

ADA Code	Procedure Description	Dental Fee Schedule
Diagnostic Services		
D0110 and D0180	Initial Oral Examination	\$ 41.00
D0120	Periodic Oral Examination—two per year	\$ 21.00
D0140	Emergency or Problem Focused Oral Examination	\$ 41.00
D0150	Comprehensive Oral Examination	\$ 41.00
D0210	Intraoral-Complete Including Bitewings	\$ 68.00
D0220	Intraoral-Periapical—First Film	\$ 15.00
D0230	Intraoral-Periapical—Each Add. Film	\$ 13.00
D0240	Intraoral-Occlusal, Film	\$ 23.00
D0250	Extraoral—First Film	\$ 27.00
D0260	Extraoral—Each Additional Film	\$ 24.00
D0270	Bitewing—Single Film	\$ 16.00
D0272	Bitewings—Two Films	\$ 23.00
D0273	Bitewings—Three Films	\$ 26.00
D0274	Bitewings—Four Films	\$ 33.00
D0290	Posteroanter	\$ 37.00
D0310	Sialography	\$ 8.00
D0322	Tomographic Survey	\$ 75.00
D0330	Panoramic Film	\$ 63.00
D0340	Cephalometric Film	\$ 69.00
D0410	Bacteriologic Studies for Path Agents	\$ 24.00
D0415	Bacteriologic Studies for Path Agents	\$ 15.00
D0460	Pulp Vitality Tests	\$ 38.00
D0470	Diagnostic Casts	\$ 59.00
D0471	Diagnostic Photographs	\$ 27.00
D0474	Assession of Tissue Gross and Microscopic Examination	\$ 66.00
D0502	Other Oral Pathology Procedures	\$ 57.00
Preventive Services		
D1110	Dental Prophylaxis Adults—two per year	\$ 48.00
D1120	Dental Prophylaxis Children—two per year	\$ 37.00
D1201	Topical Fluoride W/Prophy-Child—two per year	\$ 51.00
D1202	Topical Fluoride W/Prophy-Adult—two per year	\$ 58.00
D1203	Topical Fluoride W/O Prophy-Child—two per year	\$ 21.00
D1204	Topical Fluoride W/O Prophy-Adult—two per year	\$ 21.00
D1205	Topical Fluoride (Incl Prophy)-Adult—two per year	\$ 54.00
D1211	Topical Sodium Fluoride—four treatments with Prophylaxis	\$ 44.00
D1221	Topical Stannous Fluoride—one treatment with Prophylaxis	\$ 53.00
D1231	Topical Acid Fluoride Phosphate—one treatment	\$ 48.00
D1330	Oral Hygiene Instruction	\$ 34.00
D1340	Training in Preventive Dental Care	\$ 45.00

D1350	Topical Sealants—Per Quadrant	\$ 28.00
D1351	Topical Sealants—Per Tooth	\$ 31.00
D1510	Space Maintainer—Fixed—Unilateral	\$178.00
D1515	Space Maintainer—Fixed—Bilateral	\$321.00
D1525	Space Maintainer—Removable—Bilateral	\$372.00
D1550	Recementation of Space Maintainer	\$ 40.00
Restorative Services		
D2140	Amalgam—One Surface, Permanent or Primary	\$ 62.00
D2150	Amalgam—Two Surfaces, Permanent or Primary	\$ 75.00
D2160	Amalgam—Three Surfaces, Permanent or Primary	\$ 93.00
D2161	Amalgam—Four or More Surfaces, Permanent or Primary	\$110.00
D2190	Pin Retention—Exclusive of Amalgam	\$ 32.00
D2210	Silicate Cement Per Restoration	\$ 32.00
D2310	Acrylic or Plastic Restoration	\$ 51.00
D2330	Resin—One Surface, Anterior	\$ 68.00
D2331	Resin—Two Surfaces, Anterior	\$ 99.00
D2332	Resin—Three Surfaces, Anterior	\$118.00
D2334	Pin Retention—Excluding Composite Resin	\$ 21.00
D2335	Resin—4+Surf or Involving Incisal Angle	\$153.00
D2338	Composite Resin—2 Surfaces with Ultraviolet	\$ 75.00
D2390	Composite Resin Crown—Anterior Primary	\$145.00
D2391	Resin—One Surface, Posterior-Permanent or Primary	\$ 75.00
D2392	Resin—Two Surfaces, Posterior-Permanent or Primary	\$112.00
D2393	Resin—Three Surfaces, Posterior-Permanent or Primary	\$132.00
D2410	Gold Foil—One Surface	\$220.00
D2420	Gold Foil—Two Surfaces	***
D2430	Gold Foil—Three Surfaces	***
D2510	Inlay—Metallic—One Surface	\$383.00
D2520	Inlay—Metallic—Two Surfaces	\$641.00
D2530	Inlay—Metallic—Three Surfaces	\$388.00
D2535	Inlay/Onlay Gold—Three Surfaces	***
D2540	Onlay—Metallic—Per Tooth (In Add to Inlay)	\$625.00
D2610	Inlay—Porcelain/Ceramic—One Surface	\$453.00
D2620	Inlay—Porcelain/Ceramic—Two Surfaces	\$558.00
D2630	Inlay—Porcelain/Ceramic—Three Surfaces	\$559.00
D2640	Onlay—Porcelain/Ceramic-Per Tooth	\$575.00
D2650	Inlay—Composite/Resin—One Surface/Lab	\$386.00
D2651	Inlay—Composite/Resin—Two Surface/Lab	\$440.00
D2652	Inlay—Composite Resin—Three Surface/Lab	\$440.00
D2660	Onlay—Composite/Resin—Per Tooth	\$456.00
D2710	Crown—Resin (indirect)	\$237.00
D2720	Crown—Resin with High Noble Metal	\$540.00
D2721	Crown—Resin with Predominately Base Metal	\$356.00

D2722	Crown—Resin with Noble Metal	\$397.00
D2740	Crown—Porcelain/Ceramic Substrate	\$669.00
D2783	Crown—Porcelain/High Noble Metal	\$642.00
D2751	Crown—Porcelain/Predominate Base Metal	\$575.00
D2752	Crown—Porcelain/Noble Metal	\$591.00
D2790	Crown—Full Cast High Noble Metal	\$625.00
D2791	Crown—Full Cast Predom. Base Metal	\$558.00
D2792	Crown—Full Cast Noble Metal	\$591.00
D2810	Crown— Cast Metallic	\$672.00
D2830	Stainless Steel Crown	***
D2840	Temporary Crown (Fractured Tooth)	***
D2891	Cast Post/Core + Crown	***
D2892	Steel Post and Composite/Amalgam + Crown	***
D2910	Recement Inlay	\$ 58.00
D2920	Recement Crown	\$ 54.00
D2930	Prefab Stainless Steel Crown—Prim Tooth	\$149.00
D2931	Prefab Stainless Steel Crown—Perm Tooth	\$186.00
D2932	Prefab Resin Crown	\$192.00
D2933	Prefab Stainless Steel Crown with Resin Window	\$134.00
D2940	Sedative Filling	\$ 58.00
D2950	Crown Buildup, Including Any Pins	\$176.00
D2951	Pin Retention—Per Tooth (without Restoration)	\$ 4.00
D2952	Cast Post/Core(Addition to Crown)	\$267.00
D2953	Cast Post (Part of Crown)	***
D2954	Prefab Post/Core (Addition to Crown)	\$203.00
D2960	Labial Veneer (Laminate)—Chairside	\$338.00
D2961	Labial Veneer (Resin Laminate)—Laboratory	\$405.00
D2962	Labial Veneer (Porcelain Laminate)—Lab	\$469.00
D2970	Temporary (Fractured Tooth)	\$186.00
D2980	Crown Repair	\$135.00
Endodontics		
D3110	Pulp Cap-Direct (Excluding Final Restor.)	\$ 37.00
D3120	Pulp Cap-Indirect (Excluding Final Restor.)	\$ 35.00
D3220	Ther. Pulpotomy (Excluding Final Restoration)	\$ 85.00
D3310	1 Canal (Excluding Final Restoration)	\$402.00
D3320	2 Canals (Excluding Final Restoration)	\$459.00
D3330	3 Canals (Excluding Final Restoration)	\$558.00
D3340	4 + Canals (Excl Final Restoration)	***
D3346	Root Canal—Retreatment—Anterior	\$440.00
D3347	Root Canal—Retreatment—Bicuspid	\$507.00
D3348	Root Canal—Retreatment—Molar	\$625.00
D3350	Apexification/Recalcification—Per Visit	***
D3351	Apex/Recalcification—Initial Visit	\$116.00

D3352	Apex/Recalcification—Interim Medication	\$ 93.00
D3353	Apex/Recalcification—Final Visit	\$198.00
D3410	Apicoectomy—Anterior	\$388.00
D3420	Apicoectomy with Endodontic Procedure Per Root	***
D3421	Apicoectomy—Bicuspid—First Root	\$355.00
D3425	Apicoectomy—Molar—First Root	\$423.00
D3426	Apicoectomy—Each Additional Root	\$237.00
D3430	Retrograde Filling-Per Root	\$102.00
D3440	Apical Curettage	***
D3450	Root Amputation—Per Root	\$440.00
D3470	Intentional Replantation	***
D3910	Surg Prcd/Isolate Tooth with Rubber Dam	\$ 69.00
D3920	Hemisection/Incl Root Removal excluding Therapy	\$459.00
D3950	Canal Prep & Fitting of Preformed Dowel/Post	\$ 63.00
Periodontics		
D4210	Gingivectomy/Gingivoplasty—per Quadrant	\$402.00
D4211	Gingivectomy/Gingivoplasty—One to Three Teeth	\$102.00
D4220	Gingival Curettage—per Quadrant	\$135.00
D4230	Distal Wedge Resection	***
D4240	Gingival Flap Prcdr (with Root Plan-Four or More Teeth)	\$473.00
D4241	Gingival Flap Prcdr (with Root Plan-One to Three Teeth)	\$390.00
D4249	Crown Lengthening—Hard and Soft Tissue	\$540.00
D4250	Muco-Gingival Surgery—Per Quadrant	\$372.00
D4260	Osseous Surg (with Flap Entry and Closure) 4 or More Teeth	\$658.00
D4261	Osseous Surg (with Flap Entry and Closure) 1-3 Teeth	\$635.00
D4265	Biologic Materials to Aid in Tissue Regeneration	***
D4270	Pedicle Soft Tissue Graft Procedure	\$575.00
D4271	Free Soft Tissue Graft Procedure	\$561.00
D4340	Periodontal Scaling & Root Planing—Mouth	***
D4341	Periodontal Scaling & Root Planing-Four or More Teeth	\$132.00
D4342	Periodontal Scaling & Root Planning-One to Three Teeth	\$110.00
D4910	Periodontal Maint Following Active Therapy	\$ 64.00
D4920	Unscheduled Dress (By O/T Treating Dentist)	\$ 15.00
Prosthodontics (Removable)		
D5110	Complete Upper	\$652.00
D5120	Complete Lower	\$599.00
D5130	Immediate Upper	\$810.00
D5140	Immediate Lower	\$777.00
D5211	Upper Partial—Resin Base	\$624.00
D5212	Lower Partial—Resin Base	\$626.00
D5213	Upper Partial—Metal Base & Resin Saddles	\$642.00

D5214	Lower Partial—Metal Base & Resin Saddles	\$666.00
D5215	U Prtl H Nbl Bse Acrl Sdl Covtnl Clsp/Rst	***
D5216	L Prtl H Nbl Bse Acrl Sdl Convtnl Clsp/Rst	***
D5281	Rmvbl Unlt Prtl one PC Bse Cst—Clsp W/Pontic	\$430.00
D5410	Adjust Complete Denture—Upper	\$ 41.00
D5411	Adjust Complete Denture—Lower	\$ 35.00
D5421	Adjust Partial Denture—Upper	\$ 48.00
D5422	Adjust Partial Denture—Lower	\$ 41.00
D5510	Repair Broken Complete Denture Base	\$ 91.00
D5520	Replace Missing or Broken Teeth/Each Tooth	\$ 72.00
D5610	Repair Acrylic Saddle or Base	\$ 102.00
D5620	Repair Cast Framework	\$ 102.00
D5630	Repair or Replace Broken Clasp	\$ 95.00
D5640	Replace Broken Teeth—Per Tooth	\$ 80.00
D5650	Add Tooth to Existing Partial Denture	\$ 108.00
D5660	Add Clasp to Existing Partial Denture	\$ 108.00
D5710	Rebase Complete Upper Denture	\$ 249.00
D5711	Rebase Complete Lower Denture	\$ 276.00
D5720	Rebase Partial Upper Denture	\$ 261.00
D5721	Rebase Partial Lower Denture	\$ 279.00
D5730	Reline Complete Upper Denture—Office	\$ 199.00
D5731	Reline Complete Lower Denture—Office	\$ 186.00
D5740	Reline Partial Upper Denture—Office	\$ 153.00
D5741	Reline Partial Lower Denture—Office	\$ 186.00
D5750	Reline Complete Upper Denture—Laboratory	\$ 237.00
D5751	Reline Complete Lower Denture—Laboratory	\$ 237.00
D5760	Reline Partial Upper Denture—Laboratory	\$ 199.00
D5761	Reline Partial Lower Denture—Laboratory	\$ 220.00
D5810	Temporary Complete Denture (Upper)	\$ 305.00
D5811	Temporary Complete Denture (Lower)	\$ 268.00
D5820	Temporary Partial—Stayplate Denture (Upper)	\$ 261.00
D5821	Temporary Partial—Stayplate Denture (Lower)	\$ 270.00
D5850	Tissue Conditioning—Upper Unit	\$ 102.00
D5851	Tissue Conditioning—Lower Unit	\$ 72.00
D5860	Overdenture Complete	\$1,350.00
D5861	Overdenture Partial	\$ 733.00
D5862	Precision Attachment	\$ 311.00
Maxillofacial Prosthetics		
D5911	Facial Moulage	***
Prosthodontics (Fixed)		
D6010	Endosteal Implant	\$1,013.00

D6020	Abutment Placement	\$ 258.00
D6040	Epotheal Implant	\$ 675.00
D6055	Implant Connecting Bar	\$ 316.00
D6080	Implant Maintenance Procedures	\$ 68.00
D6100	Implant Removal, by Report	\$ 170.00
D6210	Pontic-Cast High Noble Metal	\$ 608.00
D6211	Pontic-Cast Predominately Base Metal	\$ 473.00
D6212	Pontic—Cast Noble Metal	\$ 566.00
D6240	Pontic—Porcelain/High Noble Metal	\$ 665.00
D6241	Pontic—Porcelain/Predominately Base Metal	\$ 507.00
D6242	Pontic—Porcelain/Nobe Metal	\$ 558.00
D6245	Pontic—Porcelain/Ceramic Substrate	***
D6250	Pontic—Resin/High Noble Metal	\$ 710.00
D6251	Pontic—Resin/Predominately Base Metal	\$ 491.00
D6252	Pontic—Resin/Noble Metal	\$ 435.00
D6540	Inlay—Metallic—Onlaying Cusps	\$ 312.00
D6545	Cast Metal Retainer for Acid Etch Bridge	\$ 296.00
D6547	Retainer—Ceramic Substrate for Acid Etch	***
D6606	Inlay-Metallic-Two Surfaces	\$ 373.00
D6607	Inlay-Metallic-Three or More Surfaces	\$ 423.00
D6720	Crown—Resin with High Noble Metal	\$ 528.00
D6721	Crown—Resin with Predominately Base Metal	\$ 542.00
D6722	Crown—Resin with Noble Metal	\$ 393.00
D6750	Crown—Porcelain/High Noble Metal	\$ 669.00
D6751	Crown—Porcelain/Predominately Base Metal	\$ 507.00
D6752	Crown—Porcelain/Noble Metal	\$ 562.00
D6780	Crown— Cast High Noble Metal	\$ 450.00
D6790	Crown—Full Cast High Noble Metal	\$ 612.00
D6791	Crown—Full Cast Predominantly Base Metal	\$ 507.00
D6792	Crown—Full Cast Noble Metal	\$ 523.00
D6930	Recement Fixed Partial Denture	\$ 81.00
D6940	Stress Breaker	\$ 182.00
D6950	Precision Attachment	\$ 237.00
D6970	Cast Post/Core in Addition to Bridge Retainer	\$ 286.00
D6971	Cast Post as Part of Bridge Retainer	***
D6972	Prefab Post/Core in Addition to Bridge Retainer	\$ 153.00
D6973	Retainer Crown Buildup, Including Pins	\$ 197.00
D6975	Coping—Metal	\$ 251.00
D6980	Bridge Repair	\$ 186.00
Oral Surgery		
D7111	Single Tooth Extraction	\$ 72.00
D7120	Each Additional Tooth Extraction	\$ 67.00
D7140	Extraction Erupted Tooth or Root Removal	\$ 102.00
D7210	Surgical Removal Of Erupted Tooth	\$ 135.00

D7220	Removal of Impacted Tooth/Soft Tissue	\$ 186.00
D7230	Removal of Impacted Tooth/Partially Bony	\$ 224.00
D7240	Removal of Impacted Tooth/Completely Bony	\$ 253.00
D7241	Removal Impct The Cmplt Bwy with Unusual Complectns	\$ 372.00
D7250	Surgical Removal of Residual Tooth Roots	\$ 153.00
D7260	Oral Antral Fistula Closure	\$ 321.00
D7280	Surgical Access of an Unerupted Tooth	***
D7281	Srg Exposr Impct/Unerpt Tooth/Aid Eruption	\$ 288.00
D7285	Biopsy of Oral Tissue—Hard	\$ 151.00
D7286	Biopsy of Oral Tissue—Soft	\$ 220.00
D7290	Surgical Repositioning of Teeth	***
D7291	Transseptal Fiberotomy	\$ 43.00
D7310	Alveoplasty in Conjunct with Extract/Quad	\$ 170.00
D7320	Alveoplasty not in Conjunct with Extract/Quad	\$ 170.00
D7340	Vestibuloplasty—Rdg Extension Epithel	\$ 284.00
D7350	Vestibuloplasty—Rdg Extension with Gft-Reatch	\$ 414.00
D7410	Radical Excision—Lesion DIA Up to 1.25 CM.	\$ 197.00
D7411	Radical Excision—Lesion DIA Over 1.25 CM.	\$ 237.00
D7440	Exc Malig Tumor—Lesion DIA up to 1.25 CM.	***
D7441	Exc Malig Tumor—Lesion DIA over 1.25 CM.	***
D7450	Rmvl Odontogenic Cyst/Tumor Up to 1.25 CM.	\$ 440.00
D7451	Rmvl Odontogenic Cyst/Tumor Over 1.25 CM.	\$ 298.00
D7460	Rmvl Nonodontogenic Cyst/Tumor Up to 1.25 CM.	\$ 230.00
D7461	Rmvl Nonodontogenic Cyst/Tumor Over 1.25 CM.	\$ 575.00
D7465	Destroy Les By Elctsr/Chmtpy/Cryotpy Etc	\$ 61.00
D7471	Removal Of Extosis—Maxilla or Mandible	\$ 440.00
D7485	Surgical Reduction Osseous Tuberosity	***
D7490	Radical Resection/Mandible With Bone Graft	***
D7510	Incision and Drainage of Abscess/Intraoral	\$ 116.00
D7520	Incision and Drainage of Abscess/Extraoral	\$ 87.00
D7530	Rmvl Foreign Bdy Skn/Subcutaneous Areolar Tis	\$ 71.00
D7540	Rmvl Reaction Produc Foreign Bodies-Mus/Skl	***
D7550	Partial Ostectomy for Removal of Non-Vital Bone	\$ 216.00
D7560	Maxillary Sinusotomy For Removal Th Frgmt/Fb	***
D7610	Maxilla Fracture Open Red Teeth Immobilized	***
D7620	Maxilla Fracture Closed Red Teeth Immobilized	***
D7630	Mandible Fracture Open Red Teeth Immobilized	***
D7640	Mandible Fracture Closed Red Teeth Immobilized	***
D7650	Malar/Zygomatic Arch—Open Reduction	***
D7660	Malar/Zygomatic Arch—Closed Reduction	***
D7670	Alveolus Closed Reduction May Include Stabilization	***
D7671	Alveolus Open Reduction May Include Stabilization	***
D7680	Facial Bones—Complete Red with Fix/Mult Surg Appr	***
D7710	Maxilla—Open Reduction (Treatment of Fracture)	***
D7720	Maxilla—Clsd Reduction (Treatment of Fracture)	***

D7730	Mandible—Opn Reduction (Treatment of Fracture)	***
D7740	Mandible—Closed Reduction (Treatment of Fracture)	***
D7750	Malar/Zygomatic Arch—Opn Red (Treatment of Fracture)	***
D7760	Malar/Zygomatic Arch—Clsd Red (Treatment of Fracture)	***
D7770	Alveolus Open Reduction Stabilization	***
D7771	Alveolus Closed Reduction Stabilization	***
D7780	Facial Bones—Cmpl Red with Fix/Mult Surg Appr	***
D7810	Open Reduction of Dislocation	\$ 107.00
D7820	Closed Reduction of Dislocation	\$ 193.00
D7910	Suture of Recent Small Wounds Up to 5 CM.	\$ 85.00
D7911	Suture—Up to 5 CM.	\$ 45.00
D7912	Suture—Over 5 CM.	***
D7920	Skin Grafts	***
D7940	Osteoplasty—For Orthognathic	***
D7941	Osteotomy—Ramus, Closed	***
D7942	Osteotomy—Ramus, Open	***
D7943	Osteotomy—Ramus, Open W/Bone Graft	***
D7944	Osteotomy—Seg/Subapical Per Sext/Quad	***
D7945	Osteotomy—Body of Mandible	***
D7946	Lefort I (Maxilla-Total)	***
D7947	Lefort I (Maxilla-Segmented)	***
D7948	Lefort II/III—without Bone Graft	***
D7949	Lefort II or III with Bone Graft	\$ 540.00
D7950	Osseous/Ostprstl/Ctlg Gft Mndbl Auto/NonAuto	\$ 502.00
D7955	Rpr Maxillofacial Soft and Hard Tissue Defcts	\$ 264.00
D7960	Frenulectomy—Separate Procedure	\$ 305.00
D7970	Excision of Hyperplastic Tissue—per Arch	\$ 305.00
D7971	Excision of Pericoronal Gingiva	\$ 108.00
D7980	Sialolithotomy	***
D7981	Excision of Salivary Gland	***
D7982	Sialodochoplasty	***
D7983	Closure of Salivary Fistula	***
D7990	Emergency Tracheotomy	***
D7991	Coronoidectomy	***
Adjunctive Dental Services		
D9110	Palliative (Emergency) Trmt Pain Minor Prcd	\$ 58.00
D9220	Anesthesia—First 30 minutes	\$ 203.00
D9221	Anesthesia—Each additional 15 minutes	\$ 122.00
D9230	Analgesia	\$ 41.00
D9241	Intravenous Sedation	\$ 216.00
D9310	Consultation—Per Session	\$ 62.00

D9430	Office Visit/Observation Normal Hours—No Service	\$ 37.00
D9440	Office Visit—After Regular Scheduled Hours	\$ 85.00
D9930	Treatment Complications/PST Srg/Unusual Circumstances	\$ 41.00
D9940	Occlusal Guards	\$ 270.00