

**DENTAL GENERAL FEE SCHEDULE  
EFFECTIVE JANUARY 1, 2008**

\* CO = CHILDREN ONLY  
ALL = CHILDREN AND ADULTS

| CODE  | DESCRIPTION   | MAX FEE | AGE* | MAX UNITS | SPEC |
|-------|---|---------|------|-----------|------|
| D0120 | PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT                              | 15.00   | ALL  | 1         |      |
| D0140 | LIMITED ORAL EVALUATION - PROBLEM FOCUSED                                   | 8.00    | ALL  | 1         |      |
| D0145 | ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH  | 16.00   | ALL  | 1         |      |
| D0150 | COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT                  | 16.00   | ALL  | 1         |      |
| D0210 | INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)                             | 32.00   | ALL  | 1         |      |
| D0220 | INTRAORAL-PERiapICAL-FIRST FILM   | 4.00    | ALL  | 1         |      |
| D0230 | INTRAORAL-PERiapICAL-EACH ADDITIONAL FILM                                   | 3.00    | ALL  | 10        |      |
| D0240 | INTRAORAL-OCCLUSAL FILM   | 8.00    | ALL  | 2         |      |
| D0250 | EXTRAORAL-FIRST FILM  | 24.00   | CO   | 1         |      |
| D0260 | EXTRAORAL-EACH ADDITIONAL FILM  | 13.00   | CO   | 3         |      |
| D0270 | BITEWING-SINGLE FILM  | 6.00    | CO   | 1         |      |
| D0272 | BITEWINGS-TWO FILMS   | 9.00    | CO   | 1         |      |
| D0274 | BITEWINGS-FOUR FILMS  | 11.00   | CO   | 1         |      |
| D0290 | POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY FILM             | 32.00   | ALL  | 1         |      |
| D0330 | PANORAMIC FILM  | 30.00   | ALL  | 1         |      |
| D0340 | CEPHALOMETRIC FILM  | 32.00   | CO   | 1         |      |
| D0350 | ORAL/FACIAL PHOTOGRAPHIC IMAGES   | 7.00    | CO   | 1         |      |
| D0470 | DIAGNOSTIC CASTS  | 22.00   | CO   | 1         |      |
| D1110 | PROPHYLAXIS-ADULT   | 18.00   | CO   | 1         |      |
| D1120 | PROPHYLAXIS-CHILD   | 14.00   | CO   | 1         |      |
| D1203 | TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED)-CHILD            | 11.00   | CO   | 1         |      |
| D1206 | TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARI | 11.00   | CO   | 1         |      |
| D1330 | ORAL HYGIENE INSTRUCTION  | 6.00    | CO   | 1         |      |
| D1351 | SEALANT-PER TOOTH   | 13.00   | CO   | 1         |      |
| D1510 | SPACE MAINTAINER-FIXED UNILATERAL   | 72.00   | CO   | 3         |      |
| D1515 | SPACE MAINTAINER-FIXED BILATERAL  | 117.00  | CO   | 2         |      |
| D1550 | RECEMENTATION OF SPACE MAINTAINER   | 17.00   | CO   | 1         |      |
| D2140 | AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT                                   | 31.00   | CO   | 2         |      |
| D2150 | AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT                                  | 41.00   | CO   | 1         |      |
| D2160 | AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT                                | 51.00   | CO   | 1         |      |
| D2161 | AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT                         | 61.00   | CO   | 1         |      |
| D2330 | RESIN-ONE SURFACE, ANTERIOR   | 34.00   | CO   | 1         |      |
| D2331 | RESIN-TWO SURFACES, ANTERIOR  | 39.00   | CO   | 1         |      |
| D2332 | RESIN-THREE SURFACES, ANTERIOR  | 44.00   | CO   | 1         |      |
| D2335 | RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)           | 72.00   | CO   | 1         |      |

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|-------|---|--------|-----|---|---|
| D2390 | RESIN-BASED COMPOSITE CROWN, ANTERIOR                                       | 72.00  | CO  | 1 |   |
| D2391 | RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR                              | 31.00  | CO  | 2 |   |
| D2392 | RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR                             | 41.00  | CO  | 1 |   |
| D2393 | RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR                           | 51.00  | CO  | 1 |   |
| D2710 | CROWN - RESIN-BASED COMPOSITE (INDIRECT)                                    | 77.00  | CO  | 1 |   |
| D2721 | CROWN-RESIN WITH PREDOMINANTLY BASE METAL                                   | 85.00  | CO  | 1 |   |
| D2751 | CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL                           | 228.00 | CO  | 1 |   |
| D2920 | RECEMENT CROWN  | 17.00  | CO  | 1 |   |
| D2930 | PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH                           | 68.00  | CO  | 1 |   |
| D2931 | PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH                         | 68.00  | CO  | 1 |   |
| D2932 | PREFABRICATED RESIN CROWN   | 68.00  | CO  | 1 |   |
| D2933 | PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW                       | 85.00  | CO  | 1 |   |
| D2940 | SEDATIVE FILLING  | 18.00  | CO  | 1 |   |
| D2950 | CORE BUILD-UP, INCLUDING ANY PINS   | 65.00  | CO  | 1 |   |
| D2951 | PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION                         | 2.00   | CO  | 5 |   |
| D2954 | PREFABRICATED POST AND CORE IN ADDITION TO CROWN                            | 53.00  | CO  | 1 |   |
| D3110 | PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)                               | 13.00  | CO  | 1 |   |
| D3120 | PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)                             | 11.00  | CO  | 1 |   |
| D3220 | THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL | 50.00  | CO  | 1 |   |
| D3221 | PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH                             | 30.00  | CO  | 1 |   |
| D3230 | PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA | 75.00  | CO  | 1 |   |
| D3240 | PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FIN | 85.00  | CO  | 1 |   |
| D3310 | ANTERIOR (EXCLUDING FINAL RESTORATION)                                      | 148.00 | CO  | 1 |   |
| D3320 | BICUSPID (EXCLUDING FINAL RESTORATION)                                      | 190.00 | CO  | 1 |   |
| D3330 | MOLAR (EXCLUDING FINAL RESTORATION)   | 235.00 | CO  | 1 |   |
| D3331 | TREATMENT OF ROOT CANAL OBSTRUCTION;NON-SURGICAL ACCESS                     | 50.00  | CO  | 1 |   |
| D3333 | INTERNAL ROOT REPAIR OF PERFORATION DEFECTS                                 | 31.00  | CO  | 1 |   |
| D3351 | APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR | 84.00  | CO  | 1 |   |
| D3352 | APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSU  | 56.00  | CO  | 1 |   |
| D3353 | APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL TH | 112.00 | CO  | 1 |   |
| D3410 | APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR                                  | 75.00  | CO  | 1 |   |
| D3430 | RETROGRADE FILLING-PER ROOT   | 25.00  | CO  | 1 |   |
| D4210 | GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE | 105.00 | CO  | 1 |   |
| D4211 | GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE | 45.00  | CO  | 1 |   |
| D4240 | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS T | 0.00   | CO  | 1 | R |
| D4241 | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS T | 0.00   | CO  | 1 | R |
| D4260 | OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU | 114.00 | CO  | 1 |   |
| D4261 | OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU | 48.00  | CO  | 1 |   |
| D4341 | PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT      | 20.00  | CO  | 1 |   |
| D4342 | PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT     | 10.00  | CO  | 1 |   |
| D4355 | FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS     | 52.00  | CO  | 1 |   |
| D5110 | COMPLETE DENTURE - MAXILLARY  | 310.00 | ALL | 1 |   |
| D5120 | COMPLETE DENTURE - MANDIBULAR   | 310.00 | ALL | 1 |   |

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|-------|---|--------|-----|---|---|----|
| D5211 | UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET | 165.00 | ALL | 1 |   | PA |
| D5212 | LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET | 165.00 | ALL | 1 |   | PA |
| D5213 | MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES ( | 315.00 | ALL | 1 |   | PA |
| D5214 | MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES  | 315.00 | ALL | 1 |   | PA |
| D5410 | ADJUST COMPLETE DENTURE - MAXILLARY   | 14.00  | ALL | 1 |   |    |
| D5411 | ADJUST COMPLETE DENTURE - MANDIBULAR  | 14.00  | ALL | 1 |   |    |
| D5421 | ADJUST PARTIAL DENTURE - MAXILLARY  | 14.00  | ALL | 1 |   |    |
| D5422 | ADJUST PARTIAL DENTURE - MANDIBULAR   | 14.00  | ALL | 1 |   |    |
| D5510 | REPAIR BROKEN COMPLETE DENTURE BASE   | 44.00  | ALL | 2 |   |    |
| D5520 | REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)               | 39.00  | ALL | 5 |   |    |
| D5610 | REPAIR RESIN DENTURE BASE   | 44.00  | ALL | 1 |   |    |
| D5620 | REPAIR CAST FRAMEWORK   | 47.00  | ALL | 1 |   |    |
| D5630 | REPAIR OR REPLACE BROKEN CLASP  | 56.00  | ALL | 2 |   |    |
| D5640 | REPLACE BROKEN TEETH-PER TOOTH  | 39.00  | ALL | 2 |   |    |
| D5650 | ADD TOOTH TO EXISTING PARTIAL DENTURE                                       | 42.00  | ALL | 1 |   |    |
| D5660 | ADD CLASP TO EXISTING PARTIAL DENTURE                                       | 52.00  | ALL | 1 |   |    |
| D5730 | RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)                               | 63.00  | ALL | 1 |   |    |
| D5731 | RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)                        | 63.00  | ALL | 1 |   |    |
| D5740 | RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)                                | 63.00  | ALL | 1 |   |    |
| D5741 | RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)                               | 63.00  | ALL | 1 |   |    |
| D5750 | RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)                              | 113.00 | ALL | 1 |   |    |
| D5751 | RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)                             | 113.00 | ALL | 1 |   |    |
| D5760 | RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)                               | 113.00 | ALL | 1 |   |    |
| D5761 | RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)                              | 113.00 | ALL | 1 |   |    |
| D5820 | INTERIM PARTIAL DENTURE (MAXILLARY)   | 110.00 | CO  | 1 |   | PA |
| D5899 | UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT                    | 0.00   | ALL | 2 | R |    |
| D6985 | PEDIATRIC PARTIAL DENTURE, FIXED  | 165.00 | CO  | 1 |   | PA |
| D7111 | EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH                              | 27.00  | CO  | 1 |   |    |
| D7140 | EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL | 27.00  | ALL | 1 |   |    |
| D7210 | SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLA | 40.00  | ALL | 1 |   |    |
| D7220 | REMOVAL OF IMPACTED TOOTH-SOFT TISSUE                                       | 62.00  | ALL | 1 |   |    |
| D7230 | REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY                                    | 77.00  | ALL | 1 |   |    |
| D7240 | REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY                                    | 79.00  | ALL | 1 |   |    |
| D7241 | REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY, WITH UNUSUAL SURGICAL COMPLICATI  | 82.00  | ALL | 1 |   |    |
| D7250 | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)                | 54.00  | ALL | 1 |   |    |
| D7260 | ORAL ANTRAL FISTULA CLOSURE   | 168.00 | ALL | 1 |   |    |
| D7261 | PRIMARY CLOSURE OF A SINUS PERFORATION                                      | 120.00 | ALL | 1 |   |    |
| D7270 | TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLA | 27.00  | CO  | 1 |   |    |
| D7280 | SURGICAL ACCESS OF AN UNERUPTED TOOTH                                       | 136.00 | CO  | 1 |   |    |
| D7283 | PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH                | 118.00 | CO  | 1 |   |    |
| D7310 | ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH | 45.00  | ALL | 1 |   |    |
| D7320 | ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR T | 56.00  | ALL | 1 |   |    |
| D7510 | INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE                      | 47.00  | ALL | 1 |   |    |

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| D7520 | INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE                      | 67.00  | ALL | 1 |    |
| D7880 | OCCLUSAL ORTHOTIC APPLIANCE   | 0.00   | CO  | 1 | R  |
| D7970 | EXCISION OF HYPERPLASTIC TISSUE-PER ARCH                                    | 84.00  | ALL | 2 |    |
| D7999 | UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT                               | 0.00   | ALL | 1 | R  |
| D8070 | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION           | 380.00 | CO  | 2 | PA |
| D8080 | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION             | 380.00 | CO  | 2 | PA |
| D8090 | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION                  | 380.00 | CO  | 2 | PA |
| D8210 | REMOVABLE APPLIANCE THERAPY   | 108.00 | CO  | 2 | PA |
| D8220 | FIXED APPLIANCE THERAPY   | 335.00 | CO  | 2 | PA |
| D8660 | PRE-ORTHODONTIC VISIT   | 65.00  | CO  | 1 |    |
| D8670 | PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)                  | 52.00  | CO  | 1 | PA |
| D8692 | REPLACEMENT OF LOST OR BROKEN RETAINER                                      | 63.00  | CO  | 2 | PA |
| D8999 | UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT                                | 0.00   | CO  | 1 | PA |
| D9110 | PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES            | 13.00  | CO  | 1 |    |
| D9220 | DEEP SEDATION/GENERAL ANESTHESIA-FIRST 30 MINUTES                           | 57.00  | ALL | 1 |    |
| D9221 | DEEP SEDATION/GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES                 | 23.00  | ALL | 3 |    |
| D9230 | ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE                          | 28.00  | ALL | 1 |    |
| D9241 | INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES                 | 50.00  | ALL | 1 |    |
| D9242 | INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES       | 20.00  | ALL | 4 |    |
| D9248 | NON-INTRAVENOUS CONSCIOUS SEDATION  | 40.00  | ALL | 1 |    |
| D9310 | CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER TH | 18.00  | CO  | 1 |    |
| D9420 | HOSPITAL CALL   | 56.00  | ALL | 1 |    |
| D9920 | BEHAVIOR MANAGEMENT, BY REPORT  | 0.00   | CO  | 1 | R  |
| D9999 | UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT                                 | 0.00   | ALL | 1 | R  |