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Fee Schedule
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CDT Code	Description of Services	Fee
	DIAGNOSTIC	
D0120	Periodic oral evaluation – established patient	$21.00
D0140	Limited oral evaluation – problem focused	$21.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	$21.00
D0150	Comprehensive oral evaluation – new or established patient	$23.00
D0160	Detailed and extensive oral evaluation – problem focused, by report	$26.00
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	$18.00
D0171	Re-evaluation – post-operative office visit	$0.00
D0180	Comprehensive periodontal evaluation – new or established patient	$44.00
D0190	Screening of a patient	$23.00
D0210	Intraoral – complete series of radiographic images	$42.00
D0220	Intraoral – periapical first radiographic image	$14.00
D0230	Intraoral – periapical each additional radiographic image	$12.00
D0240	Intraoral – occlusal radiographic image	$17.00
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	$23.00
D0270	Bitewing – single radiographic image	$14.00
D0272	Bitewings – two radiographic images	$16.00
D0273	Bitewings – three radiographic images	$25.00
D0274	Bitewings – four radiographic images	$21.00
D0277	Vertical bitewings – 7 to 8 radiographic images	$44.00
D0330	Panoramic radiographic image	$42.00
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	$14.00
D0415	Collection of microorganisms for culture and sensitivity	$14.00
D0425	Caries susceptibility tests	$12.00
D0460	Pulp vitality tests	$19.00
D0470	Diagnostic casts	$43.00
D0601	Caries risk assessment and documentation, with a finding of low risk	$29.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	$29.00
D0603	Caries risk assessment and documentation, with a finding of high risk	$29.00
	PREVENTIVE	
D1110	Prophylaxis – adult	$47.00
D1120	Prophylaxis – child	$47.00
D1206	Topical application of fluoride varnish	$19.00
D1208	Topical application of fluoride – excluding varnish	$19.00
D1310	Nutritional counseling for control of dental disease	$0.00

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D1330	Oral hygiene instructions	$0.00
D1351	Sealant - per tooth	$29.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	$29.00
D1353	Sealant repair – per tooth	$0.00
D1354	Interim caries arresting medicament application	$27.00
D1510	Space maintainer – fixed, unilateral	$141.00
D1515	Space maintainer – fixed - bilateral	$268.00
D1520	Space maintainer – removable – unilateral	$218.00
D1525	Space maintainer – removable – bilateral	$218.00
D1550	Re-cement or re-bond space maintainer	$33.00
D1555	Removal of fixed space maintainer	$43.00
D1575	Distal shoe space maintainer – fixed – unilateral	$141.00
	RESTORATIVE	
D2140	Amalgam – one surface, primary or permanent	$58.00
D2150	Amalgam – two surfaces, primary or permanent	$67.00
D2160	Amalgam – three surfaces, primary or permanent	$75.00
D2161	Amalgam – four or more surfaces, primary or permanent	$83.00
D2330	Resin-based composite – one surface, anterior	$75.00
D2331	Resin-based composite – two surfaces, anterior	$92.00
D2332	Resin-based composite – three surfaces, anterior	$100.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	$150.00
D2390	Resin-based composite crown, anterior	$133.00
D2391	Resin-based composite – one surface, posterior	$72.00
D2392	Resin-based composite – two surfaces, posterior	$96.00
D2393	Resin-based composite – three surfaces, posterior	$128.00
D2394	Resin-based composite – four or more surfaces, posterior	$146.00
D2710	Crown – resin-based composite (indirect)	$175.00
D2720	Crown – resin with high noble metal	$431.00
D2721	Crown – resin with predominantly base metal	$404.00
D2740	Crown – porcelain/ceramic substrate	$461.00
D2750	Crown – porcelain fused to high noble metal	$437.00
D2751	Crown – porcelain fused to predominantly base metal	$437.00
D2799	Provisional crown– further treatment or completion of diagnosis necessary prior to final impression	$175.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$46.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$46.00
D2920	Re-cement or re-bond crown	$33.00

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D2921	Reattachment of tooth fragment, incisal edge or cusp	$58.00
D2929	Prefabricated porcelain/ceramic crown – primary tooth	$160.00
D2930	Prefabricated stainless steel crown – primary tooth	$133.00
D2931	Prefabricated stainless steel crown – permanent tooth	$141.00
D2932	Prefabricated resin crown	$133.00
D2933	Prefabricated stainless steel crown with resin window	$141.00
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	$145.00
D2940	Protective restoration	$45.00
D2941	Interim therapeutic restoration – primary dentition	$43.00
D2950	Core buildup, including any pins when required	$106.00
D2951	Pin retention – per tooth, in addition to restoration	$24.00
D2952	Post and core in addition to crown, indirectly fabricated	$166.00
D2954	Prefabricated post and core in addition to crown	$133.00
D2960	Labial veneer (resin laminate) – chairside	$321.00
D2980	Crown repair necessitated by restorative material failure	$104.00
D2990	Resin infiltration of incipient smooth surface lesions	$28.00
	ENDODONTICS	
D3110	Pulp cap – direct (excluding final restoration)	$38.00
D3120	Pulp cap – indirect (excluding final restoration)	$38.00
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	$83.00
D3221	Pulpal debridement, primary and permanent teeth	$82.00
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	$94.00
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	$82.00
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	$82.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$313.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	$384.00
D3330	Endodontic therapy, molar (excluding final restoration)	$476.00
D3346	Retreatment of previous root canal therapy – anterior	$418.00
D3347	Retreatment of previous root canal therapy – bicuspid	$492.00
D3348	Retreatment of previous root canal therapy – molar	$608.00
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	$173.00
D3352	Apexification/recalcification – interim medication replacement	$77.00
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	$238.00
D3355	Pulpal regeneration – initial visit	$173.00

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D3356	Pulpal regeneration – interim medication replacement	$77.00
D3357	Pulpal regeneration – completion of treatment	$173.00
D3410	Apicoectomy – anterior	$342.00
D3421	Apicoectomy – bicuspid (first root)	$381.00
D3425	Apicoectomy – molar (first root)	$432.00
D3426	Apicoectomy (each additional root)	$146.00
D3430	Retrograde filling – per root	$107.00
D3450	Root amputation – per root	$224.00
D3910	Surgical procedure for isolation of tooth with rubber dam	$59.00
D3920	Hemisection (including any root removal), not including root canal therapy	$170.00
	PERIODONTICS	
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	$284.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	$126.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	$359.00
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	$208.00
D4245	Apically positioned flap	$265.00
D4249	Clinical crown lengthening – hard tissue	$394.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	$599.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$321.00
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	$214.00
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	$183.00
D4270	Pedicle soft tissue graft procedure	$425.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$295.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	$277.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	$277.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	$98.00
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	$57.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	$47.00

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D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	$69.00
D4910	Periodontal maintenance	$61.00
D4921	Gingival irrigation – per quadrant	$15.00
	PROSTHODONTICS (REMOVABLE)	
D5110	Complete denture – maxillary	$598.00
D5120	Complete denture – mandibular	$598.00
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	$577.00
D5620	Repair cast framework	$89.00
D5630	Repair or replace broken clasp - per tooth	$92.00
D5750	Reline complete maxillary denture (laboratory)	$180.00
D5820	Interim partial denture (maxillary)	$220.00
D5821	Interim partial denture (mandibular)	$234.00
	IMPLANT SERVICES	
D6062	Abutment supported cast metal crown (high noble metal)	$537.00
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	$47.00
D6085	Provisional implant crown	$175.00
	PROSTHODONTICS, FIXED	
D6930	Re-cement or re-bond fixed partial denture	$60.00
D6985	Pediatric partial denture, fixed	$228.00
	ORAL AND MAXILLOFACIAL SURGERY	
D7111	Extraction, coronal remnants – deciduous tooth	$45.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$71.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$118.00
D7220	Removal of impacted tooth – soft tissue	$140.00
D7230	Removal of impacted tooth – partially bony	$187.00
D7240	Removal of impacted tooth – completely bony	$219.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	$277.00
D7250	Removal of residual tooth roots (cutting procedure)	$119.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	$211.00
D7280	Exposure of an unerupted tooth	$197.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	$99.00
D7283	Placement of device to facilitate eruption of impacted tooth	$84.00
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	$394.00
D7286	Incisional biopsy of oral tissue – soft	$168.00

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D7287	Exfoliative cytological sample collection	$68.00
D7288	Brush biopsy – transepithelial sample collection	$68.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	$119.00
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	$103.00
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	$192.00
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	$162.00
D7471	Removal of lateral exostosis (maxilla or mandible)	$439.00
D7510	Incision and drainage of abscess – intraoral soft tissue	$78.00
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	$192.00
D7520	Incision and drainage of abscess – extraoral soft tissue	$605.00
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	$665.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	$218.00
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	$182.00
D7963	Frenuloplasty	$266.00
D7970	Excision of hyperplastic tissue - per arch	$236.00
D7971	Excision of pericoronal gingiva	$88.00
	ORTHODONTICS	
D8210	Removable appliance therapy	$218.00
D8220	Fixed appliance therapy	$268.00
	ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	$49.00
D9120	Fixed partial denture sectioning	$48.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	$0.00
D9211	Regional block anesthesia	$0.00
D9212	Trigeminal division block anesthesia	$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	$16.00
D9219	Evaluation for deep sedation or general anesthesia	$0.00
D9223	Deep sedation/general anesthesia – each 15 minute increment	$87.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	$47.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	$84.00
D9248	Non-intravenous conscious sedation	$104.00

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D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	$52.00
D9311	Consultation with a medical health care professional	$52.00
D9420	Hospital or ambulatory surgical center call	$100.00
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	$18.00
D9440	Office visit – after regularly scheduled hours	$83.00
D9450	Case presentation, detailed and extensive treatment planning	$16.00
D9610	Therapeutic parenteral drug, single administration	$47.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	$47.00
D9910	Application of desensitizing medicament	$23.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	$32.00
D9940	Occlusal guard, by report	$198.00
D9941	Fabrication of athletic mouthguard	$68.00
D9951	Occlusal adjustment – limited	$58.00
D9952	Occlusal adjustment – complete	$272.00
D9970	Enamel microabrasion	$30.00
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	$40.00
D9972	External bleaching – per arch – performed in office	$136.00
D9974	Internal bleaching – per tooth	$120.00
D9991	Dental case management – addressing appointment compliance barriers	$0.00
D9992	Dental case management – care coordination	$0.00
D9993	Dental case management – motivational interviewing	$0.00
D9994	Dental case management – patient education to improve oral health literacy	$0.00