Advanced Dental Aesthetics-Louie Khouri

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
120.00	EXAM	Periodic oral evaluation - est. patient	175.00	Yes
140.00	eval	Limited Oral Evaluation - Prob Focused	175.00	Yes
145.00		Oral evaluation for patient under 3 yrs	175.00	Yes
150.00	NP Ex	Comprehensive Oral Eval - New or Est Pat	175.00	Yes
160.00		Detailed and Extensive Oral Evaluation	175.00	Yes
170.00		Re-Evaluation - Limited Problem Focused	175.00	Yes
171.00		re-eval - post-op visit	175.00	Yes
180.00		Comprehensive Perio Eval - New/Est Pat	175.00	No
190.00		Screening of a Patient	75.00	Yes
191.00		Assessment of a Patient	100.00	Yes
210.00	FMX	Intraoral - Compl Series of Radiogr Imgs	220.00	Yes
220.00	PA1	Intraoral - Periapical-First Radiogr Img	60.00	Yes
230.00	PA+	Intraoral - Periapical-Each Add'l Rad Img	50.00	Yes
240.00		Intraoral - Occlusal Radiographic Image	45.00	Yes
250.00		extra-oral – 2D projectio	55.00	Yes
251.00		extra-oral posterior dent radiogr img	200.00	Yes
270.00	BW1	Bitewing - Single Radiographic Image	35.00	Yes
272.00	BW2	Bitewings - Two Radiographic Image	60.00	Yes
273.00		Bitewings - Three Radiographic Images	80.00	Yes
274.00	BW4	Bitewings - Four Radiographic Images	105.00	Yes
277.00		Vertical Bitewings - 7 to 8 Radiogr Imgs	125.00	Yes
310.00		Sialography	715.00	Yes
320.00		Temporomandibular Joint Arthrogram	1200.00	Yes
322.00		Tomographic Survey	450.00	Yes
330.00	PAN	Panoramic Radiographic Image	220.00	Yes
340.00		2D cephalometric radiogra	200.00	Yes
350.00		2D photographic image	95.00	Yes
351.00		3D photographic image	200.00	Yes
364.00		Cone Beam CT Capt&Interp, Limited View	325.00	Yes
365.00		Cone Beam CT Capt&Interp-Mandible	275.00	Yes
366.00		Cone Beam CT Capt&Interp-Maxilla	275.00	Yes
367.00		Cone Beam CT Capt&Interp, Both Jaws	400.00	Yes
368.00		Cone Beam CT Capt&Interp for TMJ	600.00	Yes
369.00		Maxillofacial MRI Capture & Interpret.	375.00	Yes
370.00		Maxillofacial Ultrasound Capture & Interpret.	350.00	Yes
380.00		Cone Beam CT Capture, Limited View	300.00	Yes
381.00		Cone Beam CT Capture - Mandible	550.00	Yes
382.00		Cone Beam CT Capture - Maxilla	300.00	Yes
383.00		Cone Beam CT Capture, Both Jaws	375.00	Yes
384.00		Cone Beam CT Capture for TMJ	600.00	Yes
385.00		Maxillofacial MRI Image Capture	3200.00	Yes
386.00		Maxillofacial Ultrasound Image Capture	850.00	Yes
391.00		Interpret. of Img by a Practitioner, Incl. Rep	200.00	Yes
414.00		Microbial specimen	125.00	Yes
415.00		Collection of Microorganisms for Culture	100.00	Yes
416.00		Viral Culture	125.00	Yes
417.00		Collection and Prep of saliva sample	125.00	Yes
418.00	SALIVA	Analysis of saliva sample	75.00	Yes
419.00	ASSESS	Ass. Salv. By Msrmt Assmnt	75.00	Yes
422.00		collection and prep of genetic sample material fc	100.00	Yes
425.00		Caries Susceptibility Tests	60.00	Yes
431.00		Pre-diag Test for Mucosal Abnormalities	60.00	Yes
460.00	PULPT	Pulp Vitality Tests	150.00	Yes

Continued on next page...

Advanced Dental Aesthetics-Louie Khouri

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
470.00	models	Diagnostic Casts	225.00	Yes
472.00		Accession of tissue; exam; report	200.00	Yes
473.00		Accession of tissue; exam; report	300.00	Yes
474.00		Accession of tissue; exam; report	350.00	Yes
475.00		Decalcification Procedure	225.00	Yes
476.00		Special Stains for Microorganisms	225.00	Yes
477.00		Special Stains, not for Microorganisms	275.00	Yes
478.00		Immunohistochemical Stains	275.00	Yes
479.00		Tissue in-situ Hybridization	350.00	Yes
480.00		Accession of cytologic smears; exam	250.00	Yes
481.00		electron microscopy	725.00	Yes
482.00		Direct Immunofluorescence	300.00	Yes
483.00		Indirect Immunofluorescence	300.00	Yes
484.00		Consultation on Slides Prep'd Elsewhere	400.00	Yes
485.00		Consultation, incl Prep of Slides	525.00	Yes
601.00		caries A&D, low risk	200.00	Yes
602.00		caries A&D, moderate risk	200.00	Yes
603.00		caries A&D, high risk	200.00	Yes
999.00		Unspecified diagnostic procedure	275.00	Yes
1110.00	PROPHY	Prophylaxis - Adult	200.00	Yes
1120.00	PROCH	Prophylaxis - Child	200.00	Yes
1206.00		Topical fluoride varnish; therapeutic	90.00	Yes
1208.00		topical fluoride ex varn	90.00	Yes
1310.00		Nutritional Counseling	125.00	Yes
1320.00		Tobacco Counseling on Oral Disease	125.00	Yes
1330.00	OHI	Oral Hygiene Instructions	125.00	Yes
1351.00	SEAL	Sealant - Per Tooth	150.00	Yes
1352.00		Preventive resin restoration, perm. tth	275.00	Yes
1353.00		sealant repair - per tooth	125.00	Yes
1354.00		Interim caries per tooth	125.00	Yes
1510.00		Space Maintainer-Fixed-Unilateral, Per Quad	575.00	Yes
1516.00		Fix Bilat. Sp. Maint. Max	750.00	Yes
1517.00		Fix Bilat. Sp. Maint. Man	700.00	Yes
1520.00		Space Maintainer-Removable-Unilateral, Per Qu	575.00	Yes
1526.00		Re. Bilat. Sp. Maint. Max	850.00	Yes
1527.00		Re. Bilat. Sp. Maint. Man	850.00	Yes
1551.00		ReCem/Bond Sp. Main. Mx	150.00	Yes
1552.00		ReCem/Bond Sp. Main. Mnd	150.00	Yes
1553.00		ReCem/Bond Sp. Main. PerQu	100.00	Yes
1556.00		Rem. Fix. Uni. Sp. Main PerQu	100.00	Yes
1557.00		Rem. Fix. Bi. SP. Main. Mx	150.00	Yes
1558.00		Rem. Fix. Bi. SP. Main. Mn	150.00	Yes
1575.00		Space maintainer	575.00	Yes
1999.00		Unspecified preventive procedure	275.00	Yes
2140.00	AM1	Amalgam - 1 Surface, primary or perm.	270.00	Yes
2150.00	AM2	Amalgam - 2 Surfaces, primary or perm.	300.00	Yes
2160.00	AM3	Amalgam - 3 Surfaces, primary or perm.	325.00	Yes
2161.00	AM4	Amalgam - 4+ Surfaces, primary or perm.	350.00	Yes
2330.00	compA	Resin Composite - 1 Surface, Anterior	350.00	Yes
2331.00	compa2	Resin Composite - 2 Surfaces, Anterior	400.00	Yes
2332.00	Compa3	Resin Composite - 3 Surface, Anterior	425.00	Yes
2335.00	Compa4	Composite/Incisal Angle/or 4+ Surfaces	500.00	Yes
2390.00		Resin Composite Crown, Anterior	750.00	No

Continued on next page...

Advanced Dental Aesthetics-Louie Khouri

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
2391.00	comp1	Resin Composite - 1 Surface, Posterior	375.00	No
2392.00	comp2	Resin Composite - 2 Surfaces, Posterior	400.00	No
2393.00	comp3	Resin Composite - 3 Surfaces, Posterior	425.00	No
2394.00	comp4	Resin Composite - 4+ Surfaces, Posterior	475.00	No
2410.00		Gold Foil - 1 Surface	550.00	Yes
2420.00		Gold Foil - 2 Surfaces	850.00	Yes
2430.00		Gold Foil - 3 Surfaces	1400.00	Yes
2510.00	INLAY1	Inlay - Metallic - 1 Surface	1975.00	Yes
2520.00	INLAY2	Inlay - Metallic - 2 Surfaces	2000.00	Yes
2530.00	INLAY3	Inlay - Metallic - 3+ Surfaces	2050.00	Yes
2542.00		Onlay - Metallic - 2 Surfaces	1975.00	Yes
2543.00	ONLAY3	Onlay - Metallic - 3 Surfaces	2000.00	Yes
2544.00	ONLAY4	Onlay - Metallic - 4+ Surfaces	2050.00	Yes
2610.00	INPOR1	Inlay - Porcelain/Ceramic - 1 Surface	1875.00	Yes
2620.00	INPOR2	Inlay - Porcelain/Ceramic - 2 Surfaces	1900.00	Yes
2630.00	INPOR3	Inlay - Porcelain/Ceramic - 3+ Surfaces	1950.00	Yes
2642.00	ONPOR2	Onlay - Porcelain/Ceramic - 2 Surfaces	1875.00	Yes
2643.00	3onlay	Onlay - Porcelain/Ceramic - 3 Surfaces	1900.00	Yes
2644.00	4onlay	Onlay - Porcelain/Ceramic - 4+ Surfaces	1950.00	Yes
2650.00		Inlay - Comp/Resin - 1 Surface Lab	1400.00	Yes
2651.00		Inlay - Comp/Resin - 2 Surfaces Lab	1425.00	Yes
2652.00		Inlay - Comp/Resin - 3+ Surfaces Lab	1475.00	Yes
2662.00		Onlay - Comp/Resin - 2 Surfaces Lab	1500.00	Yes
2663.00		Onlay - Comp/Resin - 3 Surfaces Lab	1525.00	Yes
2664.00		Onlay - Comp/Resin - 4+ Surfaces Lab	1575.00	Yes
2710.00		Crown - Resin-Based Composite (Indirect)	1600.00	Yes
2712.00		crown - ¾ resin-based com	1475.00	Yes
2720.00		Crown - Resin with High Noble Metal	1975.00	Yes
2721.00		Crown - Resin w/Predominantly Base Metal	1925.00	Yes
2722.00		Crown - Resin with Noble Metal	1950.00	Yes
2740.00	PJC	crown-porcelain/ceramic	1875.00	Yes
2750.00	crown	Crown - Porcelain/High Noble Metal	1875.00	Yes
2751.00	PFNP	Crown - Porcelain/Non-Precious Metal	1875.00	Yes
2752.00		Crown - Porcelain Fused to Noble Metal	2050.00	Yes
2753.00		Cr-Por Fused Tita TitaAlloy	2300.00	Yes
2780.00		Crown - 3/4 Cast High Noble Metal	2000.00	Yes
2781.00		Crown-3/4 Cast Predominantly Base Metal	1950.00	Yes
2782.00		Crown - 3/4 Cast Noble Metal	2075.00	Yes
2783.00	3/4 CR	crown - 3/4 porcelain/cer	1875.00	Yes
2790.00	FC	Crown - Full Cast High Noble Metal	2075.00	Yes
2791.00	NPCRN	Crown - Full Cast Non-Precious Metal	1875.00	Yes
2792.00		Crown - Full Cast Noble Metal	2075.00	Yes
2794.00		Crown - Titanium	2300.00	Yes
2799.00		Provisional Crown - Further Trmt or Compl	1600.00	Yes
2910.00	RECIN	re-bond inlay, onlay, oth	250.00	Yes
2915.00		re-bond post and core	250.00	Yes
2920.00	RECRN	re-bond crown	250.00	Yes
2921.00		reattach tooth frag edge	325.00	Yes
2929.00		Prefabricated Porc/Ceramic Crown	1075.00	Yes
2930.00		Prefab. Stainless Steel Crown - Primary	975.00	Yes
2931.00		Prefab. Stainless Steel Crown -Permanent	975.00	Yes
2932.00		Prefabricated Resin Crown	1075.00	Yes
2933.00		Prefab Stainless St. Cr. w/Resin Window	1075.00	Yes

Continued on next page...

Advanced Dental Aesthetics-Louie Khouri

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
2934.00		Prefab Coated St.Steel Crown - Prim Tth	975.00	Yes
2940.00	Prot	Protective restoration	295.00	Yes
2941.00		int theraputic rest pri	275.00	Yes
2949.00		rest foundtn for ind rest	275.00	Yes
2950.00	BUILD	core buildup, incl pins	650.00	Yes
2951.00	PIN	Pin Retention - per Tooth	150.00	Yes
2952.00	POST	Post and core, indirectly fabricated	650.00	Yes
2953.00		Each add'l fabricated post, same tooth	375.00	Yes
2954.00	PRE	Prefabricated Post and Core	650.00	Yes
2955.00		Post Removal	575.00	Yes
2957.00		Each Addition Prefab. Post - Same Tooth	275.00	Yes
2960.00	COMPVE	Composite Veneer	1600.00	Yes
2961.00		Labial Veneer(Resin Laminate) Laboratory	1800.00	Yes
2962.00	PV	Porcelain Veneer	2175.00	Yes
2971.00		Construct Crown under Partial Denture	600.00	Yes
2975.00		coping	775.00	Yes
2980.00		Crown Repair Necessit by Rest Material Failure	625.00	Yes
2981.00		Inlay Repair - Restor Material Failure	575.00	Yes
2982.00		Onlay Repair - Restor Material Failure	675.00	Yes
2983.00		Veneer Repair - Restor Material Failure	675.00	Yes
2990.00		Resin Infiltrat of Incipient Smth Surf Lesions	295.00	Yes
3110.00	PC	Pulp Cap - Direct	275.00	Yes
3120.00	PCI	Pulp cap - indirect	225.00	Yes
3220.00		Therapeutic Pulpotomy (excl. final rest)	675.00	Yes
3221.00		Pulpal Debridement, Prim and Perm Teeth	850.00	Yes
3222.00		Partial pulpotomy for apexogenesis	800.00	Yes
3230.00		Pulpal Therapy - Anterior Primary Tooth	850.00	Yes
3240.00		Pulpal Therapy - Posterior Primary Tooth	950.00	Yes
3310.00	RCT1	Root Canal Therapy - Anterior	1350.00	Yes
3320.00	RCT2	premolar endo therapy	1400.00	Yes
3330.00	RCT3	molar endo therapy	1675.00	Yes
3331.00		Root canal obstruction, non-surgical	675.00	Yes
3332.00		Incomplete Endodontic Therapy	800.00	Yes
3333.00		Internal Root Repair-Perforation Defects	650.00	Yes
3346.00		Retreatment of Root Canal - Anterior	1550.00	Yes
3347.00		premolar retreat root canal	1750.00	Yes
3348.00		Retreatment of Root Canal - Molar	1975.00	Yes
3351.00		apex/recalc initial visit	250.00	Yes
3352.00		apexific/recalc - interim	150.00	Yes
3353.00		Apexification/Recalcification - Final	500.00	Yes
3355.00	3355	pulpal regen first visit	825.00	Yes
3356.00	3356	pulpal regen interim med	425.00	Yes
3410.00	APICO	apicoectomy - anterior	1295.00	Yes
3421.00		premolar apicoectomy	1395.00	Yes
3425.00		apicoectomy - molar	1595.00	Yes
3426.00		addl root apicoectomy	425.00	Yes
3427.00	3427	periradicular sx wo apico	1295.00	Yes
3428.00	3428	bn gft w perirad sx, 1st	700.00	Yes
3429.00	3429	bn gft w perirad sx, addl	1725.00	Yes
3430.00		Retrograde Filling - per Root	150.00	Yes
3431.00	3431	biomat, aids tissue regen	2025.00	Yes
3432.00	3432	guided tissue regen	1825.00	Yes
3450.00	AMP	Root Amputation - per Root	350.00	Yes

Continued on next page...

Advanced Dental Aesthetics-Louie Khouri

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
3460.00	3460	Endodontic Endosseous Implant	3250.00	Yes
3470.00	3470	Intentional Reimplantation - incl splint	1750.00	Yes
3920.00	HEMI	Hemisection	400.00	Yes
3950.00		Canal Prep & Fitting of Pref. Dowel/Post	100.00	Yes
4210.00	ging	Gingivectomy or Gingivoplasty - 4+ Teeth	900.00	Yes
4211.00	PLASTY	Gingivectomy or Gingivoplasty - 1-3 Tth	450.00	Yes
4212.00		Gingivectomy or Gingivoplasty, per Tooth	450.00	Yes
4230.00	4230	Anatomical crown exposure-four or more contig	1425.00	Yes
4231.00	4231	anatomical crown exposure-one to three teeth	825.00	Yes
4240.00		Gingival Flap Proc - 4+ Teeth per Quad	750.00	Yes
4241.00		Gingival Flap Proc - 1-3 Tth per Quad	525.00	No
4245.00	4245	Apically Postioned Flap	1000.00	Yes
4249.00		crown lengthening - hard	750.00	Yes
4260.00		osseous surgery 4+ teeth	950.00	Yes
4261.00		osseous surgery 1-3 teeth	700.00	No
4263.00		Bone graft - first site	795.00	Yes
4264.00		Bone graft - addl site	795.00	Yes
4265.00	4265	Biologic Materials - Soft & Osseous T.R.	725.00	No
4266.00		Guided tissue regeneration, resorbable	595.00	Yes
4267.00		Guided tissue regeneration, non-resorbab	595.00	Yes
4268.00		Surgical Revision Procedure, per Tooth	175.00	Yes
4270.00		Pedicle Soft Tissue Graft Procedure	600.00	Yes
4273.00		autogenous connective tis	725.00	Yes
4274.00		Distal or Proximal Wedge Procedure	250.00	Yes
4275.00		non-autogenous connective	725.00	No
4276.00		Comb'd Connect. Tiss & Dbl Pedicle Graft	900.00	No
4277.00	4277	free soft tiss graft proc first tooth, impl	1400.00	Yes
4278.00	4278	free soft tissue graft proc each additl cont tooth	1125.00	Yes
4283.00	4283	autogenous connective tissue graft	1225.00	Yes
4285.00	4285	non-autogenous connective tissue graft	1250.00	Yes
4320.00		Provisional Splinting - Intracoronal	800.00	Yes
4321.00	4321	Provisional Splinting - Extracoronal	750.00	Yes
4341.00	SCALE	Perio Scaling & Root Planing - 4+ Tth	400.00	Yes
4342.00		Perio S/RP - 1-3 Teeth per Quadrant	225.00	No
4346.00	SCAINF	Scaling w/inflamation	225.00	Yes
4355.00	FMDeb	Full mouth debridement	210.00	Yes
4381.00	laa	Localized Deliv. of Antimicrobial Agents	75.00	Yes
4910.00	PPRO	Periodontal Maintenance	225.00	Yes
4920.00	4920	unscheduled dressing chng	250.00	Yes
4921.00	4921	gingival irrigtn per quad	30.00	Yes
5110.00	DENTUP	Complete Denture - Maxillary	1900.00	Yes
5120.00	DENTLO	Complete Denture - Mandibular	1900.00	Yes
5130.00	DENTIU	immediate denture - maxil	2100.00	Yes
5140.00	DENTIL	immediate denture - mandi	2100.00	Yes
5211.00	PARTAU	Maxillary partial denture-resin base	1700.00	Yes
5212.00	PARTAL	Mandibular partial denture-resin base	1700.00	Yes
5213.00	PARTUP	Maxillary Partial Denture - Cast Metal	1900.00	Yes
5214.00	PARTLO	Mandibular Partial Denture - Cast Metal	1900.00	Yes
5221.00	5221	immediate maxillary partial denture - resin	1225.00	Yes
5222.00	5222	immediate mandibular partal denture - resin	1225.00	Yes
5223.00	5223	immediate maxillary partial denture - cast metal	3150.00	Yes
5224.00	5224	immediate mandibular partial denture - cast met	3150.00	Yes
5225.00		Maxillary Partial Denture - Flex Base	1900.00	Yes

Continued on next page...

Advanced Dental Aesthetics-Louie Khouri

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
5226.00		Mandibular Partial Denture - Flex Base	1900.00	Yes
5282.00	5282	Unilat Partial-Rem Max	1725.00	Yes
5283.00	5283	Unilat Partial-Rem Man	1725.00	Yes
5284.00	5284	Rem Uni Part Dent-1pFlexBsePQ	1425.00	Yes
5286.00	5285	Rem Uni Part Dent-1pResinPQ	1425.00	Yes
5410.00	ADJDU	Adjust Complete Denture - Maxillary	110.00	Yes
5411.00	ADJDL	Adjust Complete Denture - Mandibular	110.00	Yes
5421.00	ADJPU	Adjust Partial Denture - Maxillary	250.00	Yes
5422.00	ADJPL	Adjust Partial Denture - Mandibular	250.00	Yes
5511.00	5511	Mandibular complete repair	450.00	Yes
5512.00	5512	Maxillary complete repair	450.00	Yes
5520.00	REP	Replace Missing or Broken Teeth -Denture	225.00	Yes
5611.00	5611	Mandibular part resin repair	450.00	Yes
5612.00	5612	Maxillary part resin repair	450.00	Yes
5621.00	5621	Mandibular part cast repair	450.00	Yes
5622.00	5622	Maxillary part cast repair	450.00	Yes
5630.00		Repair or replace broken retentive clasping mate	175.00	Yes
5640.00		Replace Broken Teeth - per Tooth	225.00	Yes
5650.00	ADDTHP	Add Tooth to Existing Partial Denture	250.00	Yes
5660.00	ADDCLP	add clasp to existing par	225.00	Yes
5670.00		Replace All Teeth/Acrylic on Metal, Max	700.00	No
5671.00		Replace All Teeth/Acrylic on Metal, Man	700.00	No
5710.00		Rebase Complete Maxillary Denture	450.00	Yes
5711.00		Rebase Complete Mandibular Denture	450.00	Yes
5720.00		Rebase Maxillary Partial Denture	450.00	Yes
5721.00		Rebase Mandibular Partial Denture	275.00	Yes
5730.00		Reline Comp. Max. Denture (Chairside)	275.00	Yes
5731.00		Reline Comp. Mand. Denture (Chairside)	275.00	Yes
5740.00		Reline Max. Partial Denture (Chairside)	275.00	Yes
5741.00		Reline Mand. Partial Denture (Chairside)	275.00	Yes
5750.00	RELDU	Reline Complete Maxillary Denture (Lab)	450.00	Yes
5751.00	RELDL	Reline Complete Mandibular Denture (Lab)	450.00	Yes
5760.00	RELPU	Reline Maxillary Partial Denture (Lab)	450.00	Yes
5761.00	RELPL	Reline Mandibular Partial Denture (Lab)	450.00	Yes
5810.00	TEMDEN	Interim Complete Denture (Maxillary)	600.00	Yes
5811.00	TEMDNL	Interim Complete Denture (Mandibular)	600.00	Yes
5820.00	FLIPUP	Interim Partial Denture (Maxillary)	1375.00	Yes
5821.00	FLIPLO	Interim Partial Denture (Mandibular)	1375.00	Yes
5850.00	5850	Tissue Conditioning, Maxillary	325.00	Yes
5851.00	5851	Tissue Conditioning, Mandibular	325.00	Yes
5862.00	PREC	Precision Attachment, By Report	900.00	Yes
5863.00	OVERDE	overdenture - comp max	2750.00	Yes
5864.00	overpd	overdenture - partial max	3600.00	Yes
5865.00		overdenture - comp mand	2750.00	Yes
5866.00	5866	overdenture partial mand	3800.00	Yes
5911.00		Facial Moulage, (sectional)	700.00	Yes
5912.00		Facial Moulage, (complete)	700.00	Yes
5913.00		Nasal Prosthesis	12400.00	Yes
5914.00		Auricular Prosthesis	12400.00	Yes
5915.00		Orbital Prosthesis	16600.00	Yes
5916.00		Ocular Prosthesis	4500.00	Yes
5931.00		Obturator Prosthesis, Surgical	6650.00	Yes
5932.00		Obturator Prosthesis, Definitive	12400.00	Yes

Continued on next page...

Advanced Dental Aesthetics-Louie Khouri

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
5934.00		Mand.Resection Prosthesis w/Guide Flange	11300.00	Yes
5935.00		Mand. Resection Prosth. No Guide Flange	9850.00	Yes
5936.00		Obturator Prosthesis, Interim	12000.00	Yes
5937.00		Trismus Appliance (not for TMD)	1450.00	Yes
5951.00		Feeding Aid	1875.00	Yes
5952.00		Speech Aid Prosthesis, Pediatric	5900.00	Yes
5953.00		Speech Aid Prosthesis, Adult	12000.00	Yes
5954.00		Palatal Augmentation Prosthesis	10300.00	Yes
5955.00		Palatal Lift Prosthesis, Definitive	9500.00	Yes
5982.00	STENT	Surgical Stent	250.00	Yes
5983.00		Radiation Carrier	2200.00	Yes
5984.00		Radiation Shield	2200.00	Yes
5985.00		Radiation Cone Locator	2200.00	Yes
5986.00	flgelc	Fluoride Gel Carrier	300.00	Yes
5987.00	splint	Commissure Splint	3400.00	Yes
5988.00		Surgical Splint	825.00	Yes
5991.00		vesic disease med carrier	325.00	Yes
6010.00		sxl plcmnt of imp: endo	2550.00	Yes
6011.00		second stage implant sx	300.00	Yes
6012.00	inter	Surgical placement of interim implant	4400.00	Yes
6013.00	miniim	surg plcmnt mini implant	1700.00	Yes
6040.00		Surgical Placement: Eposteal Implant	2500.00	Yes
6050.00		Surgical Placement: Transosteal Implant	1900.00	Yes
6052.00		semi-prec attmnt abutment	200.00	Yes
6055.00	IMPBAR	Dental Implant Supported Connecting Bar	600.00	Yes
6056.00		Prefabricated Abutment - Incl. Modif & Plac	750.00	Yes
6057.00		Custom Fabric Abutment - Incl. Placement	1150.00	Yes
6058.00		abutment supported crown	1900.00	Yes
6059.00		abutment supported crown	1900.00	Yes
6060.00		abutment supported crown	1900.00	Yes
6061.00		abutment supported crown	2475.00	Yes
6062.00		abutment supported crown	1900.00	Yes
6063.00	abutcr	abutment supported crown	2250.00	Yes
6064.00	abutcn	abutment supported crown	2350.00	Yes
6065.00		implant supported crown	1875.00	Yes
6066.00	impcrn	implant supported crown	2475.00	Yes
6067.00	impsp	implant supported crown	2475.00	Yes
6068.00	abutre	abutment support retainer	2475.00	Yes
6069.00	abutsu	abutment support retainer	2475.00	Yes
6070.00		abutment support retainer	2600.00	Yes
6071.00		abutment support retainer	2475.00	Yes
6072.00	abutsp	abutment support retainer	2600.00	Yes
6073.00	abusup	abutment support retainer	2400.00	Yes
6074.00	abutsr	abutment support retainer	2600.00	Yes
6075.00	impspr	implant supported retainer	2700.00	Yes
6076.00	impret	implant supported retainer	3600.00	Yes
6077.00	imsupr	implant supported retainer	2600.00	Yes
6080.00	IMPPRO	implant maintenance procs	210.00	Yes
6081.00	Scalim	scaling with inflammation	300.00	Yes
6082.00	impcro	Impl Supp Cr-Por Pred Balloy	2625.00	Yes
6083.00	Imcrn	Imp Supp Cr-Por Nob Alloy	2625.00	Yes
6084.00	impcr	Imp Supp Cr-Por Tita TitaAlloy	2625.00	Yes
6085.00	INTICR	Provisional implant crown	1200.00	Yes

Continued on next page...

Advanced Dental Aesthetics-Louie Khouri

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
6086.00	impcrb	Imp Supp Cr-Pred Base Alloy	2550.00	Yes
6087.00	impnob	Imp Supp Cr-Nob Alloy	2550.00	Yes
6088.00	impcrt	Imp Supp Crown-Tita TitAlloy	2550.00	Yes
6090.00	repimp	Repair Implant Prosthesis, By Report	650.00	Yes
6091.00	replat	Replace prosthesis attachment	1250.00	Yes
6092.00		re-bond supported crown	200.00	Yes
6093.00		re-bond supported fp dent	400.00	Yes
6094.00	absucr	abutment supported crown	2475.00	Yes
6097.00	abcrti	Ab Supp Cr-Porc TitaAlloy	2475.00	Yes
6098.00		Imp Supp Ret-Porc PredBaseAll	2475.00	Yes
6099.00	impren	Imp Supp Ret-Porc NobAlloy	2475.00	No
6100.00	surgre	Implant Removal, By Report	1500.00	Yes
6101.00	debrid	debride of periimplant	1200.00	Yes
6102.00	debcon	debride and contour	1200.00	Yes
6103.00	bogft	bone graft for repair of	1100.00	Yes
6104.00	boftim	Bone Graft at Time of Implant Placement	975.00	Yes
6110.00	Impden	rem dent edent arch - max	3500.00	Yes
6111.00	remdnm	rem dent edent arch - man	5600.00	Yes
6112.00	imppdm	rem dent part edent max	3600.00	Yes
6113.00	rempdm	rem dent part edent mand	3600.00	Yes
6114.00	imfdmx	fixed dent eden arch max	11000.00	Yes
6115.00	imfdmn	fixed dent eden arch mand	11000.00	Yes
6116.00	impdmx	fixed dent part edent max	4700.00	Yes
6117.00	impdmn	fixed dent part edent man	4700.00	Yes
6118.00	Intdnt	Interim denture, mandibular	3300.00	Yes
6119.00	intdnm	Interim denture, maxillary	3300.00	Yes
6120.00	imtita	Imp Supp Ret-Porc TitanAll	2600.00	Yes
6121.00		Imp Supp Ret MFPD-BAlloys	2500.00	Yes
6122.00		Imp Supp Ret MFPD-NAlloys	2600.00	Yes
6123.00		Imp Supp Ret MFPD-TitanAlloy	2500.00	Yes
6190.00		Radiographic/Surgical Implant Index	500.00	Yes
6194.00		abutment support retainer	2475.00	Yes
6195.00		Ab Supp Ret-Porc to TitanAlloy	2475.00	Yes
6205.00		Pontic - Indirect Resin Based Composite	1100.00	Yes
6210.00	PONGLD	Pontic - Cast High Noble Metal	1575.00	Yes
6211.00	MARYPO	Pontic - Cast Predominantly Base Metal	2475.00	Yes
6212.00		Pontic - Cast Noble Metal	2475.00	Yes
6214.00		Pontic - Titanium	2475.00	Yes
6240.00	pontic	Pontic - Porcelain/High Noble Metal	1875.00	Yes
6241.00		Pontic - Porcelain/Non-Precious Metal	2475.00	Yes
6242.00		Pontic - Porcelain/Noble Metal	2475.00	Yes
6243.00		Pontic-Porc to TitanAlloy	2475.00	Yes
6245.00	6245	Pontic - Porcelain/Ceramic	1875.00	Yes
6250.00		Pontic - Resin with High Noble Metal	2475.00	Yes
6251.00	PONIMP	Pontic - Resin with Non-Precious Metal	2475.00	Yes
6252.00		Pontic- Resin with Noble Metal	2475.00	Yes
6253.00		Provisional Pontic - Further Trmt or Diagnostic	1200.00	No
6545.00	MARYRE	Retainer - Cast Metal - Fixed Prosthesis	900.00	Yes
6548.00		Retainer - Porc/Ceram - Fixed Prosthesis	900.00	Yes
6549.00		resin retainer fixed pros	750.00	Yes
6600.00		retainer inlay - porc/ceramic, two surf	1600.00	No
6601.00		retainer inlay - porc/ceramic, three or more surf	1600.00	No
6602.00		retainer inlay - cast high noble metal, two surf	1600.00	No

Continued on next page...

Advanced Dental Aesthetics-Louie Khouri

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
6603.00		retainer inlay - cast high noble metal, three or m	1700.00	No
6604.00		retainer inlay - cast predom base metal, two surf	1600.00	No
6605.00		retainer inlay - cast predom base metal, three or	1700.00	No
6606.00		retainer inlay - cast noble metal, two surf	1600.00	No
6607.00		retainer inlay - cast noble metal, three or more si	1700.00	No
6608.00		retainer onlay - porc/ceramic, two surf	1700.00	No
6609.00		retainer onlay - porc/ceramic, three or more surf	1700.00	No
6610.00		retainer onlay - cast high noble metal, two surf	1700.00	No
6611.00		retainer onlay - cast high noble metal, three or m	1800.00	No
6612.00		retainer onlay - cast predom base metal, two sur:	1700.00	No
6613.00		retainer onlay - cast predom base metal, three or	1700.00	No
6614.00		retainer onlay - cast noble metal, two surf	1800.00	No
6615.00		retainer onlay - cast noble metal, three or more s	1800.00	No
6624.00		retainer inlay - titanium	1700.00	Yes
6634.00		retainer onlay - titanium	1800.00	Yes
6710.00		retainer crown - indirect	1800.00	Yes
6720.00		retainer crown - resin with high noble met	900.00	Yes
6721.00		retainer crown - resin with predom base met	1800.00	Yes
6722.00		retainer crown - resin with noble metal	1800.00	Yes
6740.00	6740	retainer crown - porcelain/ceramic	1875.00	Yes
6750.00	acrown	retainer crown-porcelain fused to high noble	1875.00	Yes
6751.00		retainer crown - porcelain fused to predom base	2475.00	Yes
6752.00		retainer crown - porcelain fused to noble metal	2475.00	Yes
6753.00		Ret Crown-Porc to TitanAlloy	2475.00	Yes
6780.00		retainer crown - 3/4 cast high noble metal	2475.00	Yes
6781.00		retainer crown - 3/4 cast predom base metal	2475.00	Yes
6782.00		retainer crown - 3/4 cast noble metal	2475.00	Yes
6783.00		retainer crown - 3/4 porcelain/ceramic	2475.00	Yes
6784.00		Ret Crown three quarter TitanAlloy	2475.00	Yes
6790.00	FCB	retainer crown - full cast high noble metal	1575.00	Yes
6791.00		retainer crown - full cast predom base metal	2475.00	Yes
6792.00		retainer crown - full cast noble metal	2475.00	Yes
6793.00		Provisional Retainer Crown - Further Trmt	900.00	No
6794.00		retainer crown - titanium	2475.00	Yes
6920.00		Connector Bar	600.00	Yes
6930.00	REBRG	rebond fixed partial dent	200.00	Yes
6940.00	STRESS	Stress Breaker	575.00	Yes
6950.00	ATTACH	Precision Attachment	950.00	Yes
6985.00		Pediatric Partial Denture, Fixed	950.00	No
7111.00		Prim tooth extract remnants	295.00	No
7140.00	7140	Extraction, Erupted Tth or Exposed Root	425.00	No
7210.00	SURGEX	Surgical Removal of Erupted Tooth	500.00	Yes
7220.00		Removal of Impacted Tooth-Soft Tissue	575.00	Yes
7230.00		Removal of Impacted Tooth-Partially Bony	525.00	Yes
7240.00		Removal of Impacted Tooth-Comp. Bony	625.00	Yes
7241.00		Remov.of Impacted Tth,Comp. Bony w/Comp.	850.00	Yes
7250.00	EXROOT	Surgical Removal of Residual Tooth Roots	550.00	Yes
7251.00		Coronectomy	850.00	Yes
7260.00		Oroantral Fistula Closure	2900.00	Yes
7261.00		Primary Closure of a Sinus Perforation	1300.00	No
7270.00		Tooth Reimplantation/Stabilization	950.00	Yes
7272.00		Tooth Transplantation	1200.00	Yes
7280.00		Surgical Access of an Unerupted Tooth	900.00	Yes

Continued on next page...

Advanced Dental Aesthetics-Louie Khouri

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
7282.00		Mobilization - Erupted/Malpositioned Tth	550.00	No
7283.00		Placement of device to facilitate eruption	395.00	Yes
7285.00		biopsy oral tissue-hard	1700.00	Yes
7286.00		biopsy oral tissue-soft	750.00	Yes
7287.00		Exfoliative Cytological Sample Collectn	350.00	No
7288.00		Brush Biopsy - Transepithelial Sample	350.00	Yes
7290.00		Surgical Repositioning of Teeth	850.00	Yes
7292.00		Temporary anchorage device	1200.00	Yes
7293.00		Temporary anchorage device	850.00	Yes
7294.00		Temporary anchorage device	750.00	Yes
7310.00		Alveoloplasty w/extractions, 4+ teeth	1500.00	Yes
7311.00		Alveoloplasty w/ Ext: 1-3 Teeth,per Quad	1500.00	Yes
7320.00		Alveoloplasty w/o extractions, 4+ teeth	1500.00	Yes
7321.00		Alveoloplasty no Ext: 1-3 Teeth,per Quad	1500.00	Yes
7340.00		Vestibuloplasty Ridge Extension-Secondry	3600.00	Yes
7350.00		Vestibuloplasty Ridge Extension, Complex	9700.00	Yes
7410.00		Excision of Benign Lesion up to 1.25 cm	1300.00	Yes
7411.00		Excision of Benign Lesion over 1.25 cm	2500.00	No
7412.00		Excision of Benign Lesion, Complicated	2600.00	No
7413.00		Excision of Malig Lesion up to 1.25 cm	1900.00	No
7414.00		Excision of Malig Lesion over 1.25 cm	2600.00	No
7415.00		Excision of Malig Lesion, Complicated	2800.00	No
7440.00		Excision of Malig Tumor up to 1.25 cm	2400.00	Yes
7441.00		Excision of Malig Tumor over 1.25 cm	3400.00	Yes
7450.00		Removal Odontogenic Cyst/Tumor <=1.25 cm	500.00	Yes
7451.00		Removal Odontogenic Cyst/Tumor > 1.25 cm	2000.00	Yes
7460.00		Removal Benign Nonodontogenic <= 1.25 cm	1500.00	Yes
7461.00		Removal Benign Nonodontogenic > 1.25 cm	2100.00	Yes
7465.00		Destruction of Lesion, By Report	950.00	Yes
7471.00		Removal of Lateral Exostosis	900.00	Yes
7472.00		Removal of Torus Palatinus	2400.00	No
7473.00		Removal of Torus Mandibularis	2300.00	No
7485.00		Surgical Reduction of Osseous Tuberosity	1300.00	No
7490.00		Radical Resection of Maxilla or Mandible	14000.00	Yes
7510.00		Incision/Drainage-Intraoral Soft Tissue	5075.00	Yes
7511.00		Incision & Drainage of Intraoral Abscess	900.00	Yes
7520.00		Incision/Drainage-Extraoral Soft Tissue	2500.00	Yes
7521.00		Incision & Drainage of Extraoral Abscess	2700.00	Yes
7530.00		Removal of Foreign Body	1100.00	Yes
7540.00		Removal of Reaction Produc. Foreign Body	1100.00	Yes
7550.00		Part Ostectomy/Sequestrectomy Non-Vital	750.00	Yes
7560.00		Maxillary Sinusotomy-Tth Frag./Foreign B	4750.00	Yes
7610.00		Maxilla - Open Reduction	8500.00	Yes
7620.00		Maxilla - Closed Reduction	6300.00	Yes
7630.00		Mandible - Open Reduction	11000.00	Yes
7640.00		Mandible - Closed Reduction	8500.00	Yes
7650.00		Malar/Zygomatic Arch - Open Reduction	6500.00	Yes
7660.00		Malar/Zygomatic Arch - Closed Reduction	2900.00	Yes
7670.00		Alveolus-Closed Reduction/Stabilization	3000.00	Yes
7671.00		Alveolus-Open Reduction/Stabilization	4800.00	No
7680.00		Facial Bones - Complicated Reduction	14500.00	Yes
7710.00		Maxilla - Open Reduction	9700.00	Yes
7720.00		Maxilla - Closed Reduction	7100.00	Yes

Continued on next page...

Advanced Dental Aesthetics-Louie Khouri

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
7730.00		Mandible - Open Reduction	13500.00	Yes
7740.00		Mandible - Closed Reduction	7000.00	Yes
7750.00		Malar/Zygomatic Arch - Open Reduction	8700.00	Yes
7760.00		Malar/Zygomatic Arch - Closed Reduction	4500.00	Yes
7770.00		Alveolus-Open Reduction/Stabilization	5200.00	Yes
7771.00		Alveolus-Closed Reduction/Stabilization	4100.00	No
7780.00		Facial Bones-Complicated Red. w/Fixation	19500.00	Yes
7810.00		Open Reduction of Dislocation	9500.00	Yes
7820.00		Closed Reduction of Dislocation	2200.00	Yes
7830.00		Manipulation under Anesthesia	950.00	Yes
7840.00		Condylectomy	12000.00	Yes
7850.00		Surgical Discectomy with/without Implant	11000.00	Yes
7852.00		Disc Repair	12000.00	Yes
7854.00		Synovectomy	12000.00	Yes
7856.00		Myotomy	9500.00	Yes
7858.00		Joint Reconstruction	24000.00	Yes
7860.00		Arthrotomy	11000.00	Yes
7865.00		Arthroplasty	17000.00	Yes
7870.00		Arthrocentesis	700.00	Yes
7871.00		Non-Arthroscopic Lysis and Lavage	1200.00	Yes
7872.00		Arthroscopy- Diag. with/without Biopsy	7000.00	Yes
7873.00		Arthroscopy- Surg:Lavage/Lysis-Adhesions	7300.00	Yes
7874.00		Arthroscopy- Surgical:Disc Repositioning	11000.00	Yes
7875.00		Arthroscopy- Surgical:Synovectomy	12000.00	Yes
7876.00		Arthroscopy- Surgical:Discectomy	12500.00	Yes
7877.00		Arthroscopy- Surgical:Debridement	11000.00	Yes
7880.00		Occlusal Orthotic Device, By Report	1000.00	Yes
7881.00		occlusal orthotic device adj	300.00	Yes
7910.00		Suture of Recent Small Wounds up to 5 cm	900.00	Yes
7911.00		Complicated Suture - up to 5 cm	2500.00	Yes
7912.00		Suture, Complicated > 5cm	4200.00	Yes
7920.00		Skin Graft	6500.00	Yes
7921.00		Collect and Appl of Autolog Blood Concent.	600.00	Yes
7941.00		Osteotomy - Mandibular Rami	15500.00	Yes
7944.00		Osteotomy - segmented or subapical	12500.00	Yes
7945.00		Osteotomy- Body of Mandible	16000.00	Yes
7946.00		LeFort I (Maxilla - Total)	21000.00	Yes
7947.00		LeFort I (Maxilla - Segmented)	18000.00	Yes
7948.00		LeFort II/LeFort III without Bone Graft	23000.00	Yes
7949.00		LeFort II/LeFort III with Bone Graft	28000.00	Yes
7951.00		Sinus augmentation	4000.00	Yes
7952.00		Sinus Augmentation by Vertical Approach	2400.00	Yes
7953.00	7953	bone graft for ridge pres	750.00	Yes
7960.00		Frenulectomy - Separate Procedure	750.00	Yes
7963.00		Frenuloplasty	1100.00	Yes
7970.00		Excision of Hyperplastic Tissue-per Arch	1100.00	Yes
7971.00		Excision of Pericoronal Gingiva	500.00	Yes
7972.00		Surgical Reduction of Fibrous Tuberosity	1400.00	No
7980.00		surgical sialolithotomy	1600.00	Yes
7982.00		Sialodochoplasty	3500.00	Yes
7983.00		Closure of Salivary Fistula	3300.00	Yes
7990.00		Emergency Tracheotomy	3500.00	Yes
7991.00		Coronoidectomy	6700.00	Yes

Continued on next page...

Advanced Dental Aesthetics-Louie Khouri

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
7997.00		Appliance Removal	650.00	Yes
7998.00		Intraoral lacement of fixation device	2400.00	Yes
8060.00		Interceptive Orthodontic - Transitional	2500.00	Yes
8210.00		Removable Appliance Therapy	625.00	Yes
8220.00		Fixed Appliance Therapy	1500.00	Yes
8690.00		Orthodontic Treatment - Contract Fee	6500.00	Yes
9110.00	EMERG	Palliative (Emergency) Treatment	200.00	Yes
9120.00		Fixed partial denture sectioning	200.00	Yes
9210.00		Local Anesthesia not in conj.w/Op-Surg.	60.00	Yes
9211.00		Regional Block Anesthesia	95.00	Yes
9212.00		Trigeminal Division Block Anesthesia	160.00	Yes
9215.00	LOCAL	Local Anesthesia	90.00	Yes
9219.00		Evaluation for moderate sedation	180.00	Yes
9222.00		First 15 mins deep sedation	350.00	Yes
9223.00		deep sedation	350.00	Yes
9230.00	Nitrou	Analgesia, Anxiolysis, Nitrous Oxide	100.00	Yes
9239.00	9239	First 15 mins mod sedation	300.00	No
9243.00		moderate sedation	350.00	Yes
9248.00		non-intravenous conscious	250.00	Yes
9310.00	CONSUL	Consultation (Other than Treatment Prov)	275.00	Yes
9311.00		Consultation	550.00	Yes
9410.00		House/Extended Care Facility Call	200.00	Yes
9420.00		Hospital Call	450.00	Yes
9430.00	OV	Office Visit for Observation	190.00	Yes
9440.00	OVAH	Office Visit - After Hours	300.00	Yes
9450.00		Case Presentation, Detailed/Extensive TP	190.00	No
9610.00		Therapeutic parenteral drug, single adm.	190.00	Yes
9612.00		Therapeutic parenteral drugs	275.00	Yes
9630.00		Other Drugs or Medicaments, By Report	60.00	Yes
9900.00	AIRFLO	AIRFLOSSER	100.00	Yes
9910.00		Application of Desensitizing Medicament	75.00	Yes
9911.00		Application of Desensitizing Resin	75.00	Yes
9920.00		Behavior Management, By Report	250.00	Yes
9930.00		Treatment of Complications:post-surgical	250.00	Yes
9932.00		clean and inspect of remov complete dent, maxil	250.00	Yes
9933.00		clean and inspect of remov complete dent, mand	250.00	Yes
9934.00		clean and inspect of remov part dent, maxillary	250.00	Yes
9935.00		clean and inspect of remov part dent, mandibula	250.00	Yes
9941.00		Fabrication of Athletic Mouthguard	750.00	Yes
9942.00		Repair and/or Reline Occlusal Guard	350.00	Yes
9943.00		occlusal guard adjustment	100.00	Yes
9944.00	occgdh	Occlusal Guard Hard Full	750.00	Yes
9945.00	occgds	Occlusal Guard Soft Full	750.00	Yes
9946.00	NTI	Occlusal Guard Hard Part.	750.00	Yes
9950.00	OCCANA	Occlusion Analysis - Mounted Case	650.00	Yes
9951.00	OCCADJ	Occlusal adjustment - limited	225.00	Yes
9952.00	OCCADC	Occlusal Adjustment - Complete	400.00	Yes
9970.00		Enamel Microabrasion	200.00	Yes
9971.00		Odontoplasty 1-2 teeth	250.00	Yes
9972.00		External Bleaching - per Arch	750.00	Yes
9973.00		External Bleaching - per Tooth	100.00	Yes
9974.00		Internal Bleaching - per Tooth	500.00	Yes
9975.00		External Bleaching for Home Application	600.00	Yes

Continued on next page...

Advanced Dental Aesthetics-Louie Khouri

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
9986.00		missed appointment	150.00	Yes
9992.00		Care coordination	175.00	Yes
9995.00	9995	Teledentistry synchronous	100.00	Yes
9996.00	9996	Teledentistry asynchronous	100.00	Yes
9999.01	nano	Nano Silver Rx Bottle & Instructions	50.00	Yes
9999.10	9999.1	Attending Doctor's Insurance Narrative	450.00	Yes
9999.81	ZOOM	ZOOM WHITENING	450.00	No
9999.99	9999.9	Juverderm	340.00	No

End of Report