>

<ProcCode>D2953</ProcCode>

<Descript>each additional indirectly fabricated post - same tooth</Descript>

<AbbrDesc>AdditCastPost</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Tooth</TreatArea>

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<IsNew>false</IsNew>

<CodeNum>245</CodeNum>

<ProcCode>D2975</ProcCode>

<Descript>coping</Descript>

<AbbrDesc>Coping</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<IsNew>false</IsNew>

<CodeNum>388</CodeNum>

<ProcCode>D5911</ProcCode>

<Descript>facial moulage (sectional)</Descript>

<AbbrDesc>SecFacMoul</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<IsNew>false</IsNew>

<CodeNum>389</CodeNum>

<ProcCode>D5912</ProcCode>

<Descript>facial moulage (complete)</Descript>

<AbbrDesc>CompFacMoul</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<IsNew>false</IsNew>

<CodeNum>390</CodeNum>

<ProcCode>D5913</ProcCode>

<Descript>nasal prosthesis</Descript>

<AbbrDesc>NasPros</AbbrDesc>

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<ProcCode>D5914</ProcCode>

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<AbbrDesc>AurPros</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<Descript>orbital prosthesis</Descript>

<AbbrDesc>OrbPros</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<Descript>ocular prosthesis</Descript>

<AbbrDesc>OcuPros</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>facial prosthesis</Descript>

<AbbrDesc>FacPros</AbbrDesc>

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<Descript>nasal septal prosthesis</Descript>

<AbbrDesc>NasSepPros</AbbrDesc>

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<ProcCat>87</ProcCat>

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<AbbrDesc>TempOcuPros</AbbrDesc>

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<Descript>cranial prosthesis</Descript>

<AbbrDesc>CranPros</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<Descript>facial augmentation implant prosthesis</Descript>

<AbbrDesc>FacAugImp</AbbrDesc>

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<CodeNum>399</CodeNum>

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<Descript>nasal prosthesis, replacement</Descript>

<AbbrDesc>NasProsRep</AbbrDesc>

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<ProcCat>87</ProcCat>

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<Descript>auricular prosthesis, replacement</Descript>

<AbbrDesc>AurProsRep</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<Descript>orbital prosthesis, replacement</Descript>

<AbbrDesc>OrbProsRep</AbbrDesc>

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<Descript>facial prosthesis, replacement</Descript>

<AbbrDesc>FacProsRep</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<Descript>obturator prosthesis, surgical</Descript>

<AbbrDesc>ObtProsSur</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<Descript>obturator prosthesis, definitive</Descript>

<AbbrDesc>ObtProsDef</AbbrDesc>

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<Descript>obturator prosthesis, modification</Descript>

<AbbrDesc>ObtProsMod</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<ProcCode>D5934</ProcCode>

<Descript>mandibular resection prosthesis with guide flange</Descript>

<AbbrDesc>MandResFla</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<ProcCode>D5935</ProcCode>

<Descript>mandibular resection prosthesis without guide flange</Descript>

<AbbrDesc>MandRec</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<Descript>obturator prosthesis, interim</Descript>

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<Descript>trismus appliance (not for TMD treatment)</Descript>

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<Descript>feeding aid</Descript>

<AbbrDesc>FeedAid</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<Descript>speech aid prosthesis, pediatric</Descript>

<AbbrDesc>SpchAidPd</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<Descript>speech aid prosthesis, adult</Descript>

<AbbrDesc>SpchAidAd</AbbrDesc>

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<Descript>palatal augmentation prosthesis</Descript>

<AbbrDesc>PalAugPros</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<Descript>palatal lift prosthesis, definitive</Descript>

<AbbrDesc>PiLftProsDf</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<CodeNum>415</CodeNum>

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<Descript>palatal lift prosthesis, interim</Descript>

<AbbrDesc>PiLftProsIn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<CodeNum>416</CodeNum>

<ProcCode>D5959</ProcCode>

<Descript>palatal lift prosthesis, modification</Descript>

<AbbrDesc>PiLftProsMod</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<CodeNum>417</CodeNum>

<ProcCode>D5960</ProcCode>

<Descript>speech aid prosthesis, modification</Descript>

<AbbrDesc>SpchAdProsMod</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>surgical stent</Descript>

<AbbrDesc>SurgStent</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<Descript>radiation carrier</Descript>

<AbbrDesc>RadtnCarr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<Descript>radiation shield</Descript>

<AbbrDesc>RadtnShld</AbbrDesc>

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<CodeNum>421</CodeNum>

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<Descript>radiation cone locator</Descript>

<AbbrDesc>RadtnCnLc</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<ProcCode>D5986</ProcCode>

<Descript>fluoride gel carrier</Descript>

<AbbrDesc>FlrGelCarr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<CodeNum>423</CodeNum>

<ProcCode>D5987</ProcCode>

<Descript>commissure splint</Descript>

<AbbrDesc>CommSplnt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<CodeNum>424</CodeNum>

<ProcCode>D5988</ProcCode>

<Descript>surgical splint</Descript>

<AbbrDesc>SurgSplnt</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>None</TreatArea>

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<CodeNum>425</CodeNum>

<ProcCode>D5991</ProcCode>

<Descript>vesiculobullous disease medicament carrier</Descript>

<AbbrDesc>VesicCar</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>426</CodeNum>

<ProcCode>D5992</ProcCode>

<Descript>adjust maxillofacial prosthetic appliance, by report</Descript>

<AbbrDesc>AdjMaxProsth</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>427</CodeNum>

<ProcCode>D5993</ProcCode>

<Descript>maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report</Descript>

<AbbrDesc>MaintMaxProsth</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>428</CodeNum>

<ProcCode>D5994</ProcCode>

<Descript>periodontal medicament carrier with peripheral seal â€“ laboratory processed</Descript>

<AbbrDesc>PerioMedCarrSeal</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>87</ProcCat>

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<Descript>open reduction of dislocation</Descript>

<AbbrDesc>OpRedDisloc</AbbrDesc>

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<Descript>manipulation under anesthesia</Descript>

<AbbrDesc>ManipUnAnesth</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<AbbrDesc>Condylectomy</AbbrDesc>

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<Descript>surgical discectomy, with/without implant</Descript>

<AbbrDesc>SurgDiscW/WoIm</AbbrDesc>

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<AbbrDesc>DiscRep</AbbrDesc>

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<Descript>arthrocentesis</Descript>

<AbbrDesc>Arthrocentesis</AbbrDesc>

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<Descript>non-arthroscopic lysis and lavage</Descript>

<AbbrDesc>NonArthLyLav</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>arthroscopy - diagnosis, with or without biopsy</Descript>

<AbbrDesc>ArthrosDiagBiop</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>arthroscopy: lavage and lysis of adhesions</Descript>

<AbbrDesc>ArthSurgLavLyAdh</AbbrDesc>

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<Descript>arthroscopy: disc repositioning and stabilization</Descript>

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<Descript>consultation with a medical health care professional</Descript>

<AbbrDesc>ConsultMedProf</AbbrDesc>

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<Descript>dental case management â€“ addressing appointment compliance barriers</Descript>

<AbbrDesc>CaseMmtAddrAppt</AbbrDesc>

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<Descript>dental case management â€“ motivational interviewing</Descript>

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<Descript>dental case management â€“ patient education to improve oral health literacy</Descript>

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<Descript>extraoral - each additional radiographic image</Descript>

<AbbrDesc>ExtraOrX+</AbbrDesc>

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<Descript>posterior-anterior or lateral skull and facial bone survey radiographic image</Descript>

<AbbrDesc>SurvXray</AbbrDesc>

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<Descript>cone beam ct â€“ craniofacial data capture</Descript>

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<Descript>cone beam â€“ three-dimensional image reconstruction using existing data, includes multiple images</Descript>

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<Descript>genetic test for susceptibility to oral diseases</Descript>

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<Descript>topical application of fluoride (prophylaxis not included) - child</Descript>

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<ProcTime>/</ProcTime>

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<Descript>topical application of fluoride (prophylaxis not included) - adult</Descript>

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<Descript>space maintainer - fixed - bilateral</Descript>

<AbbrDesc>SpMFxBi</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>114</ProcCat>

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<CodeNum>820</CodeNum>

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<Descript>space maintainer - removable - bilateral</Descript>

<AbbrDesc>SpMRemBil</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<Descript>re-cement or re-bond space maintainer</Descript>

<AbbrDesc>Recement</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<CodeNum>166</CodeNum>

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<Descript>removal of fixed space maintainer</Descript>

<AbbrDesc>RemFixMaint</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<ProcCode>D2970</ProcCode>

<Descript>temporary crown (fractured tooth)</Descript>

<AbbrDesc>TempCrn</AbbrDesc>

<ProcTime>/X////</ProcTime>

<ProcCat>114</ProcCat>

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<CodeNum>1390</CodeNum>

<ProcCode>D3354</ProcCode>

<Descript>Pulpal regeneration-(completion of regenerative treatment in an immature permanent tooth with a necrotic pulp);does not include final restoration</Descript>

<AbbrDesc>Pulpregen</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>938</CodeNum>

<ProcCode>D4271</ProcCode>

<Descript>free soft tissue graft procedure (including donor site surgery)</Descript>

<AbbrDesc>FrSfTsGr</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<ProcCode>D5281</ProcCode>

<Descript>removable unilateral partial denture - one piece cast metal (including clasps and teeth)</Descript>

<AbbrDesc>RmvUniPDn</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

<TreatArea>ToothRange</TreatArea>

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<CodeNum>965</CodeNum>

<ProcCode>D5510</ProcCode>

<Descript>repair broken complete denture base</Descript>

<AbbrDesc>RepairDent</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>114</ProcCat>

<TreatArea>Arch</TreatArea>

<NoBillIns>false</NoBillIns>

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<CodeNum>967</CodeNum>

<ProcCode>D5610</ProcCode>

<Descript>repair resin denture base</Descript>

<AbbrDesc>ReprFlip</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>114</ProcCat>

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<ProcCode>D5620</ProcCode>

<Descript>repair cast framework</Descript>

<AbbrDesc>RprRPDFm</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>114</ProcCat>

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<Descript>overdenture - complete, by report</Descript>

<AbbrDesc>OverDent</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>114</ProcCat>

<TreatArea>Arch</TreatArea>

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<Descript>overdenture - partial, by report</Descript>

<AbbrDesc>OverDentRPD</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>114</ProcCat>

<TreatArea>Arch</TreatArea>

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<ProcCode>D6053</ProcCode>

<Descript>implant/abutment supported removable denture for completely edentulous arch</Descript>

<AbbrDesc>ImpAvRmvDnCpEdA</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

<TreatArea>Mouth</TreatArea>

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<Descript>implant/abutment supported removable denture for partially edentulous arch</Descript>

<AbbrDesc>ImpAbRmvDnPartEdA</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>1066</CodeNum>

<ProcCode>D6078</ProcCode>

<Descript>implant/abutment supported fixed denture for completely edentulous arch</Descript>

<AbbrDesc>ImpAbFxDnCpEden</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

<TreatArea>Tooth</TreatArea>

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<ProcCode>D6079</ProcCode>

<Descript>implant/abutment supported fixed denture for partially edentulous arch</Descript>

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<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<Descript>Interim pontic</Descript>

<AbbrDesc>Interimpontic</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>Interim retainer crown</Descript>

<AbbrDesc>Interimretainer</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<Descript>post and core in addition to fixed partial denture retainer, indirectly fabricated</Descript>

<AbbrDesc>CstPtCr+B</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<Descript>prefabricated post and core in addition to fixed partial denture retainer</Descript>

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<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<Descript>core build up for retainer, including any pins</Descript>

<AbbrDesc>CrBURtIP</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<Descript>coping</Descript>

<AbbrDesc>Coping</AbbrDesc>

<ProcTime>/XXX/</ProcTime>

<ProcCat>114</ProcCat>

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<CodeNum>1126</CodeNum>

<ProcCode>D6976</ProcCode>

<Descript>each additional indirectly fabricated post - same tooth</Descript>

<AbbrDesc>CastPtAdd</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<Descript>each additional prefabricated post - same tooth</Descript>

<AbbrDesc>PreFbPtAdd</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<Descript>repair of orthodontic appliance</Descript>

<AbbrDesc>RepairOrthoAppl</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<ProcCode>D8692</ProcCode>

<Descript>replacement of lost or broken retainer </Descript>

<AbbrDesc>RepBrkRet</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<CodeNum>701</CodeNum>

<ProcCode>D8693</ProcCode>

<Descript>re-cement or re-bond fixed retainer</Descript>

<AbbrDesc>RecemRet</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<ProcCode>D8694</ProcCode>

<Descript>repair of fixed retainers, includes reattachment</Descript>

<AbbrDesc>RepFixRetReatt</AbbrDesc>

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<ProcCat>114</ProcCat>

<TreatArea>None</TreatArea>

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<CodeNum>1272</CodeNum>

<ProcCode>D9220</ProcCode>

<Descript>deep sedation/general anesthesia - first 30 minutes</Descript>

<AbbrDesc>GeneralAnes/1st30min</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>1273</CodeNum>

<ProcCode>D9221</ProcCode>

<Descript>deep sedation/general anesthesia - each additional 15 minutes </Descript>

<AbbrDesc>GeneralAnes/add15min</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>1275</CodeNum>

<ProcCode>D9241</ProcCode>

<Descript>intravenous conscious sedation/analgesia - first 30 minutes</Descript>

<AbbrDesc>Analgesia/1st30min</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

<TreatArea>Mouth</TreatArea>

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<CodeNum>1276</CodeNum>

<ProcCode>D9242</ProcCode>

<Descript>intravenous conscious sedation/analgesia - each additional 15 minutes</Descript>

<AbbrDesc>Analgesia/add15min</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<CodeNum>1290</CodeNum>

<ProcCode>D9940</ProcCode>

<Descript>occlusal guard, by report</Descript>

<AbbrDesc>BiteGuard</AbbrDesc>

<ProcTime>/XX/</ProcTime>

<ProcCat>114</ProcCat>

<TreatArea>Arch</TreatArea>

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<AbbrDesc>Flo</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<Descript>Exam</Descript>

<AbbrDesc>Ex</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<CodeNum>26</CodeNum>

<ProcCode>T1546</ProcCode>

<Descript>Intraoral Periapical Film</Descript>

<AbbrDesc>PA</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>114</ProcCat>

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<IsNew>false</IsNew>

<CodeNum>29</CodeNum>

<ProcCode>T1632</ProcCode>

<Descript>2 Bitewings</Descript>

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<ProcTime>/X/</ProcTime>

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<ProcCode>T6452</ProcCode>

<Descript>Post &amp; Core</Descript>

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<ProcTime>/X/</ProcTime>

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<AbbrDesc>PFM</AbbrDesc>

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<ProcCode>T7956</ProcCode>

<Descript>Root Canal, Anterior</Descript>

<AbbrDesc>RCT-Ant</AbbrDesc>

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<AbbrDesc>RCT-Pre</AbbrDesc>

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<Descript>Root Canal, Molar</Descript>

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<ProcCode>D9210</ProcCode>

<Descript>local anesthesia not in conjunction with operative or surgical procedures</Descript>

<AbbrDesc>LocAnesthW/oSurgPro</AbbrDesc>

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<ProcCode>D9211</ProcCode>

<Descript>regional block anesthesia</Descript>

<AbbrDesc>RegBlkAnesth</AbbrDesc>

<ProcTime>/X/</ProcTime>

<ProcCat>300</ProcCat>

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<CodeNum>710</CodeNum>

<ProcCode>D9212</ProcCode>

<Descript>trigeminal division block anesthesia</Descript>

<AbbrDesc>TriDivBlkAnesth</AbbrDesc>

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<Descript>local anesthesia in conjunction with operative or surgical procedures</Descript>

<AbbrDesc>LocalAnesth</AbbrDesc>

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<ProcCode>D9222</ProcCode>

<Descript>deep sedation/general anesthesia â€“ first 15 minutes</Descript>

<AbbrDesc>DeepSed15</AbbrDesc>

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<ProcCat>300</ProcCat>

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<ProcCode>D9223</ProcCode>

<Descript>deep sedation/general anesthesia â€“ each subsequent 15 minute increment</Descript>

<AbbrDesc>GeneralAnes/Inc15min</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<ProcCode>D9239</ProcCode>

<Descript>intravenous moderate (conscious) sedation/analgesia- first 15 minutes</Descript>

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<ProcTime>/X/</ProcTime>

<ProcCat>300</ProcCat>

<TreatArea>Mouth</TreatArea>

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<ProcCode>D9243</ProcCode>

<Descript>intravenous moderate (conscious) sedation/analgesia â€“ each subsequent 15 minute increment</Descript>

<AbbrDesc>IntraConsSed</AbbrDesc>

<ProcTime>/X/</ProcTime>

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<Descript>non-intravenous conscious sedation</Descript>

<AbbrDesc>NonIntraConsSed</AbbrDesc>

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<ProcCat>300</ProcCat>

<TreatArea>Mouth</TreatArea>

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