

Proc. Code	Description	Tooth Range (only for differential)	General Dentist Fee Schedule	Endo Fee Schedule	Pedo Fee Schedule	Oral Surgeon Fee Schedule
D0120	PERIODIC ORAL EVALUATION		\$37.60	\$37.60	\$38.14	
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED		\$37.60	\$37.60	\$38.14	\$42.97
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT		\$37.60	\$37.60	\$38.14	\$37.60
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)		\$75.00		\$75.00	
D0220	INTRAORAL-PERIAPICAL-FIRST FILM		\$16.25	\$16.25	\$18.57	\$24.76
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM		\$11.95	\$11.95	\$16.17	\$23.90
D0272	BITEWINGS-TWO FILMS		\$26.00	\$26.00	\$27.43	
D0274	BITEWINGS-FOUR FILMS		\$43.15		\$56.36	
D0330	PANORAMIC FILM		\$75.00		\$89.01	\$107.14
D1110	PROPHYLAXIS - ADULT (age 15 and above)		\$51.38		\$61.57	
D1120	PROPHYLAXIS - CHILD (birth through age 14)		\$33.68		\$40.41	
D1203	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - CHILD (birth through age 14)		\$5.37		\$5.37	
D1204	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - ADULT (age 15 through 20)		\$5.37		\$5.37	
D1351	SEALANT-PER TOOTH	2, 3, 14, 15, 18, 19, 30, 31	\$38.25		\$46.77	
D1510	SPACE MAINTAINER-FIXED UNILATERAL		\$180.00		\$291.89	
D1515	SPACE MAINTAINER-FIXED BILATERAL		\$240.75		\$300.94	
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	Tooth # 1-32	\$55.00		\$62.65	
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	Tooth # A-T	\$55.00		\$59.91	
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	Tooth # 1-32	\$65.00		\$70.00	
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	Tooth # A-T	\$65.00		\$70.28	
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	Tooth # 1-32	\$85.00		\$92.15	
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	Tooth # A-T	\$85.00		\$97.42	
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	Tooth # 1-32	\$85.00		\$103.60	
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	Tooth # A-T	\$85.00		\$104.96	
D2330	RESIN-ONE SURFACE, ANTERIOR	Tooth # 6-11, 22-27	\$64.45		\$74.04	
D2330	RESIN-ONE SURFACE, ANTERIOR	Tooth # C-H, M-R	\$64.45		\$78.35	
D2331	RESIN-TWO SURFACES, ANTERIOR	Tooth # 6-11, 22-27	\$98.80		\$114.06	
D2331	RESIN-TWO SURFACES, ANTERIOR	Tooth # C-H, M-R	\$98.80		\$114.13	
D2332	RESIN-THREE SURFACES, ANTERIOR	Tooth # 6-11, 22-27	\$126.80		\$159.83	
D2332	RESIN-THREE SURFACES, ANTERIOR	Tooth # C-H, M-R	\$126.80		\$167.58	
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	Tooth # 6-11, 22-27	\$126.80		\$173.37	
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	Tooth # C-H, M-R	\$126.80		\$159.68	
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	2-15,18-31	\$562.35			
D2792	CROWN-FULL CAST NOBLE METAL	2-15,18-31	\$562.35			
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	Only A-T	\$100.00		\$104.95	
D2950	CORE BUILD-UP, INCLUDING ANY PINS	2-15,18-31	\$140.00	\$140.00	\$140.00	
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP...	2-15,18-31	\$157.35		\$157.35	
D3220	ANTERIOR (EXCLUDING FINAL RESTORATION)	Only A-T	\$85.05		\$85.05	
D3310	BICUSPID (EXCLUDING FINAL RESTORATION)	6-11, 22-27	\$300.70	\$547.88	\$300.70	
D3320	MOLAR (EXCLUDING FINAL RESTORATION)	4, 5, 12, 13, 20, 21, 28, 29	\$389.50	\$593.47	\$389.50	
D3330	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	2, 3, 14, 15, 18, 19, 30, 31	\$500.00	\$786.92	\$500.00	
D7140	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL OF BONE AND/OR SECTION OF TOOTH	1-32 and A-T	\$72.00	\$72.00	\$72.00	\$72.00
D7210	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	1-32 and A-T	\$155.35	\$155.35	\$155.35	\$171.60
D7250			\$184.55		\$184.55	
D9110			\$63.25	\$63.25	\$63.25	