

Dental General Fee Schedule
Effective March 2, 2009

Code	Description	Max Fee	Max Age	Units	PA
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	15.00	20	1	N
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	8.00	999	1	N
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CARE	16.00	3	1	N
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	16.00	999	1	N
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	32.00	999	1	N
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	4.00	999	1	N
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	3.00	999	10	N
D0240	INTRAORAL-OCCLUSAL FILM	8.00	999	2	N
D0250	EXTRAORAL-FIRST FILM	24.00	20	1	N
D0260	EXTRAORAL-EACH ADDITIONAL FILM	13.00	20	3	N
D0270	BITEWING-SINGLE FILM	6.00	20	1	N
D0272	BITEWINGS-TWO FILMS	9.00	20	1	N
D0274	BITEWINGS-FOUR FILMS	11.00	20	1	N
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY FILM	32.00	999	1	N
D0330	PANORAMIC FILM	30.00	999	1	N
D0340	CEPHALOMETRIC FILM	32.00	20	1	N
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	7.00	20	1	N
D0470	DIAGNOSTIC CASTS	22.00	20	1	N
D1110	PROPHYLAXIS-ADULT	18.00	20	1	N
D1120	PROPHYLAXIS-CHILD	14.00	20	1	N
D1203	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED)-CHILD	11.00	20	1	N
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARI	11.00	20	1	N
D1330	ORAL HYGIENE INSTRUCTION	6.00	20	1	N
D1351	SEALANT-PER TOOTH	13.00	20	1	N
D1510	SPACE MAINTAINER-FIXED UNILATERAL	72.00	20	3	N
D1515	SPACE MAINTAINER-FIXED BILATERAL	117.00	20	2	N

Code	Description	Max Fee	Max Age	Units	PA
D1550	RECEMENTATION OF SPACE MAINTAINER	17.00	20	1	N
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	31.00	20	2	N
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	41.00	20	1	N
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	51.00	20	1	N
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	61.00	20	1	N
D2330	RESIN-ONE SURFACE, ANTERIOR	34.00	20	1	N
D2331	RESIN-TWO SURFACES, ANTERIOR	39.00	20	1	N
D2332	RESIN-THREE SURFACES, ANTERIOR	44.00	20	1	N
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	72.00	20	1	N
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	72.00	20	1	N
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	31.00	20	2	N
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	41.00	20	1	N
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	51.00	20	1	N
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	77.00	20	1	N
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	85.00	20	1	N
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	228.00	20	1	N
D2920	RECEMENT CROWN	17.00	20	1	N
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	68.00	20	1	N
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	68.00	20	1	N
D2932	PREFABRICATED RESIN CROWN	68.00	20	1	N
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	85.00	20	1	N
D2940	SEDATIVE FILLING	18.00	20	1	N
D2950	CORE BUILD-UP, INCLUDING ANY PINS	65.00	20	1	N
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	2.00	20	5	N
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	53.00	20	1	N
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	13.00	20	1	N
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	11.00	20	1	N
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL	50.00	20	1	N
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	30.00	20	1	N
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA	75.00	20	1	N

Code	Description	Max Fee	Max Age	Units	PA
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FIN	85.00	20	1	N
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	148.00	20	1	N
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	190.00	20	1	N
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	235.00	20	1	N
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION;NON-SURGICAL ACCESS	50.00	20	1	N
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	31.00	20	1	N
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR	84.00	20	1	N
D3352	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSU	56.00	20	1	N
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL TH	112.00	20	1	N
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	75.00	20	1	N
D3430	RETROGRADE FILLING-PER ROOT	25.00	20	1	N
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE	105.00	20	1	N
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE	45.00	20	1	N
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH	By Report	20	1	N
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH	By Report	20	1	N
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU	114.00	20	1	N
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU	48.00	20	1	N
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	20.00	20	1	N
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	10.00	20	1	N
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	52.00	20	1	N
D5110	COMPLETE DENTURE - MAXILLARY	310.00	999	1	N
D5120	COMPLETE DENTURE - MANDIBULAR	310.00	999	1	N
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	165.00	999	1	Y
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	165.00	999	1	Y
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (315.00	999	1	Y
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	315.00	999	1	Y
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	14.00	999	1	N
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	14.00	999	1	N
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	14.00	999	1	N
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	14.00	999	1	N

Code	Description	Max Fee	Max Age	Units	PA
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	44.00	999	2	N
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	39.00	999	5	N
D5610	REPAIR RESIN DENTURE BASE	44.00	999	1	N
D5620	REPAIR CAST FRAMEWORK	47.00	999	1	N
D5630	REPAIR OR REPLACE BROKEN CLASP	56.00	999	2	N
D5640	REPLACE BROKEN TEETH-PER TOOTH	39.00	999	2	N
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	42.00	999	1	N
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	52.00	999	1	N
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	63.00	999	1	N
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	63.00	999	1	N
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	63.00	999	1	N
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	63.00	999	1	N
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	113.00	999	1	N
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	113.00	999	1	N
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	113.00	999	1	N
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	113.00	999	1	N
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	110.00	20	1	Y
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE	By Report	999	1	N
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	165.00	20	1	Y
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	27.00	20	1	N
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	27.00	999	1	N
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLA	40.00	999	1	N
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	62.00	999	1	N
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	77.00	999	1	N
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY	79.00	999	1	N
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY, WITH UNUSUAL SURGICAL COMPLICATI	82.00	999	1	N
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	54.00	999	1	N
D7260	ORAL ANTRAL FISTULA CLOSURE	168.00	999	1	N
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	120.00	999	1	N
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLA	27.00	20	1	N

Code	Description	Max Fee	Max Age	Units	PA
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	136.00	20	1	N
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	45.00	999	1	N
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR T	56.00	999	1	N
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	47.00	999	1	N
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	67.00	999	1	N
D7880	OCCLUSAL ORTHOTIC APPLIANCE	By Report	20	1	N
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	84.00	999	2	N
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE	By Report	999	1	N
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	380.00	20	2	Y
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	380.00	20	2	Y
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	380.00	20	2	Y
D8210	REMOVABLE APPLIANCE THERAPY	108.00	20	2	Y
D8220	FIXED APPLIANCE THERAPY	335.00	20	2	Y
D8660	PRE-ORTHODONTIC VISIT	65.00	20	1	N
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	52.00	20	1	Y
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	63.00	20	2	Y
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE	By Report	20	1	Y
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	13.00	20	1	N
D9220	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 30 MINUTES	57.00	999	1	N
D9221	DEEP SEDATION/GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES	23.00	999	3	N
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	28.00	999	1	N
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES	50.00	999	1	N
D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES	20.00	999	4	N
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	40.00	999	1	N
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER TH	18.00	20	1	N
D9420	HOSPITAL CALL	56.00	999	1	N
D9920	BEHAVIOR MANAGEMENT	24.00	20	1	N
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE	By Report	999	1	N

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