

Dental General Fee Schedule
Effective January 1, 2015

Code	Description	0-20 Fee	21+ Fee	Max Age	PA
D0120	Periodic Oral Evaluation - Established Patient	22.29	0.00	20	
D0140	Limited Oral Evaluation - Problem Focused	11.89	8.00	999	
D0145	Oral Evaluation For A Patient Under Three Years Of Age And Counseling With Primary Care	23.78	0.00	3	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	23.78	16.00	999	
D0210	Intraoral-Complete Series (Including Bitewings)	47.56	32.00	999	
D0220	Intraoral-Periapical-First Film	5.95	4.00	999	
D0230	Intraoral-Periapical-Each Additional Film	4.46	3.00	999	
D0240	Intraoral-Occlusal Film	11.89	8.00	999	
D0250	Extraoral-First Film	35.67	0.00	20	
D0260	Extraoral-Each Additional Film	19.32	0.00	20	
D0270	Bitewing-Single Film	8.92	0.00	20	
D0272	Bitewings-Two Films	13.38	0.00	20	
D0274	Bitewings-Four Films	16.35	0.00	20	
D0290	Posterior-Anterior Or Lateral Skull And Facial Bone Survey Film	47.56	32.00	999	
D0330	Panoramic Film	44.59	30.00	999	
D0340	Cephalometric Film	47.56	0.00	20	
D0350	Oral/Facial Photographic Images	10.40	0.00	20	
D0470	Diagnostic Casts	32.70	0.00	20	
D1110	Prophylaxis-(Age 12 - 20)	26.75	0.00	12-20	
D1120	Prophylaxis-Child	20.81	0.00	0-20	
D1206	Topical Fluoride Varnish; Therapeutic Application For Moderate To High Cari	16.35	0.00	20	
D1208	Topical application of fluoride	16.35	0.00	20	
D1330	Oral Hygiene Instruction	8.92	0.00	20	
D1351	Sealant-Per Tooth	19.32	0.00	20	
D1510	Space Maintainer-Fixed Unilateral	107.01	0.00	20	
D1515	Space Maintainer-Fixed Bilateral	173.90	0.00	20	
D1550	Recementation Of Space Maintainer	25.27	0.00	20	
D2140	Amalgam-One Surface, Primary Or Permanent	46.08	0.00	20	

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D2150	Amalgam-Two Surfaces, Primary Or Permanent	60.94	0.00	20	
D2160	Amalgam-Three Surfaces, Primary Or Permanent	75.80	0.00	20	
D2161	Amalgam-Four Or More Surfaces, Primary Or Permanent	90.66	0.00	20	
D2330	Resin-One Surface, Anterior	50.53	0.00	20	
D2331	Resin-Two Surfaces, Anterior	57.97	0.00	20	
D2332	Resin-Three Surfaces, Anterior	65.40	0.00	20	
D2335	Resin-Four Or More Surfaces Or Involving Incisal Angle (Anterior)	107.01	0.00	20	
D2390	Resin-Based Composite Crown, Anterior	107.01	0.00	20	
D2391	Resin-Based Composite - One Surface, Posterior	46.08	0.00	20	
D2392	Resin-Based Composite - Two Surfaces, Posterior	60.94	0.00	20	
D2393	Resin-Based Composite - Three Surfaces, Posterior	75.80	0.00	20	
D2710	Crown - Resin-Based Composite (Indirect)	114.45	0.00	20	
D2721	Crown-Resin With Predominantly Base Metal	126.34	0.00	20	
D2740	Crown-Porcelain/Ceramic Substrate	338.88	0.00	20	
D2751	Crown-Procelain Fused To Predominantly Base Metal	338.88	0.00	20	
D2920	Recement Crown	25.27	0.00	20	
D2930	Prefabricated Stainless Steel Crown-Primary Tooth	101.07	0.00	20	
D2931	Prefabricated Stainless Steel Crown-Permanent Tooth	101.07	0.00	20	
D2932	Prefabricated Resin Crown	101.07	0.00	20	
D2933	Prefabricated Stainless Steel Crown With Resin Window	126.34	0.00	20	
D2940	Sedative Filling	26.75	0.00	20	
D2950	Core Build-Up, Including Any Pins	96.61	0.00	20	
D2951	Pin Retention-Per Tooth, In Addition To Restoration	2.97	0.00	20	
D2954	Prefabricated Post And Core In Addition To Crown	78.77	0.00	20	
D3110	Pulp Cap-Direct (Excluding Final Restoration)	19.32	0.00	20	
D3120	Pulp Cap-Indirect (Excluding Final Restoration)	16.35	0.00	20	
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) Removal Of Pulp Coronal	74.32	0.00	20	
D3221	Pulpal Debridement, Primary And Permanent Teeth	44.59	0.00	20	
D3222	partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	64.59	0.00	20	
D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Fina	111.47	0.00	20	
D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Fin	126.34	0.00	20	

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D3310	Anterior (Excluding Final Restoration)	219.97	0.00	20	
D3320	Bicuspid (Excluding Final Restoration)	282.40	0.00	20	
D3330	Molar (Excluding Final Restoration)	349.28	0.00	20	
D3331	Treatment Of Root Canal Obstruction;Non-Surgical Access	74.32	0.00	20	
D3333	Internal Root Repair Of Perforation Defects	46.08	0.00	20	
D3351	Apexification/Recalcification-Initial Visit (Apical Closure/Calcific Repair	124.85	0.00	20	
D3352	Apexification/Recalcification-Interim Medication Replacem Ent (Apical Closu	83.23	0.00	20	
D3353	Apexification/Recalcification-Final Visit (Includes Completed Root Canal Th	166.47	0.00	20	
D3410	Apicoectomy/Periradicular Surgery-Anterior	111.47	0.00	20	
D3430	Retrograde Filling-Per Root	37.16	0.00	20	
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Bounded Te	156.06	0.00	20	
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Bounded Te	66.88	0.00	20	
D4240	Gingival Flap Procedure, Including Root Planing-Four Or More Contiguous Teeth	By Report	0.00	20	
D4241	Gingival Flap Procedure, Including Root Planing-One To Three Contiguous Teeth	By Report	0.00	20	
D4260	Osseous Surgery (Including Flap Entry And Closure) - Four Or More Contiguou	169.44	0.00	20	
D4261	Osseous Surgery (Including Flap Entry And Closure) - One To Three Contiguou	71.34	0.00	20	
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	29.73	0.00	20	
D4342	Periodontal Scaling And Root Planing - One To Three Teeth, Per Quadrant	14.86	0.00	20	
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis	77.29	0.00	20	
D5110	Complete Denture - Maxillary	460.75	310.00	999	
D5120	Complete Denture - Mandibular	460.75	310.00	999	
D5211	Upper Partial-Resin Base (Including Any Conventional Clasps, Rests And Teet	245.24	165.00	999	Y
D5212	Lower Partial-Resin Base (Including Any Conventional Clasps, Rests And Teet	245.24	165.00	999	Y
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (468.18	315.00	999	Y
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	468.18	315.00	999	Y
D5410	Adjust Complete Denture - Maxillary	20.81	14.00	999	
D5411	Adjust Complete Denture - Mandibular	20.81	14.00	999	
D5421	Adjust Partial Denture - Maxillary	20.81	14.00	999	
D5422	Adjust Partial Denture - Mandibular	20.81	14.00	999	
D5510	Repair Broken Complete Denture Base	65.40	44.00	999	
D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	57.97	39.00	999	

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D5610	Repair Resin Denture Base	65.40	44.00	999	
D5620	Repair Cast Framework	69.86	47.00	999	
D5630	Repair Or Replace Broken Clasp	83.23	56.00	999	
D5640	Replace Broken Teeth-Per Tooth	57.97	39.00	999	
D5650	Add Tooth To Existing Partial Denture	62.42	42.00	999	
D5660	Add Clasp To Existing Partial Denture	77.29	52.00	999	
D5730	Reline Complete Maxillary Denture (Chairside)	93.64	63.00	999	
D5731	Reline Lower Complete Mandibular Denture (Chairside)	93.64	63.00	999	
D5740	Reline Maxillary Partial Denture (Chairside)	93.64	63.00	999	
D5741	Reline Mandibular Partial Denture (Chairside)	93.64	63.00	999	
D5750	Reline Complete Maxillary Denture (Laboratory)	167.95	113.00	999	
D5751	Reline Complete Mandibular Denture (Laboratory)	167.95	113.00	999	
D5760	Reline Maxillary Partial Denture (Laboratory)	167.95	113.00	999	
D5761	Reline Mandibular Partial Denture (Laboratory)	167.95	113.00	999	
D5820	Interim Partial Denture (Maxillary)	163.49	0.00	20	Y
D5899	Unspecified Removable Prosthodontic Procedure	By Report	By Report	999	
D6985	Pediatric Partial Denture, Fixed	245.24	0.00	20	Y
D7111	Extraction, Coronal Remnants - Deciduous Tooth	40.13	0.00	20	
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal	40.13	27.00	999	
D7210	Surgical Removal Of Erupted Tooth Requiring Elevation Of Mucoperiosteal Fla	59.45	40.00	999	
D7220	Removal Of Impacted Tooth-Soft Tissue	92.15	62.00	999	
D7230	Removal Of Impacted Tooth-Partially Bony	114.45	77.00	999	
D7240	Removal Of Impacted Tooth-Completely Bony	117.42	79.00	999	
D7241	Removal Of Impacted Tooth-Completely Bony, With Unusual Surgical Complicati	121.88	82.00	999	
D7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	80.26	54.00	999	
D7260	Oral Antral Fistula Closure	249.70	168.00	999	
D7261	Primary Closure Of A Sinus Perforation	178.36	120.00	999	
D7270	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displa	40.13	0.00	20	
D7280	Surgical Access Of An Unerupted Tooth	202.14	0.00	20	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	175.38	0.00	20	
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth	66.88	45.00	999	

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D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or T	83.23	56.00	999	
D7510	Incision And Drainage Of Abscess-Intraoral Soft Tissue	69.86	47.00	999	
D7520	Incision And Drainage Of Abscess-Extraoral Soft Tissue	99.58	67.00	999	
D7880	Occlusal Orthotic Appliance	By Report	0.00	20	
D7970	Excision Of Hyperplastic Tissue-Per Arch	124.85	84.00	999	
D7999	Unspecified Oral Surgery Procedure	By Report	By Report	999	
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	564.79	0.00	20	Y
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	564.79	0.00	20	Y
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	564.79	0.00	20	Y
D8210	Removable Appliance Therapy	160.52	0.00	20	Y
D8220	Fixed Appliance Therapy	497.91	0.00	20	Y
D8660	Pre-Orthodontic Visit	96.61	0.00	20	
D8670	Periodic Orthodontic Treatment Visit	77.29	0.00	20	Y
D8692	Replacement Of Lost Or Broken Retainer	93.64	0.00	20	Y
D8999	Unspecified Orthodontic Procedure	By Report	0.00	20	Y
D9110	Palliative (Emergency) Treatment Of Dental Pain-Minor Procedures	19.32	0.00	20	
D9220	Deep Sedation/General Anesthesia-First 30 Minutes	84.72	57.00	999	
D9221	Deep Sedation/General Anesthesia-Each Additional 15 Minutes	34.18	23.00	999	
D9230	Analgesia, Anxiolysis, Inhalation Of Nitrous Oxide	41.62	28.00	999	
D9241	Intravenous Conscious Sedation/Analgesia - First 30 Minutes	74.32	50.00	999	
D9242	Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes	29.73	20.00	999	
D9248	Non-Intravenous Conscious Sedation	59.45	40.00	999	
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Th	26.75	0.00	20	
D9420	Hospital Call	83.23	56.00	999	
D9920	Behavior Management	35.67	0.00	20	
D9999	Unspecified Adjunctive Procedure	By Report	By Report	999	