

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 |

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|-------|---|----------|---------|---------|-------|----|
| 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 |

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|-------|---|-----------|---------|---------|-------|----|
| 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 |

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|-------|---|-----------|-----------|---------|-------|----|
| 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-COMpletely BONY | 117.42 | 79.00 | 999 | 1 | N |
| D7241 | REMOVAL OF IMPACTED TOOTH-COMpletely 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 |

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|-------|---|-----------|-----------|---------|-------|----|
| 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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