

PROCEDURE FEE SHEET

Procedure Code	Procedure Description	Covered	MATERIALS FEE	Referred
D0100-D0999	DIAGNOSTIC			
D0120A	Periodic Oral Eval - Est Pt	y		
D0140A	Limited Oral Eval - Problem Focus	y		
D0150A	Comp Oral Evaluation - New/Est Pt	y		
D0170	Re-Eval-Ltd Prob Focused (Established patient)	y		
D0180	Comp Periodontal Eval (New patient)	y		
D0210	Full Mouth X-Rays	y		
D0220A	Single X-Ray	y		
D0220P	PEDO/ORTHO Single X-Ray	y		
D0230A	Additional X-Ray	y		
D0240	Intraoral Occ. X-Ray	y		
D0270A	Bitewings-Single	y		
D0272A	Bitewings-Two Films	y		
D0273	Bitewings - Three Films	y		
D0274	Bitewings-Four Films	y		
D0277	Vertical Bitewings 7 - 8 Films	y		
D0330A	Panoramic Film	y		
D0363A	Cone Beam - 3D image - One Arch	y		
D0363B	Cone Beam - 3D image - Two Arches	y		
D0470	Diag. Study Casts	y		
D1000-D1999	PREVENTIVE			
D1110	Prophylaxis - Adult (14 +)	y		
D1120	Prophylaxis- Child (13 and under)	y		
D1203	Topical Fluoride Child	y		
D1204	Topical Fluoride Adult	y		
D1206	Topical Flouride Varnish: for mod-high caries risk	y		
D1310A	Nutrition Counseling	y		
D1320	Tobacco counseling	y		
D1330A	Oral Hyg Instruction	y		
D1351A	Sealant Per Tooth	y		
D1352	PRR Preventive Resin Restoration for mod-high caries	y		
D1510A	Space Mntr Fxed Unil		y	
D1510B	Distal Shoe		y	
D1515	Space Mntr Fxd Bilat		y	
D2000-D2999	RESTORATIVE			
D2330A	Composite- Anterior One Surface (#6-12# or #22-27)	y		
D2331A	Composite Anterior -2 Surface (#6-12# or #22-27)	y		
D2332A	Composite Anterior -3 Surface (#6-12# or #22-27)	y		
D2335A	Comp- Anterior 4/More Surface (#6-12# or #22-27)	y		
D2390	Composite Anterior comp Crown (#6-12# or #22-27)	y		
D2391	Posterior Composite Resin-based comp-1 surf, post.	y		
D2392	Posterior Composite Resin-based comp-2 surf, post.	y		
D2393	Posterior Composite Resin-based comp-3 surf, post.	y		
D2394	Posterior Resin-based comp-4+surf, post.	y		

D2510	Inlay- Metallic 1 Surface		130+	
D2520	Inlay- Metallic Two Surfaces		130+	
D2530	Inlay- Metallic Three Surfaces		130+	
D2542	Onlay-Metallic-2 Surfaces		130+	
D2543	Onlay-Metallic-3 Surfaces		130+	
D2544	Onlay-Metallic-4/More Surfaces		130+	
D2610	Inlay- Porcelain/Ceramic 1 surface		100+	
D2620	Inlay- Porcelain/Ceramic 2 surface		100+	
D2630	Inlay- Porcelain/Ceramic 3 surface		100+	
D2642	Onlay- Porcelain/Ceramic 2 surface		100+	
D2643	Onlay- Porcelain/Ceramic 3 surface		100+	
D2644	Onlay- Porcelain/Ceramic 4 surface		100+	
D2740	Crown-ALL Porcelain/Ceramic substrate- NOT PFM		100+	
D2750	Crown, PFM Porcelain High Noble- for single tooth not FPD/"bridge"		150+	
D2790	Crown Full High Nobl-for single tooth not FPD/"bridge"		130+	
D2799	Provisional Crown	y		
D2910	Recement Inlay	y		
D2920A	Recement Crown	y		
D2930A	Ss Crown (Prim)	y		
D2931A	Ss Crown (Perm)	y		
D2940A	Excavate & Temporize	y		
D2950	Core Build-Up	y		
D2951	Pin Retention-Per Tooth	Y		
D2954	Post/Core Prefab Add	y		
D2960	Labial Veneer Chairside Composite	y		
D2962	Labial Veneer (Porcelain)		200+	
D2970	Temporary Crown for Fractured tooth NOT for regular crowns	y		
D2999	Restorative, By Report			
D3000- D3999	ENDODONTICS			
D3220A	Therap Pulpotomy-Rem Pulp-Appl	y		
D3220B	Pulpectomy	y		
D3230	Pulpal Therapy Primary Anterior teeth	y		
D3240	Pulpal Therapy Primary Posterior teeth	y		
D3310A	Root Canal-Anterior	y		
D3320A	Root Canal-Premolar	y		
D3330A	Root Canal-Molar	y		
D3346	Rct Retreat-Ant,Rpt*	y		R
D3347	Rct Retreat-Biscup *	y		R
D3348	Rct Retreat-Molar *	y		R
D3351	Apexification Initial	y		R
D3352	Apexif. Interim Med	y		R
D3353	Apexification-Final	y		R
D3410	Apicoectomy-Anterior			R
D3421	Apicoectomy-Biscupid			R
D3425	Apicoectomy-Molar			R
D3426	Apicoectomy-Add'L Rt			R
D3430	Retrograde Filling			R
D3450	Root Amputation			R
D3920	Hemisection			R

D4000- D4999	PERIODONTICS			
D4210	Gingivectomy/Gingivoplasty 4 or more teeth per quad	y		R
D4211	Ging/Gingivoplasty-1-3 Teeth/Quad	y		R
D4230	Anatomic Crown Exp 4 or more Teeth/Quad	y		R
D4231	Anatomic Crown Exp 1-3 Teeth/Quad	y		R
D4240	Gingival Flap Procedure 4 or more teeth per quad	y		R
D4241	Gingival Flap Proc.1-3 teethper quad, Incl Root	y		R
D4245	Apically Positioned Flap	y		R
D4249	Crown Lengthening	y		R
D4260	Osseous Surgery 4 or more teeth per quad	y		R
D4261	Osseous Surg 1-3 teeth/quad	y		R
D4263	Bone Replace Graft-1st Site,Quad	y	150+	R
D4264	Bone Replace Graft-Ea Addtl Site	y	150+	R
D4266	GTR - Resorbable Barrier/Site	y	75+	R
D4267	GTR - Nonresorbable Barrier/Site	y	75+	R
D4270	Pedicle Graft			
D4271	Free Soft Tissue Graft	y		R
D4273	Subepithelial Connective Tissue graft	y		R
D4274	Distal/Proximal Wedge	y		R
D4275	Soft Tissue Allograft			
D4276	Combined Connective Tissue And Double Pedicle graft			
D4320	Perio Splint - Intracoronal			
D4321	Perio Splint - Extracoronal			
D4341	Perio SRP 4 or more teeth/quad-	y		
D4342	Perio SRP 1-3 teeth/quad	y		
D4355A	Full Mouth Debridement	y		
D4381	Local Delivery of antimicrobial agent	y		
D4910	Perio Maintenance	y		
D4999C	Osteotome Sinus Lift	y		R
D7951	Sinus Augmentation w/bone			R
D7953	Socket Preservation Bone Replacement Graft-Per Sit	y	150+	
D5000- D5999	REMOVABLE PROSTHODONTICS			
D5110S	Comp Upper Denture - Simple	y	475	
D5120S	Comp Lower Denture - Simple	y	475	
	complete upper and lower denture	y	750	
D5211	U/Partial- Resin base (all acrylic with clasps) NOT flipper	y	lab dependent	
D5212	L/Partial- Resin Base (all acrylic with clasps) NOT flipper	y	lab dependent	
D5213S	U/Partial-Metal Base - Simple	y	lab dependent	
D5214S	L/Partial-Metal Base - Simple	y	lab dependent	
D5410TV	Upper Denture Adjust (No Fee)	y		
D5411TV	Lower Denture Adjust (No Fee)	y		
D5421TV	Upr Part Dent Adjust (No Fee)	y		
D5422TV	Lwr Part Dent Adjust (No Fee)	y		
D5410	Upper Denture Adjust after 6 months	y		
D5411	Lower Denture Adjust after 6 months	y		
D5421	Upr Part Dent Adjust after 6 months	y		
D5422	Lwr Part Dent Adjust after 6 months	y		
D5510	Rpr Brkn Dent. Base	y	lab dependent	
D5520	Rpl Brkn Tth-Denture	y	lab dependent	
D5610	Repair RPD Acrylic Resin Base	y	lab dependent	
D5620	Repair RPD Cast Framework	y	lab dependent	

D5630	Rpr/Rpl Broken Clasp	y	lab dependent	
D5640	Rpl Broken Tooth	y	lab dependent	
D5650	Add Tooth To Part Dn	y	lab dependent	
D5660	Add Clasp/Part Dent	y	lab dependent	
D5710	Rebase Comp/Upr Dent	y	lab dependent	
D5711	Rebase Comp Low Dent	y	lab dependent	
D5720	Rebase Upper Partial	y	lab dependent	
D5721	Rebase Low/Partial		lab dependent	
D5730	Chairside Hard Reline Upper Denture (NOT Coesoft)	y		
D5731	Chairside Hard Reline Lower Denture (NOT Coesoft)	y		
D5740	Chairside Hard Reline Upper Partial (NOT Coesoft)	y		
D5741	Chairside Hard Reline Lower Partial (NOT Coesoft)	y		
D5750	Lab Reline Upper Denture		128	
D5751	Lab Reline Lower Denture		128	
D5760	Lab Reline Upper Partial		128	
D5761	Lab Reline Lower Partial		128	
D5761	Lab Reline Lower Partial		128	
D5820	Interim upper partial 4 + teeth		214+	
D5820A	Interim upper partial 1-3 teeth		214+	
D5821	Interim lower partial 4 + teeth		214+	
D5821A	Interim lower partial 1-3 teeth		214+	
D5850	Tissue Cond Upper	y		
D5851	Tissue Condition Lower	y		
D5862	Precision Attachment, By Report		y	
D5899A	Personalized Tooth		y	
D6000- D6199	IMPLANT SERVICES			
D6010A	Endosseous Implant-		at cost	
D7953	Socket Preservation Bone Replacement Graft-Per Sit		150+	
D0363A	Cone Beam - 3D image - One Arch	y		
D0363B	Cone Beam - 3D image - Two Arches	y		
D6053A	Implant Denture with 2 implant locators		475	
D6054A	Implant Partial with Locator abutments		lab dependent	
D6065	Implant Crown- All Ceramic		540+	
D6066	Implant Supported PFM Crown (Porcelain Fused Metal)		540+	
D6080	Implant maintenance proc.	y		
D6199A	Implant Surg Stent		225+	
D6200- D6999	FIXED PROSTHODONTICS			
D6210	Pontic - Cast Hg Noble (GOLD)		126+	
D6240B	Pontic PFM Porc Hg/Noble		170+	
D6740	Bridge abutment Crown-Porcelain/ ALL Ceramic		99+	
D6750	Bridge Crown PFM Porc H/Noble- for Fixed Partial Denture/"Bridge" abut		170+	
D6790	Crown Full (Gold)Hg Noble- for Fixed Partial Denture/"Bridge" abut		126+	
D6920	Connector/Splint Bar P/Tth Re		lab dependent	
D6930	Recement Bridge	y		
D6980	Bridge Repair, By Report		y	

D7000- D7999	ORAL & MAXILLOFACIAL SURGERY			
D7111	Coronal Remnants - Primary / Deciduous Tooth	y		
D7140A	Extraction, Erupted Tooth	y		
D7210	Surg/Removal-Erupted- NOT impacted	y		
D7220	Surgical Removal Impacted- Soft Tissue only	y		
D7230	Surgical Removal Impacted-Partial Bony	y		
D7240	Surgical Removal Impacted-Complete Bony	y		R
D7250	Rem Residual Root	y		
D7280	Surg Access Of Unerupted tooth			R
D7283	Placement Of Device To Erupt T			R
D7285	Biopsy Hard Tissue-note add fee for path read			R
D7286	Biopsy-Soft Tissue-note add fee for path read			R
88304	SURGICAL PATHOLOGY-code/fee by path Dx			R
88305	SURGICAL PATHOLOGY-code/fee by path Dx			R
88307	SURGICAL PATHOLOGY-code/fee by path Dx			R
D7310	Alveoloplasty-Quad w/ext	y		
D7311	Alveoloplasty W/Ext, 1-3 Teeth,	y		
D7320	Alveoloplasty(Edent) (new patient already edentulous)	y		
D7321	Alveoloplasty-Edentulous No Ext, 1-3 Teeth areas	y		R
D7471A	Removal Of Lateral Exostosis per quad- usually maxillary			R
D7472	Removal Of Torus Palatinus			R
D7473	Removal Of Torus Mandibularis per quadrant			R
D7485	Surg Red Of Osseous Tuberosity			R
D7950	Monocortical Block Graft -add membrane and biological materials as necessary			R
D7951	Sinus Augmentation w/bone			R
D7953	Socket Preservation Bone Replacement Graft-Per Sit	y	150+	
D7960B	Frenectomy - Simple			R
D7970	Excise Hyperplastic tissue	y		
D7972	Surg Red Of Fibrous Tuberosity			R
D8000- D8999	ORTHODONTICS			
D8070A	Lingual Orthodontic treatment			R
D8070PS	Comp Ortho Tx,Trans - Simple PEDO			R
D8080PS	Comp Ortho Tx, Adol - Simple PEDO			R
D8090ID	COMP ORTHO, INVISALIGN, FULL			R
D8090IM	COMP ORTHO, INVISALIGN, MODERATE			R
D8090IS	COMP ORTHO, INVISALIGN, EXPRESS			R
D8090PS	Comp Ortho Tx, Adult - Simple Pedo			R
D8090S	COMP ORTHO TX, ADULT - SIMPLE			R
D8090ID	COMP ORTHO, INVISALIGN, FULL			R
D8090IM	COMP ORTHO, INVISALIGN, MODERATE			R
D8090IS	COMP ORTHO, INVISALIGN, EXPRESS			R
D8210A	Minor Tth Guid.(Rem)			R
D8210B	Rmvbl Appl Ther./Hrm			R
D8210C	Interceptive(Remov)			R
D8220A	Minor Tth Guid.(Fix)			R
D8220B	Full Arch Alignment			R
D8220C	Bilateral Molar Upri			R
D8220D	Unilateral Molar Upri			R
D8220E	Anter Align(2X4;2X6)			R
D8220F	Extrusion			R
D8220G	Fxd Appl Ther/Harmfl			R
D8220H	Interceptive(Fixed)			R

D8660	PRE-ORTHODONTIC TREATMENT (RECORDS)			R
D8999E	Unspec Ortho Proc, By Report			R
D9000- D9999	MISCELLANEOUS			
D9230A	Nitrous Oxide	y		
D9241S	IV Cons Sed - 1st 30 min-Surg			R
D9242	IV Cons Sed/Analg - add 15 min			R
D9310	Consultation-Diagnostic 2nd opinion		50-100	
D9910	Apply Desensitizing	y		
D9911A	Appl Desen Res-Cerv &/Or Root/	y		
D9940	Occlusal Guards	y		
D9941	Athletic Mouthguards	y		
D9942	Repair And/Or Reline Of Occlusal guard	y		
D9951	Occl Adjust-Limited	y		
D9951NC	Occlusal adjust- Limited No charge (post operative usually)	y		
D9952	Occl Adjust-Complete	y		
D9972	External Bleaching-Per Arch 1st time kit	y		
D9972A	Additional bleaching tray per arch			
D9973	External Bleaching-Per Tooth- ENDO usually	y		
D9110C	EMER PALLIATIVE(no other tx medicaid same day but xray OK)	y	300 if not member	