

Dental General Fee Schedule
Effective July 1, 2012

Code	Description	0-20 Fee	21+ Fee	Max Age	Units	PA
D0120	Periodic Oral Evaluation - Established Patient	22.29	0.00	20	1	
D0140	Limited Oral Evaluation - Problem Focused	11.89	8.00	999	1	
D0145	Oral Evaluation For A Patient Under Three Years Of Age And Counseling With Primary Care	23.78	0.00	3	1	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	23.78	16.00	999	1	
D0210	Intraoral-Complete Series (Including Bitewings)	47.56	32.00	999	1	
D0220	Intraoral-Periapical-First Film	5.95	4.00	999	1	
D0230	Intraoral-Periapical-Each Additional Film	4.46	3.00	999	10	
D0240	Intraoral-Occlusal Film	11.89	8.00	999	2	
D0250	Extraoral-First Film	35.67	0.00	20	1	
D0260	Extraoral-Each Additional Film	19.32	0.00	20	3	
D0270	Bitewing-Single Film	8.92	0.00	20	1	
D0272	Bitewings-Two Films	13.38	0.00	20	1	
D0274	Bitewings-Four Films	16.35	0.00	20	1	
D0290	Posterior-Anterior Or Lateral Skull And Facial Bone Survey Film	47.56	32.00	999	1	
D0330	Panoramic Film	44.59	30.00	999	1	
D0340	Cephalometric Film	47.56	0.00	20	1	
D0350	Oral/Facial Photographic Images	10.40	0.00	20	1	
D0470	Diagnostic Casts	32.70	0.00	20	1	
D1110	Prophylaxis-(Age 12 - 20)	26.75	0.00	12-20	1	
D1120	Prophylaxis-Child	20.81	0.00	0-20	1	
D1203	Topical Application Of Fluoride (Prophylaxis Not Included)-Child	16.35	0.00	20	1	
D1206	Topical Fluoride Varnish; Therapeutic Application For Moderate To High Cari	16.35	0.00	20	1	
D1330	Oral Hygiene Instruction	8.92	0.00	20	1	
D1351	Sealant-Per Tooth	19.32	0.00	20	1	
D1510	Space Maintainer-Fixed Unilateral	107.01	0.00	20	3	

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D1515	Space Maintainer-Fixed Bilateral	173.90	0.00	20	2	
D1550	Recementation Of Space Maintainer	25.27	0.00	20	1	
D2140	Amalgam-One Surface, Primary Or Permanent	46.08	0.00	20	2	
D2150	Amalgam-Two Surfaces, Primary Or Permanent	60.94	0.00	20	1	
D2160	Amalgam-Three Surfaces, Primary Or Permanent	75.80	0.00	20	1	
D2161	Amalgam-Four Or More Surfaces, Primary Or Permanent	90.66	0.00	20	1	
D2330	Resin-One Surface, Anterior	50.53	0.00	20	1	
D2331	Resin-Two Surfaces, Anterior	57.97	0.00	20	1	
D2332	Resin-Three Surfaces, Anterior	65.40	0.00	20	1	
D2335	Resin-Four Or More Surfaces Or Involving Incisal Angle (Anterior)	107.01	0.00	20	1	
D2390	Resin-Based Composite Crown, Anterior	107.01	0.00	20	1	
D2391	Resin-Based Composite - One Surface, Posterior	46.08	0.00	20	2	
D2392	Resin-Based Composite - Two Surfaces, Posterior	60.94	0.00	20	1	
D2393	Resin-Based Composite - Three Surfaces, Posterior	75.80	0.00	20	1	
D2710	Crown - Resin-Based Composite (Indirect)	114.45	0.00	20	1	
D2721	Crown-Resin With Predominantly Base Metal	126.34	0.00	20	1	
D2740	Crown-Porcelain/Ceramic Substrate	338.88	0.00	20	1	
D2751	Crown-Procelain Fused To Predominantly Base Metal	338.88	0.00	20	1	
D2920	Recement Crown	25.27	0.00	20	1	
D2930	Prefabricated Stainless Steel Crown-Primary Tooth	101.07	0.00	20	1	
D2931	Prefabricated Stainless Steel Crown-Permanent Tooth	101.07	0.00	20	1	
D2932	Prefabricated Resin Crown	101.07	0.00	20	1	
D2933	Prefabricated Stainless Steel Crown With Resin Window	126.34	0.00	20	1	
D2940	Sedative Filling	26.75	0.00	20	1	
D2950	Core Build-Up, Including Any Pins	96.61	0.00	20	1	
D2951	Pin Retention-Per Tooth, In Addition To Restoration	2.97	0.00	20	5	
D2954	Prefabricated Post And Core In Addition To Crown	78.77	0.00	20	1	
D3110	Pulp Cap-Direct (Excluding Final Restoration)	19.32	0.00	20	1	

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D3120	Pulp Cap-Indirect (Excluding Final Restoration)	16.35	0.00	20	1	
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) Removal Of Pulp Coronal	74.32	0.00	20	1	
D3221	Pulpal Debridement, Primary And Permanent Teeth	44.59	0.00	20	1	
D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Fina	111.47	0.00	20	1	
D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Fin	126.34	0.00	20	1	
D3310	Anterior (Excluding Final Restoration)	219.97	0.00	20	1	
D3320	Bicuspid (Excluding Final Restoration)	282.40	0.00	20	1	
D3330	Molar (Excluding Final Restoration)	349.28	0.00	20	1	
D3331	Treatment Of Root Canal Obstruction;Non-Surgical Access	74.32	0.00	20	1	
D3333	Internal Root Repair Of Perforation Defects	46.08	0.00	20	1	
D3351	Apexification/Recalcification-Initial Visit (Apical Closure/Calcific Repair	124.85	0.00	20	1	
D3352	Apexification/Recalcification-Interim Medication Replacem Ent (Apical Closu	83.23	0.00	20	1	
D3353	Apexification/Recalcification-Final Visit (Includes Completed Root Canal Th	166.47	0.00	20	1	
D3410	Apicoectomy/Periradicular Surgery-Anterior	111.47	0.00	20	1	
D3430	Retrograde Filling-Per Root	37.16	0.00	20	1	
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Bounded Te	156.06	0.00	20	1	
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Bounded Te	66.88	0.00	20	1	
D4240	Gingival Flap Procedure, Including Root Planing-Four Or More Contiguous Teeth	By Report	0.00	20	1	
D4241	Gingival Flap Procedure, Including Root Planing-One To Three Contiguous Teeth	By Report	0.00	20	1	
D4260	Osseous Surgery (Including Flap Entry And Closure) - Four Or More Contiguou	169.44	0.00	20	1	
D4261	Osseous Surgery (Including Flap Entry And Closure) - One To Three Contiguou	71.34	0.00	20	1	
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	29.73	0.00	20	1	
D4342	Periodontal Scaling And Root Planing - One To Three Teeth, Per Quadrant	14.86	0.00	20	1	
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis	77.29	0.00	20	1	
D5110	Complete Denture - Maxillary	460.75	310.00	999	1	
D5120	Complete Denture - Mandibular	460.75	310.00	999	1	
D5211	Upper Partial-Resin Base (Including Any Conventional Clasps, Rests And Teet	245.24	165.00	999	1	Y
D5212	Lower Partial-Resin Base (Including Any Conventional Clasps, Rests And Teet	245.24	165.00	999	1	Y

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D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (468.18	315.00	999	1	Y
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	468.18	315.00	999	1	Y
D5410	Adjust Complete Denture - Maxillary	20.81	14.00	999	1	
D5411	Adjust Complete Denture - Mandibular	20.81	14.00	999	1	
D5421	Adjust Partial Denture - Maxillary	20.81	14.00	999	1	
D5422	Adjust Partial Denture - Mandibular	20.81	14.00	999	1	
D5510	Repair Broken Complete Denture Base	65.40	44.00	999	2	
D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	57.97	39.00	999	5	
D5610	Repair Resin Denture Base	65.40	44.00	999	1	
D5620	Repair Cast Framework	69.86	47.00	999	1	
D5630	Repair Or Replace Broken Clasp	83.23	56.00	999	2	
D5640	Replace Broken Teeth-Per Tooth	57.97	39.00	999	2	
D5650	Add Tooth To Existing Partial Denture	62.42	42.00	999	1	
D5660	Add Clasp To Existing Partial Denture	77.29	52.00	999	1	
D5730	Reline Complete Maxillary Denture (Chairside)	93.64	63.00	999	1	
D5731	Reline Lower Complete Mandibular Denture (Chairside)	93.64	63.00	999	1	
D5740	Reline Maxillary Partial Denture (Chairside)	93.64	63.00	999	1	
D5741	Reline Mandibular Partial Denture (Chairside)	93.64	63.00	999	1	
D5750	Reline Complete Maxillary Denture (Laboratory)	167.95	113.00	999	1	
D5751	Reline Complete Mandibular Denture (Laboratory)	167.95	113.00	999	1	
D5760	Reline Maxillary Partial Denture (Laboratory)	167.95	113.00	999	1	
D5761	Reline Mandibular Partial Denture (Laboratory)	167.95	113.00	999	1	
D5820	Interim Partial Denture (Maxillary)	163.49	0.00	20	1	Y
D5899	Unspecified Removable Prosthodontic Procedure	By Report	By Report	999	2	
D6985	Pediatric Partial Denture, Fixed	245.24	0.00	20	1	Y
D7111	Extraction, Coronal Remnants - Deciduous Tooth	40.13	0.00	20	1	
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal	40.13	27.00	999	1	
D7210	Surgical Removal Of Erupted Tooth Requiring Elevation Of Mucoperiosteal Fla	59.45	40.00	999	1	

Code	Description	0-20 Fee	21+ Fee	Max Age	Units	PA
D7220	Removal Of Impacted Tooth-Soft Tissue	92.15	62.00	999	1	
D7230	Removal Of Impacted Tooth-Partially Bony	114.45	77.00	999	1	
D7240	Removal Of Impacted Tooth-Completely Bony	117.42	79.00	999	1	
D7241	Removal Of Impacted Tooth-Completely Bony, With Unusual Surgical Complicati	121.88	82.00	999	1	
D7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	80.26	54.00	999	1	
D7260	Oral Antral Fistula Closure	249.70	168.00	999	1	
D7261	Primary Closure Of A Sinus Perforation	178.36	120.00	999	1	
D7270	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displa	40.13	0.00	20	1	
D7280	Surgical Access Of An Unerupted Tooth	202.14	0.00	20	1	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	175.38	0.00	20	1	
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth	66.88	45.00	999	1	
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or T	83.23	56.00	999	1	
D7510	Incision And Drainage Of Abscess-Intraoral Soft Tissue	69.86	47.00	999	1	
D7520	Incision And Drainage Of Abscess-Extraoral Soft Tissue	99.58	67.00	999	1	
D7880	Occlusal Orthotic Appliance	By Report	0.00	20	1	
D7970	Excision Of Hyperplastic Tissue-Per Arch	124.85	84.00	999	2	
D7999	Unspecified Oral Surgery Procedure	By Report	By Report	999	1	
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	564.79	0.00	20	2	Y
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	564.79	0.00	20	2	Y
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	564.79	0.00	20	2	Y
D8210	Removable Appliance Therapy	160.52	0.00	20	2	Y
D8220	Fixed Appliance Therapy	497.91	0.00	20	2	Y
D8660	Pre-Orthodontic Visit	96.61	0.00	20	1	
D8670	Periodic Orthodontic Treatment Visit	77.29	0.00	20	1	Y
D8692	Replacement Of Lost Or Broken Retainer	93.64	0.00	20	2	Y
D8999	Unspecified Orthodontic Procedure	By Report	0.00	20	1	Y
D9110	Palliative (Emergency) Treatment Of Dental Pain-Minor Procedures	19.32	0.00	20	1	
D9220	Deep Sedation/General Anesthesia-First 30 Minutes	84.72	57.00	999	1	

Code	Description	0-20 Fee	21+ Fee	Max Age	Units	PA
D9221	Deep Sedation/General Anesthesia-Each Additional 15 Minutes	34.18	23.00	999	3	
D9230	Analgesia, Anxiolysis, Inhalation Of Nitrous Oxide	41.62	28.00	999	1	
D9241	Intravenous Conscious Sedation/Analgesia - First 30 Minutes	74.32	50.00	999	1	
D9242	Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes	29.73	20.00	999	4	
D9248	Non-Intravenous Conscious Sedation	59.45	40.00	999	1	
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Th	26.75	0.00	20	1	
D9420	Hospital Call	83.23	56.00	999	1	
D9920	Behavior Management	35.67	0.00	20	1	
D9999	Unspecified Adjunctive Procedure	By Report	By Report	999	1	