

Proc Code	Description Codes	Tooth Range (only for differential)	Oral Surgeon Fee Schedule	General Dentist Fee Schedule	Pedo Fee Schedule	Endo Fee Schedule
D0120	Periodic Oral Examination, established patient		\$29.12	\$29.12	\$29.54	\$29.12
D0140	Limited Oral Evaluation-problem focused		\$33.28	\$29.12	\$29.54	\$29.12
D0150	Comprehensive oral evaluation -new or established patient		\$29.12	\$29.12	\$29.54	\$29.12
D0210	Intraoral-complete series (including bitewings)		\$58.24	\$58.24	\$58.24	\$58.24
D0220	Intraoral-periapical, First Film Image		\$16.64	\$10.92	\$12.48	\$10.92
D0230	Intraoral-periapical each additional film		\$13.52	\$6.76	\$9.15	\$6.76
D0240	Intraoral-occlusal film		\$18.72	\$18.72	\$22.46	\$18.72
D0270	Bitewing-single film		\$10.19	\$10.19	\$10.19	\$10.19
D0272	Bitewing-two films		\$18.93	\$18.93	\$19.97	\$18.93
D0274	Bitewing-four films		\$25.48	\$25.48	\$33.28	\$25.48
D0290	Posterior-anterior or lateral skull and facial bone survey film		\$67.60	\$67.60	\$67.60	\$67.60
D0310	Sialography		\$67.60	\$67.60	\$67.60	\$67.60
D0330	Panoramic Film		\$67.60	\$47.32	\$56.16	\$47.32
D0340	Cephalometric film		\$83.20	\$62.40	\$62.40	\$62.40
D1110	Prophylaxis - adult		\$36.40	\$36.40	\$44.10	\$36.40
D1120	Prophylaxis - child		\$26.00	\$26.00	\$30.37	\$26.00
D1203	Topical application of fluoride (prophylaxis not included)-child		\$4.16	\$4.16	\$4.16	\$4.16
D1204	Topical application of fluoride (prophylaxis not included)-adult		\$4.16	\$4.16	\$4.16	\$4.16
		only for 2, 3, 14, 15, 18, 19, 30, 31				
D1351	Sealant – per tooth		\$24.32	\$24.32	\$29.74	\$24.32
D1510	Space maintainer - fixed lateral		\$115.44	\$115.44	\$144.77	\$115.44
D1515	Space maintainer - fixed bilateral		\$149.76	\$149.76	\$187.20	\$149.76
D1550	Recementation of space maintainer		\$31.20	\$31.20	\$45.34	\$31.20
D2140	Amalgam – 1 surface, Primary or permanent	1-32, A-T	\$38.53	\$38.53	\$43.89	\$38.53
D2150	Amalgam – 2 surfaces, primary, permanent	1-32, A-T	\$50.02	\$50.02	\$53.87	\$50.02
D2160	Amalgam – 3 surfaces, primary, permanent	1-32, A-T	\$60.63	\$60.63	\$65.73	\$60.63
D2161	Amalgam - 4 or more surfaces, primary, permanent	1-32, A-T	\$66.90	\$66.90	\$81.54	\$66.90
D2330	Resin-based composite-one surface, anterior	Only 6-11, 22-27 (DS) only C-H, M-R (DP)	\$42.95	\$42.95	\$49.34	\$42.95
D2330	Resin-based composite-one surface, anterior	Only 6-11, 22-27 (DS) only C-H, M-R (DP)	\$34.36	\$34.36	\$41.77	\$34.36
D2331	Resin-based composite-two surfaces, anterior	Only 6-11, 22-27 (DS) only C-H, M-R (DP)	\$65.73	\$65.73	\$75.88	\$65.73
D2331	Resin-based composite-two surfaces, anterior	Only 6-11, 22-27 (DS) only C-H, M-R (DP)	\$52.58	\$52.58	\$60.74	\$52.58
D2332	Resin-based composite-three surfaces, anterior	Only 6-11, 22-27 (DS) only C-H, M-R (DP)	\$76.96	\$76.96	\$97.01	\$76.96
D2332	Resin-based composite-three surfaces, anterior	Only 6-11, 22-27 (DS) only C-H, M-R (DP)	\$61.57	\$61.57	\$81.37	\$61.57
D2335	Resin-based composite-four or more surfaces or involving incisal angle, anterior	Only 6-11, 22-27 (DS) only C-H, M-R (DP)	\$85.80	\$85.80	\$117.31	\$85.80
D2335	Resin-based composite-four or more surfaces or involving incisal angle, anterior	Limited to tooth numbers 4-13 and 20-29 Limited to tooth numbers 2, 3, 14, 15, 18, 19, 30, 31.	\$234.00	\$234.00	\$234.00	\$234.00
D2752	Crown-porcelain fused to noble metal	Limited to tooth numbers 2, 3, 14, 15, 18, 19, 30, 31.	\$234.00	\$234.00	\$234.00	\$234.00
D2792	Crown-full cast noble metal	1-32 and A-T Limited to tooth numbers 2, 3, 14, 15, 18, 19, 30, 31.	\$28.08	\$28.08	\$28.08	\$28.08
D2910	Recement Inlay, onlay or partial coverage restorator	Limited to tooth numbers 2, 3, 14, 15, 18, 19, 30, 31.	\$28.08	\$28.08	\$28.08	\$28.08
D2920	Recement Crown	only A-T	\$74.36	\$74.36	\$78.04	\$74.36
D2930	Prefabricated stainless steel crown-primary tooth	only 2 thru 15, 18 thru 31	\$80.60	\$80.60	\$101.50	\$80.60
D2931	Stainless Steel Crown/ Prefabricated stainless steel crown-permanent tooth	only 4 through 13, 20 through 29.	\$46.80	\$46.80	\$46.80	\$46.80
D2932	Prefabricated resin crown	only 1-32	\$62.40	\$62.40	\$62.40	\$62.40
D2950	Core buildup - including any pins	only 1-32	\$15.60	\$15.60	\$15.60	\$15.60
D2951	Pin retention-per tooth, in addition	only 1-32	\$96.72	\$96.72	\$96.72	\$96.72
D2952	Post and core in addition to crown, indirectly fabricated	only 1-32	\$74.88	\$74.88	\$74.88	\$74.88
D2954	Prefabricated post and core in addition to crown	only 1-32	\$74.88	\$74.88	\$74.88	\$74.88
D2970	Temporary Crown (fractured tooth)	only 4 through 13, 20 through 29.	\$46.80	\$46.80	\$46.80	\$46.80
D3220	Therapeutic pulpotomy (excluding final restoration)	Only A-T	\$91.52	\$67.60	\$67.60	\$67.60
D3310	Anterior (excluding final restoration)	6-11, 22-27	\$260.00	\$260.00	\$260.00	\$473.20
D3320	Bicuspid (excluding final restoration)	4-5, 12-13, 20-21, 28-29	\$338.00	\$338.00	\$338.00	\$535.60
D3330	Molar (excluding final restoration)	2-3, 14-15, 18-19,30-31	\$416.00	\$416.00	\$416.00	\$650.00
D3351	Apexification/recalcification-initial visit	2-15, 18-31	\$80.29	\$80.29	\$80.29	\$80.29
D3352	Apexification/recalcification-interim medication preplacement	2-15, 18-31	\$36.40	\$36.40	\$74.96	\$36.40
D3353	Apexification/recalcification-final visit	2-15, 18-31	\$36.40	\$36.40	\$74.96	\$36.40
D5110	Complete denture-maxillary		\$500.00	\$500.00	\$500.00	\$500.00
D5110	Complete denture-maxillary		\$520.00	\$520.00	\$520.00	\$520.00

Proc Code	Description Codes	Tooth Range (only for differential)	Oral Surgeon	General Dentist	Pedo Fee Schedule	Endo Fee Schedule
			Fee Schedule	Fee Schedule		
D5120	Complete denture-mandibular		\$500.00	\$500.00	\$500.00	\$500.00
D5120	Complete denture-mandibular		\$520.00	\$520.00	\$520.00	\$520.00
D5130	Immediate denture-maxillary		\$416.00	\$416.00	\$416.00	\$416.00
D5130	Immediate denture-maxillary		\$500.00	\$500.00	\$500.00	\$500.00
D5140	Immediate denture-mandibular		\$416.00	\$416.00	\$416.00	\$416.00
D5140	Immediate denture-mandibular		\$500.00	\$500.00	\$500.00	\$500.00
D5211	Maxillary partial denture-resin base		\$416.00	\$416.00	\$416.00	\$416.00
D5211	Maxillary partial denture-resin base		\$500.00	\$500.00	\$500.00	\$500.00
D5212	Mandibular partial denture-resin base		\$416.00	\$416.00	\$416.00	\$416.00
D5212	Mandibular partial denture-resin base		\$500.00	\$500.00	\$500.00	\$500.00
D1555	Removal of fixed space maintainer					
D5213	Maxillary partial denture-cast metal framework with resin denture bases		\$500.00	\$500.00	\$500.00	\$500.00
D5213	Maxillary partial denture-cast metal framework with resin denture bases		\$520.00	\$520.00	\$520.00	\$520.00
D5214	Mandibular partial denture-cast metal framework with resin denture bases		\$500.00	\$500.00	\$500.00	\$500.00
D5214	Mandibular partial denture-cast metal framework with resin denture bases		\$520.00	\$520.00	\$520.00	\$520.00
D5410	Adjust complete denture - maxillary		\$41.81	\$41.81	\$41.81	\$41.81
D5411	Adjust complete denture - mandibular		\$37.44	\$37.44	\$37.44	\$37.44
D5421	Adjust partial denture - maxillary		\$28.08	\$28.08	\$28.08	\$28.08
D5422	Adjust partial denture - mandibular		\$26.21	\$26.21	\$26.21	\$26.21
D5510	Repair broken complete denture base		\$43.68	\$43.68	\$43.68	\$43.68
D5520	Replace missing or broken teeth-complete denture (each tooth)		\$49.92	\$49.92	\$49.92	\$49.92
D5610	Repair resin denture base		\$45.43	\$45.43	\$45.43	\$45.43
D5620	Repair cast framework		\$49.92	\$49.92	\$49.92	\$49.92
D5630	Repair or replace broken clasp		\$49.92	\$49.92	\$49.92	\$49.92
D5640	Replace broken teeth-per tooth		\$43.68	\$43.68	\$43.68	\$43.68
D5650	Add tooth to existing partial denture		\$72.80	\$72.80	\$72.80	\$72.80
D5660	Add clasp to existing partial denture		\$42.01	\$42.01	\$42.01	\$42.01
D5710	Rebase complete maxillary denture		\$135.20	\$135.20	\$135.20	\$135.20
D5711	Rebase complete mandibular denture		\$135.20	\$135.20	\$135.20	\$135.20
D5720	Rebase maxillary partial denture		\$90.95	\$90.95	\$90.95	\$90.95
D5721	Rebase mandibular partial denture		\$90.95	\$90.95	\$90.95	\$90.95
D5750	Reline complete maxillary denture (laboratory)		\$140.40	\$140.40	\$140.40	\$140.40
D5751	Reline complete mandibular denture (laboratory)		\$145.60	\$145.60	\$145.60	\$145.60
D5760	Reline maxillary partial denture (laboratory)		\$116.48	\$116.48	\$116.48	\$116.48
D5761	Reline mandibular partial denture (laboratory)		\$121.68	\$121.68	\$121.68	\$121.68
D7140	Extraction, erupted tooth or exposed root	Tooth # A-T	\$46.80	\$46.80	\$46.80	\$46.80
D7140	Extraction, erupted tooth or exposed root	Tooth #1 - 32	\$67.60	\$67.60	\$67.60	\$67.60
	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone	1-32 and A-T	\$171.60	\$145.60	\$145.60	\$145.60
D7220	Removal of impacted tooth-soft tissue	1-32 and A-T	\$213.20	\$167.44	\$167.44	\$167.44
D7230	Removal of impacted tooth-partially bony	1-32 and A-T	\$301.60	\$245.44	\$245.44	\$245.44
	Removal of impacted tooth-completely bony with unusual surgical complications	1-32 and A-T	\$364.00	\$302.64	\$302.64	\$302.64
D7241	Surgical removal of impacted tooth-completely bony	1-32 and A-T	\$302.64	\$302.64	\$302.64	\$302.64
D7250	Surgical removal of residual tooth roots (cutting procedure)		\$234.00	\$99.84	\$99.84	\$99.84
D7260	Oroantral fistula closure		\$312.00	\$99.84	\$99.84	\$99.84
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	1-32	\$286.00	\$98.80	\$98.80	\$98.80
		Limited to cases approved for orthodontic coverage, 2 thru 15, 18 thru 31				
D7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	2-15, 18-31	\$303.68	\$156.00	\$156.00	\$156.00
D7283	Placement of device to facilitate eruption of impacted tooth.	2-15, 18-31	\$83.00	\$78.00	\$78.00	\$78.00
D7285	Biopsy of oral tissue-hard (bone, tooth)	1-32	\$195.52	\$78.00	\$78.00	\$78.00
D7286	Biopsy of oral tissue-soft	1-32, A-T	\$195.52	\$78.00	\$78.00	\$78.00
D7310	Alveoloplasty in conjunction with extractions-four or more teeth or tooth spaces, per quadrant		\$197.60	\$93.60	\$93.60	\$93.60
D7311	Alveoloplasty in conjunction with extractions- four or more teeth or tooth spaces, per quadrant.		\$124.80	\$36.40	\$36.40	\$36.40
D7320	Alveoloplasty not in conjunction with extractions-per quadrant		\$241.28	\$78.00	\$78.00	\$78.00
D7321	Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant		\$156.00	\$31.20	\$31.20	\$31.20
D7410	Radical excision-lesion diameter up to 1.25 cm		\$104.00	\$104.00	\$104.00	\$104.00
D7510	Incision and drainage of abscess-intraoral soft tissue	1-32	\$104.00	\$62.40	\$76.96	\$62.40
	Incision and drainage of abscess-intraoral soft tissue-complicated (includes drainage of multiple fascial spaces)		\$166.40	\$62.40	\$62.40	\$62.40
D7520	Incision and drainage of abscess-extraoral soft tissue	1-32	\$104.00	\$55.33	\$76.96	\$62.40
D7970	Excision of hyperplastic tissue- per arch		\$208.00	\$208.00	\$208.00	\$208.00
D7971	Excision of pericornal gingiva		\$124.80	\$32.03	\$94.43	\$32.03

Proc Code	Description Codes	Tooth Range (only for differential)	Oral Surgeon Fee Schedule	General Dentist Fee Schedule	Pedo Fee Schedule	Endo Fee Schedule
D9110	Palliative Treatment/Palliative (emergency) treatment of dental pain-minor procedure	1-32, A-T	\$74.88	\$59.28	\$59.28	\$59.28
D9230	Analgesia, Anxiolysis, inhalation of nitrous oxide		\$55.99	\$55.99	\$58.24	\$55.99
D9241	Intravenous sedation/analgnesia-first 30 minutes		\$218.40	\$208.00	\$208.00	\$208.00
D9242	Intravenous sedation/analgnesia-each additional 15 minutes		\$52.00	\$52.00	\$52.00	\$52.00
D9310	Consultation-diagnostic service provided by dentist or physician other than requesting dentist or physician		\$66.56		\$66.56	\$66.56