

**Dental General Fee Schedule  
Effective July 1, 2011**

Code	Description	0-20 Fee	21+ Fee	Max Age	Units	PA
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	22.29	0.00	20	1	N
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	11.89	8.00	999	1	N
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CARE	23.78	0.00	3	1	N
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	23.78	16.00	999	1	N
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	47.56	32.00	999	1	N
D0220	INTRAORAL-PERiapICAL-FIRST FILM	5.95	4.00	999	1	N
D0230	INTRAORAL-PERiapICAL-EACH ADDITIONAL FILM	4.46	3.00	999	10	N
D0240	INTRAORAL-OCCLUSAL FILM	11.89	8.00	999	2	N
D0250	EXTRAORAL-FIRST FILM	35.67	0.00	20	1	N
D0260	EXTRAORAL-EACH ADDITIONAL FILM	19.32	0.00	20	3	N
D0270	BITEWING-SINGLE FILM	8.92	0.00	20	1	N
D0272	BITEWINGS-TWO FILMS	13.38	0.00	20	1	N
D0274	BITEWINGS-FOUR FILMS	16.35	0.00	20	1	N
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY FILM	47.56	32.00	999	1	N
D0330	PANORAMIC FILM	44.59	30.00	999	1	N
D0340	CEPHALOMETRIC FILM	47.56	0.00	20	1	N
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	10.40	0.00	20	1	N
D0470	DIAGNOSTIC CASTS	32.70	0.00	20	1	N
D1110	PROPHYLAXIS-(AGE 12 - 20 )	26.75	0.00	12-20	1	N
D1120	PROPHYLAXIS-CHILD	20.81	0.00	0-20	1	N
D1203	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED)-CHILD	16.35	0.00	20	1	N
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARI	16.35	0.00	20	1	N
D1330	ORAL HYGIENE INSTRUCTION	8.92	0.00	20	1	N
D1351	SEALANT-PER TOOTH	19.32	0.00	20	1	N
D1510	SPACE MAINTAINER-FIXED UNILATERAL	107.01	0.00	20	3	N
D1515	SPACE MAINTAINER-FIXED BILATERAL	173.90	0.00	20	2	N
D1550	RECEMENTATION OF SPACE MAINTAINER	25.27	0.00	20	1	N

Code	Description	0-20 Fee	21+ Fee	Max Age	Units	PA
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	46.08	0.00	20	2	N
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	60.94	0.00	20	1	N
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	75.80	0.00	20	1	N
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	90.66	0.00	20	1	N
D2330	RESIN-ONE SURFACE, ANTERIOR	50.53	0.00	20	1	N
D2331	RESIN-TWO SURFACES, ANTERIOR	57.97	0.00	20	1	N
D2332	RESIN-THREE SURFACES, ANTERIOR	65.40	0.00	20	1	N
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	107.01	0.00	20	1	N
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	107.01	0.00	20	1	N
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	46.08	0.00	20	2	N
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	60.94	0.00	20	1	N
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	75.80	0.00	20	1	N
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	114.45	0.00	20	1	N
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	126.34	0.00	20	1	N
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	338.88	0.00	20	1	N
D2920	RECEMENT CROWN	25.27	0.00	20	1	N
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	101.07	0.00	20	1	N
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	101.07	0.00	20	1	N
D2932	PREFABRICATED RESIN CROWN	101.07	0.00	20	1	N
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	126.34	0.00	20	1	N
D2940	SEDATIVE FILLING	26.75	0.00	20	1	N
D2950	CORE BUILD-UP, INCLUDING ANY PINS	96.61	0.00	20	1	N
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	2.97	0.00	20	5	N
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	78.77	0.00	20	1	N
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	19.32	0.00	20	1	N
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	16.35	0.00	20	1	N
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL	74.32	0.00	20	1	N
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	44.59	0.00	20	1	N
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA	111.47	0.00	20	1	N
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FIN	126.34	0.00	20	1	N
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	219.97	0.00	20	1	N

Code	Description	0-20 Fee	21+ Fee	Max Age	Units	PA
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	282.40	0.00	20	1	N
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	349.28	0.00	20	1	N
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION;NON-SURGICAL ACCESS	74.32	0.00	20	1	N
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	46.08	0.00	20	1	N
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR	124.85	0.00	20	1	N
D3352	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE	83.23	0.00	20	1	N
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL TH	166.47	0.00	20	1	N
D3410	APICECTOMY/PERIRADICULAR SURGERY-ANTERIOR	111.47	0.00	20	1	N
D3430	RETROGRADE FILLING-PER ROOT	37.16	0.00	20	1	N
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE	156.06	0.00	20	1	N
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE	66.88	0.00	20	1	N
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH	By Report	0.00	20	1	N
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH	By Report	0.00	20	1	N
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS	169.44	0.00	20	1	N
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS	71.34	0.00	20	1	N
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	29.73	0.00	20	1	N
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	14.86	0.00	20	1	N
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	77.29	0.00	20	1	N
D5110	COMPLETE DENTURE - MAXILLARY	460.75	310.00	999	1	N
D5120	COMPLETE DENTURE - MANDIBULAR	460.75	310.00	999	1	N
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH	245.24	165.00	999	1	Y
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH	245.24	165.00	999	1	Y
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (	468.18	315.00	999	1	Y
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	468.18	315.00	999	1	Y
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	20.81	14.00	999	1	N
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	20.81	14.00	999	1	N
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	20.81	14.00	999	1	N
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	20.81	14.00	999	1	N
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	65.40	44.00	999	2	N
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	57.97	39.00	999	5	N
D5610	REPAIR RESIN DENTURE BASE	65.40	44.00	999	1	N

Code	Description	0-20 Fee	21+ Fee	Max Age	Units	PA
D5620	REPAIR CAST FRAMEWORK	69.86	47.00	999	1	N
D5630	REPAIR OR REPLACE BROKEN CLASP	83.23	56.00	999	2	N
D5640	REPLACE BROKEN TEETH-PER TOOTH	57.97	39.00	999	2	N
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	62.42	42.00	999	1	N
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	77.29	52.00	999	1	N
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	93.64	63.00	999	1	N
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	93.64	63.00	999	1	N
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	93.64	63.00	999	1	N
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	93.64	63.00	999	1	N
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	167.95	113.00	999	1	N
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	167.95	113.00	999	1	N
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	167.95	113.00	999	1	N
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	167.95	113.00	999	1	N
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	163.49	0.00	20	1	Y
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE	By Report	By Report	999	2	N
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	245.24	0.00	20	1	Y
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	40.13	0.00	20	1	N
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL	40.13	27.00	999	1	N
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLA	59.45	40.00	999	1	N
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	92.15	62.00	999	1	N
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	114.45	77.00	999	1	N
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY	117.42	79.00	999	1	N
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY, WITH UNUSUAL SURGICAL COMPLICATI	121.88	82.00	999	1	N
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	80.26	54.00	999	1	N
D7260	ORAL ANTRAL FISTULA CLOSURE	249.70	168.00	999	1	N
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	178.36	120.00	999	1	N
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLA	40.13	0.00	20	1	N
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	202.14	0.00	20	1	N
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	175.38	0.00	20	1	N
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	66.88	45.00	999	1	N
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR T	83.23	56.00	999	1	N

Code	Description	0-20 Fee	21+ Fee	Max Age	Units	PA
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	69.86	47.00	999	1	N
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	99.58	67.00	999	1	N
D7880	OCCLUSAL ORTHOTIC APPLIANCE	By Report	0.00	20	1	N
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	124.85	84.00	999	2	N
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE	By Report	By Report	999	1	N
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	564.79	0.00	20	2	Y
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	564.79	0.00	20	2	Y
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	564.79	0.00	20	2	Y
D8210	REMOVABLE APPLIANCE THERAPY	160.52	0.00	20	2	Y
D8220	FIXED APPLIANCE THERAPY	497.91	0.00	20	2	Y
D8660	PRE-ORTHODONTIC VISIT	96.61	0.00	20	1	N
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	77.29	0.00	20	1	Y
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	93.64	0.00	20	2	Y
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE	By Report	0.00	20	1	Y
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	19.32	0.00	20	1	N
D9220	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 30 MINUTES	84.72	57.00	999	1	N
D9221	DEEP SEDATION/GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES	34.18	23.00	999	3	N
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	41.62	28.00	999	1	N
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES	74.32	50.00	999	1	N
D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES	29.73	20.00	999	4	N
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	59.45	40.00	999	1	N
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER TH	26.75	0.00	20	1	N
D9420	HOSPITAL CALL	83.23	56.00	999	1	N
D9920	BEHAVIOR MANAGEMENT	35.67	0.00	20	1	N
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE	By Report	By Report	999	1	N

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