

GENERAL DENTIST FEE SCHEDULE
MOST COMMON PROCEDURES
 Effective from 01/01/2022

Category	CDT	Code Description	Price
Diagnostic	D0120	Periodic Oral Evaluation Established Patient	\$0
Diagnostic	D0140	Limited Oral Evaluation - Problem Focused	\$0
Diagnostic	D0145	Oral Eval Pt Und 3 Yr Age Cnsl W/Prim Caregiver	\$0
Diagnostic	D0150	Comp Oral Evaluation - New/Established Patient	\$0
Diagnostic	D0180	Comp Periodontal Evaluation - New/Est Patient	\$0
Diagnostic	D0210	Intraoral-Complete Series Of Radiographic Images	\$70
Diagnostic	D0220	Intraoral - Periapical First Radiographic Image	\$10
Diagnostic	D0230	Intraoral - Periapical Each Add Radiograph Image	\$9
Diagnostic	D0240	Intraoral - Occlusal Radiographic Image	\$17
Diagnostic	D0270	Bitewing - Single Radiographic Image	\$13
Diagnostic	D0272	Bitewings - Two Radiographic Images	\$18
Diagnostic	D0274	Bitewings - Four Radiographic Images	\$30
Diagnostic	D0277	Vertical Bitewings - 7 To 8 Radiographic Images	\$37
Diagnostic	D0330	Panoramic Radiographic Image	\$55
Preventive	D1110	Prophylaxis - Adult	\$50
Preventive	D1120	Prophylaxis - Child	\$35
Preventive	D1206	Topical Application Of Fluoride Varnish	\$25
Preventive	D1208	Topical Application Of Fluoride	\$19
Preventive	D1351	Sealant - Per Tooth	\$30
Restorative (Basic)	D2140	Amalgam-One Surface Primary Or Permanent	\$89
Restorative (Basic)	D2150	Amalgam-Two Surfaces Primary Or Permanent	\$114
Restorative (Basic)	D2160	Amalgam-Three Surfaces Primary Or Permanent	\$140
Restorative (Basic)	D2330	Resin-Based Composite One Surface Anterior	\$86
Restorative (Basic)	D2331	Resin-Based Composite Two Surfaces Anterior	\$107
Restorative (Basic)	D2332	Resin-Based Composite Three Surfaces Anterior	\$131
Restorative (Basic)	D2335	Resin-Based Composite 4/> Surfaces Incisal Angle	\$158
Restorative (Basic)	D2391	Resin-Based Composite - One Surface Posterior	\$90
Restorative (Basic)	D2392	Resin-Based Composite - Two Surfaces Posterior	\$120
Restorative (Basic)	D2393	Resin-Based Composite - Three Surfaces Posterior	\$140
Restorative (Basic)	D2394	Resin Compos - Four Or More Surfaces Posterior	\$169
Restorative (Basic)	D2920	Recement Crown	\$48
Restorative (Basic)	D2930	Prefabr Stainless Steel Crown - Primary Tooth	\$109
Restorative (Major)	D2740	Crown - Porcelain/Ceramic Substrate	\$670
Restorative (Major)	D2750	Crown - Porcelain Fused To High Noble Metal	\$681
Restorative (Major)	D2950	Core Buildup Including Any Pins When Required	\$109
Endodontics	D3320	Endodontic Therapy Bicuspid Tooth	\$443
Endodontics	D3330	Endodontic Therapy Molar	\$608
Periodontics	D4341	Prdntal Scaling&Root Planing 4/More Teeth-Quad	\$120
Periodontics	D4342	Prdntal Scaling&Root Planing 1-3 Teeth-Quad	\$82
Periodontics	D4910	Periodontal Maintenance	\$70
Implant Services	D6010	Surg Placement Implant Body: Endosteal Implant	\$1,127
Oral Surgery	D7140	Extraction Erupted Tooth Or Exposed Root	\$88
Oral Surgery	D7210	Extraction Eru Tooth Rqr Remv Bone &/Sectn Tooth	\$141
Oral Surgery	D7230	Removal Of Impacted Tooth - Partially Bony	\$205
Oral Surgery	D7240	Removal Of Impacted Tooth - Completely Bony	\$240
Orthodontics	D8080	Comprehensive Orthodontic Tx Adoles Dentition	\$3,228
Orthodontics	D8090	Comprehensive Orthodontic Tx Adult Dentition	\$3,329
Misc	D9110	Palliative Emergency Tx Dental Pain Minor Proc	\$47
Misc	D9222	Deep Sedation/General Anesthesia-1St 15 Minutes	\$94
Misc	D9223	Deep Sedation/General Anesthesia - Ea 15 Min	\$94
Misc	D9230	Inhalation Of Nitrous Oxide/Analgesia Anxiolysis	\$27
Misc	D9243	Intravenous Mod Sedation/Analgesia - Ea 15 Min	\$112
Misc	D9310	Consult Dx Serv Dent/Phy Not Requesting Dent/Phy	\$49

-- See following pages for full list of all procedures and related costs --



GENERAL DENTIST FEE SCHEDULE
ALL PROCEDURES
 Effective from 01/01/2022

CDT	Description	Price
DIAGNOSTIC		
D0120	Periodic Oral Evaluation - Established Patient	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0
D0145	Oral Evaluation For A Patient Under Three Years Of Age And Counseling With Primary Caregiver	\$0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	\$0
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	\$0
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	\$0
D0171	Re-Evaluation – Post-Operative Office Visit	\$0
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	\$0
D0190	Screening Of A Patient	\$0
D0191	Assessment Of A Patient	\$0
D0210	Intraoral - Complete Series Of Radiographic Images	\$70
D0220	Intraoral - Periapical First Radiographic Image	\$10
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$9
D0240	Intraoral - Occlusal Radiographic Image	\$17
D0250	Extra-Oral – 2D Projection Radiographic Image Created Using A Stationary Radiation Source, And Detector	\$24
D0251	Extra-Oral Posterior Dental Radiographic Image	\$24
D0270	Bitewing - Single Radiographic Image	\$13
D0272	Bitewings - Two Radiographic Images	\$18
D0273	Bitewings - Three Radiographic Images	\$21
D0274	Bitewings - Four Radiographic Images	\$30
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	\$37
D0310	Sialography	\$121
D0320	Temporomandibular Joint Arthrogram, Including Injection	\$405
D0321	Other Temporomandibular Joint Radiographic Images, By Report	\$84
D0322	Tomographic Survey	\$192
D0330	Panoramic Radiographic Image	\$55
D0340	2D Cephalometric Radiographic Image – Acquisition, Measurement And Analysis	\$51
D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra-Orally	\$27
D0351	3D Photographic Image	\$55
D0364	Cone Beam Ct Capture And Interpretation With Limited Field Of View – Less Than One Whole Jaw	\$313
D0365	Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch – Mandible	\$339
D0366	Cranium	\$341
D0367	Cone Beam Ct Capture And Interpretation With Field Of View Of Both Jaws; With Or Without Cranium	\$447
D0368	Cone Beam Ct Capture And Interpretation For Tmj Series Including Two Or More Exposures	\$419
D0369	Maxillofacial Mri Capture And Interpretation	\$149
D0370	Maxillofacial Ultrasound Capture And Interpretation	\$81
D0371	Sialoendoscopy Capture And Interpretation	\$216
D0380	Cone Beam Ct Image Capture With Limited Field Of View – Less Than One Whole Jaw	\$254
D0381	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch – Mandible	\$316
D0382	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch – Maxilla, With Or Without Cranium	\$330
D0383	Cone Beam Ct Image Capture With Field Of View Of Both Jaws; With Or Without Cranium	\$393
D0384	Cone Beam Ct Image Capture For Tmj Series Including Two Or More Exposures	\$338
D0385	Maxillofacial Mri Image Capture	\$267
D0386	Maxillofacial Ultrasound Image Capture	\$179
D0391	Interpretation Of Diagnostic Image By A Practitioner Not Associated With Capture Of The Image, Including Report	\$205
D0393	Treatment Simulation Using 3D Image Volume	\$100
D0394	Digital Subtraction Of Two Or More Images Or Image Volumes Of The Same Modality	\$167
D0395	Fusion Of Two Or More 3D Image Volumes Of One Or More Modalities	\$95
D0411	Hba1C In-Office Point Of Service Testing	\$201
D0412	Blood Glucose Level Test – In-Office Using A Glucose Meter	\$100
D0414	Of Written Report	\$168
D0415	Collection Of Microorganisms For Culture And Sensitivity	\$244

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ALL PROCEDURES
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CDT	Description	Price
D0416	Viral Culture	\$59
D0417	Collection And Preparation Of Saliva Sample For Laboratory Diagnostic Testing	\$199
D0418	Analysis Of Saliva Sample	\$170
D0419	Assessment Of Salivary Flow By Measurement	\$5
D0422	Collection And Preparation Of Genetic Sample Material For Laboratory Analysis And Report	\$12
D0423	Genetic Test For Susceptibility To Diseases – Specimen Analysis	\$164
D0425	Caries Susceptibility Tests	\$67
D0431	Lesions, Not To Include Cytology Or Biopsy Procedures	\$65
D0460	Pulp Vitality Tests	\$23
D0470	Diagnostic Casts	\$51
D0472	Accession Of Tissue, Gross Examination, Preparation And Transmission Of Written Report	\$211
D0473	Accession Of Tissue, Gross And Microscopic Examination, Preparation And Transmission Of Written Report	\$257
D0474	Disease, Preparation And Transmission Of Written Report	\$341
D0475	Decalcification Procedure	\$59
D0476	Special Stains For Microorganisms	\$61
D0477	Special Stains, Not For Microorganisms	\$71
D0478	Immunohistochemical Stains	\$56
D0479	Tissue In-Situ Hybridization, Including Interpretation	\$49
D0480	Accession Of Exfoliative Cytologic Smears, Microscopic Examination, Preparation And Transmission Of Written Report	\$170
D0481	Electron Microscopy	\$90
D0482	Direct Immunofluorescence	\$25
D0483	Indirect Immunofluorescence	\$30
D0484	Consultation On Slides Prepared Elsewhere	\$52
D0485	Consultation, Including Preparation Of Slides From Biopsy Material Supplied By Referring Source	\$56
D0486	Written Report	\$744
D0502	Other Oral Pathology Procedures, By Report	\$46
D0600	Enamel, Dentin, And Cementum	\$16
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	\$11
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	\$11
D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	\$11
D0604	Antigen Testing For A Public Health Related Pathogen Including Coronavirus	\$93
D0605	Antibody Testing For A Public Health Related Pathogen Including Coronavirus	\$93
D0701	Panoramic Radiographic Image – Image Capture Only	\$26
D0702	2-D Cephalometric Radiographic Image – Image Capture Only	\$25
D0703	2D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra-Orally – Image Capture Only	\$12
D0704	3D Photographic Image – Image Capture Only	\$40
D0705	Extra-Oral Posterior Dental Radiographic Image – Image Capture Only	\$10
D0706	Intraoral – Occlusal Radiographic Image – Image Capture Only	\$7
D0707	Intraoral – Periapical Radiographic Image – Image Capture Only	\$6
D0708	Intraoral – Bitewing Radiographic Image – Image Capture Only	\$7
D0709	Intraoral – Complete Series Of Radiographic Images – Image Capture Only	\$31
D0999	Unspecified Diagnostic Procedure, By Report	\$35
PREVENTATIVE		
D1110	Prophylaxis - Adult	\$50
D1120	Prophylaxis - Child	\$35
D1206	Topical Application Of Fluoride Varnish	\$25
D1208	Topical Application Of Fluoride – Excluding Varnish	\$19
D1310	Nutritional Counseling For Control Of Dental Disease	\$15
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	\$8
D1321	High-Risk Substance Use	\$9
D1330	Oral Hygiene Instructions	\$11
D1351	Sealant - Per Tooth	\$30
D1352	Preventive Resin Restoration In A Moderate To High Caries Risk Patient – Permanent Tooth	\$30



GENERAL DENTIST FEE SCHEDULE
ALL PROCEDURES
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CDT	Description	Price
D1353	Sealant Repair – Per Tooth	\$30
D1354		\$21
D1355	Caries Preventive Medicament Application – Per Tooth	\$21
D1510	Space Maintainer - Fixed, Unilateral – Per Quadrant	\$172
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$250
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$251
D1520	Space Maintainer - Removable, Unilateral - Per Quadrant	\$156
D1526	Space Maintainer - Removable - Bilateral, Maxillary	\$223
D1527	Space Maintainer - Removable - Bilateral, Mandibular	\$220
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - Maxillary	\$31
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - Mandibular	\$31
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per Quadrant	\$31
D1556	Removal Of Fixed Unilateral Space Maintainer - Per Quadrant	\$31
D1557	Removal Of Fixed Bilateral Space Maintainer - Maxillary	\$31
D1558	Removal Of Fixed Bilateral Space Maintainer - Mandibular	\$32
D1575	Distal Shoe Space Maintainer - Fixed, Unilateral - Per Quadrant	\$170
D1999	Unspecified Preventive Procedure, By Report	\$10
RESTORATIVE SERVICES		
D2140	Amalgam - One Surface, Primary Or Permanent	\$89
D2150	Amalgam - Two Surfaces, Primary Or Permanent	\$114
D2160	Amalgam - Three Surfaces, Primary Or Permanent	\$140
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	\$169
D2330	Resin-Based Composite - One Surface, Anterior	\$86
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$107
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$131
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	\$158
D2390	Resin-Based Composite Crown, Anterior	\$208
D2391	Resin-Based Composite - One Surface, Posterior	\$90
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$120
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$140
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	\$169
D2410	Gold Foil - One Surface	\$226
D2420	Gold Foil - Two Surfaces	\$369
D2430	Gold Foil - Three Surfaces	\$403
D2510	Inlay - Metallic - One Surface	\$296
D2520	Inlay - Metallic - Two Surfaces	\$336
D2530	Inlay - Metallic - Three Or More Surfaces	\$392
D2542	Onlay - Metallic - Two Surfaces	\$457
D2543	Onlay - Metallic - Three Surfaces	\$519
D2544	Onlay - Metallic - Four Or More Surfaces	\$547
D2610	Inlay - Porcelain/Ceramic - One Surface	\$373
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$428
D2630	Inlay - Porcelain/Ceramic - Three Or More Surfaces	\$483
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$488
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$511
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	\$549
D2650	Inlay - Resin-Based Composite - One Surface	\$312
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$338
D2652	Inlay - Resin-Based Composite - Three Or More Surfaces	\$405
D2662	Onlay - Resin-Based Composite - Two Surfaces	\$371
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$414
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces	\$422
D2710	Crown - Resin-Based Composite (Indirect)	\$232

GENERAL DENTIST FEE SCHEDULE
ALL PROCEDURES
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CDT	Description	Price
D2712	Crown - ¾ Resin-Based Composite (Indirect)	\$217
D2720	Crown - Resin With High Noble Metal	\$520
D2721	Crown - Resin With Predominantly Base Metal	\$437
D2722	Crown - Resin With Noble Metal	\$480
D2740	Crown - Porcelain/Ceramic	\$670
D2750	Crown - Porcelain Fused To High Noble Metal	\$681
D2751	Crown - Porcelain Fused To Predominantly Base Metal	\$671
D2752	Crown - Porcelain Fused To Noble Metal	\$673
D2753	Crown - Porcelain Fused To Titanium And Titanium Alloys	\$663
D2780	Crown - 3/4 Cast High Noble Metal	\$530
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$479
D2782	Crown - 3/4 Cast Noble Metal	\$508
D2783	Crown - 3/4 Porcelain/Ceramic	\$543
D2790	Crown - Full Cast High Noble Metal	\$689
D2791	Crown - Full Cast Predominantly Base Metal	\$669
D2792	Crown - Full Cast Noble Metal	\$681
D2794	Crown - Titanium And Titanium Alloys	\$698
D2799	Provisional Crown– Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	\$154
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	\$48
D2915	Re-Cement Or Re-Bond Indirectly Fabricated Or Prefabricated Post And Core	\$48
D2920	Re-Cement Or Re-Bond Crown	\$48
D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	\$114
D2928	Prefabricated Porcelain/Ceramic Crown – Permanent Tooth	\$126
D2929	Prefabricated Porcelain/Ceramic Crown – Primary Tooth	\$130
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$109
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$126
D2932	Prefabricated Resin Crown	\$136
D2933	Prefabricated Stainless Steel Crown With Resin Window	\$141
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$149
D2940	Protective Restoration	\$44
D2941	Interim Therapeutic Restoration – Primary Dentition	\$44
D2949	Restorative Foundation For An Indirect Restoration	\$102
D2950	Core Buildup, Including Any Pins When Required	\$109
D2951	Pin Retention - Per Tooth, In Addition To Restoration	\$26
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	\$192
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	\$115
D2954	Prefabricated Post And Core In Addition To Crown	\$134
D2955	Post Removal	\$115
D2957	Each Additional Prefabricated Post - Same Tooth	\$64
D2960	Labial Veneer (Resin Laminate) - Chairside	\$205
D2961	Labial Veneer (Resin Laminate) - Laboratory	\$325
D2962	Labial Veneer (Porcelain Laminate) - Laboratory	\$417
D2971	Additional Procedures To Construct New Crown Under Existing Partial Denture Framework	\$120
D2975	Coping	\$202
D2980	Crown Repair Necessitated By Restorative Material Failure	\$110
D2981	Inlay Repair Necessitated By Restorative Material Failure	\$89
D2982	Onlay Repair Necessitated By Restorative Material Failure	\$85
D2983	Veneer Repair Necessitated By Restorative Material Failure	\$87
D2990	Resin Infiltration Of Incipient Smooth Surface Lesions	\$256
D2999	Unspecified Restorative Procedure, By Report	\$75
ENDODONTIC SERVICES		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$32
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$32

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ALL PROCEDURES
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CDT	Description	Price
D3220	Application Of Medicament	\$75
D3221	Pulpal Debridement, Primary And Permanent Teeth	\$92
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth With Incomplete Root Development	\$75
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$115
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$146
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$390
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$443
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$608
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access	\$119
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable Or Fractured Tooth	\$162
D3333	Internal Root Repair Of Perforation Defects	\$115
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	\$469
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	\$531
D3348	Retreatment Of Previous Root Canal Therapy - Molar	\$654
D3351	Apexification/Recalcification – Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.)	\$161
D3352	Apexification/Recalcification – Interim Medication Replacement	\$99
D3353	Perforations, Root Resorption, Etc.)	\$916
D3355	Pulpal Regeneration - Initial Visit	\$161
D3356	Pulpal Regeneration - Interim Medication Replacement	\$99
D3357	Pulpal Regeneration - Completion Of Treatment	\$206
D3410	Apicoectomy - Anterior	\$368
D3421	Apicoectomy - Premolar (First Root)	\$383
D3425	Apicoectomy - Molar (First Root)	\$432
D3426	Apicoectomy (Each Additional Root)	\$149
D3428	Bone Graft In Conjunction With Periradicular Surgery – Per Tooth, Single Site	\$234
D3429	Bone Graft In Conjunction With Periradicular Surgery – Each Additional Contiguous Tooth In The Same Surgical Site	\$222
D3430	Retrograde Filling - Per Root	\$107
D3431	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration In Conjunction With Periradicular Surgery	\$327
D3432	Guided Tissue Regeneration, Resorbable Barrier, Per Site, In Conjunction With Periradicular Surgery	\$246
D3450	Root Amputation - Per Root	\$221
D3460	Endodontic Endosseous Implant	\$711
D3470	Intentional Reimplantation (Including Necessary Splinting)	\$410
D3471	Surgical Repair Of Root Resorption – Anterior	\$88
D3472	Surgical Repair Of Root Resorption – Premolar	\$88
D3473	Surgical Repair Of Root Resorption – Molar	\$88
D3501	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Anterior	\$66
D3502	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Premolar	\$66
D3503	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Molar	\$66
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam	\$255
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$200
D3950	Canal Preparation And Fitting Of Preformed Dowel Or Post	\$123
D3999	Unspecified Endodontic Procedure, By Report	\$76
PERIODONTIC SERVICES		
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$267
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$117
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	\$124
D4230	Anatomical Crown Exposure – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$373
D4231	Anatomical Crown Exposure – One To Three Teeth Or Tooth Bounded Spaces Per Quadrant	\$277
D4240	Quadrant	\$328
D4241	Quadrant	\$158
D4245	Apically Positioned Flap	\$337
D4249	Clinical Crown Lengthening – Hard Tissue	\$459
D4260	Bounded Spaces Per Quadrant	\$580

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CDT	Description	Price
D4261	Tooth Bounded Spaces Per Quadrant	\$411
D4263	Bone Replacement Graft – Retained Natural Tooth – First Site In Quadrant	\$257
D4264	Bone Replacement Graft – Retained Natural Tooth – Each Additional Site In Quadrant	\$221
D4265	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration	\$352
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$340
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	\$398
D4268	Surgical Revision Procedure, Per Tooth	\$325
D4270	Pedicle Soft Tissue Graft Procedure	\$421
D4273	Edentulous Tooth Position In Graft	\$480
D4274	Same Anatomical Area)	\$270
D4275	Edentulous Tooth Position In Graft	\$488
D4276	Combined Connective Tissue And Double Pedicle Graft, Per Tooth	\$2,036
D4277	Tooth Position In Graft	\$508
D4278	Implant Or Edentulous Tooth Position In Same Graft Site	\$212
D4283	Contiguous Tooth, Implant Or Edentulous Tooth Position In Same Graft Site	\$414
D4285	Additional Contiguous Tooth, Implant Or Edentulous Tooth Position In Same Graft Site	\$414
D4320	Provisional Splinting - Intracoronal	\$199
D4321	Provisional Splinting - Extracoronal	\$180
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	\$120
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	\$82
D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation – Full Mouth, After Oral Evaluation	\$61
D4355	Full Mouth Debridement To Enable A Comprehensive Oral Evaluation And Diagnosis On A Subsequent Visit	\$73
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	\$68
D4910	Periodontal Maintenance	\$70
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Their Staff)	\$132
D4921	Gingival Irrigation – Per Quadrant	\$11
D4999	Unspecified Periodontal Procedure, By Report	\$50
PROSTHODONTIC SERVICES - REMOVABLE		
D5110	Complete Denture - Maxillary	\$874
D5120	Complete Denture - Mandibular	\$874
D5130	Immediate Denture - Maxillary	\$961
D5140	Immediate Denture - Mandibular	\$965
D5211	Maxillary Partial Denture – Resin Base (Including, Retentive/Clasping Materials, Rests, And Teeth)	\$500
D5212	Mandibular Partial Denture – Resin Base (Including, Retentive/Clasping Materials, Rests, And Teeth)	\$498
D5213	Rests And Teeth)	\$920
D5214	Rests And Teeth)	\$922
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$529
D5222	Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$547
D5223	Materials, Rests And Teeth)	\$851
D5224	Materials, Rests And Teeth)	\$849
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	\$600
D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	\$600
D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps And Teeth), Maxillary	\$400
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps And Teeth), Mandibular	\$400
D5284	Removable Unilateral Partial Denture – One Piece Flexible Base (Including Clasps And Teeth) – Per Quadrant	\$400
D5286	Removable Unilateral Partial Denture – One Piece Resin (Including Clasps And Teeth) – Per Quadrant	\$400
D5410	Adjust Complete Denture - Maxillary	\$36
D5411	Adjust Complete Denture - Mandibular	\$36
D5421	Adjust Partial Denture - Maxillary	\$36
D5422	Adjust Partial Denture - Mandibular	\$36
D5511	Repair Broken Complete Denture Base, Mandibular	\$105
D5512	Repair Broken Complete Denture Base, Maxillary	\$106
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	\$121

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CDT	Description	Price
D5611	Repair Resin Partial Denture Base, Mandibular	\$93
D5612	Repair Resin Partial Denture Base, Maxillary	\$93
D5621	Repair Cast Partial Framework, Mandibular	\$178
D5622	Repair Cast Partial Framework, Maxillary	\$176
D5630	Repair Or Replace Broken Retentive Clipping Materials – Per Tooth	\$114
D5640	Replace Broken Teeth - Per Tooth	\$122
D5650	Add Tooth To Existing Partial Denture	\$119
D5660	Add Clasp To Existing Partial Denture - Per Tooth	\$130
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	\$331
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	\$336
D5710	Rebase Complete Maxillary Denture	\$231
D5711	Rebase Complete Mandibular Denture	\$230
D5720	Rebase Maxillary Partial Denture	\$220
D5721	Rebase Mandibular Partial Denture	\$220
D5730	Reline Complete Maxillary Denture (Chairside)	\$146
D5731	Reline Complete Mandibular Denture (Chairside)	\$146
D5740	Reline Maxillary Partial Denture (Chairside)	\$144
D5741	Reline Mandibular Partial Denture (Chairside)	\$145
D5750	Reline Complete Maxillary Denture (Laboratory)	\$226
D5751	Reline Complete Mandibular Denture (Laboratory)	\$225
D5760	Reline Maxillary Partial Denture (Laboratory)	\$193
D5761	Reline Mandibular Partial Denture (Laboratory)	\$194
D5810	Interim Complete Denture (Maxillary)	\$324
D5811	Interim Complete Denture (Mandibular)	\$324
D5820	Interim Partial Denture (Maxillary)	\$268
D5821	Interim Partial Denture (Mandibular)	\$268
D5850	Tissue Conditioning, Maxillary	\$80
D5851	Tissue Conditioning, Mandibular	\$80
D5862	Precision Attachment, By Report	\$750
D5863	Overdenture – Complete Maxillary	\$866
D5864	Overdenture – Partial Maxillary	\$749
D5865	Overdenture – Complete Mandibular	\$877
D5866	Overdenture – Partial Mandibular	\$766
D5867	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment (Male Or Female Component)	\$292
D5875	Modification Of Removable Prosthesis Following Implant Surgery	\$583
D5876	Add Metal Substructure To Acrylic Full Denture (Per Arch)	\$175
D5899	Unspecified Removable Prosthodontic Procedure, By Report	\$245
D5911	Facial Moulage (Sectional)	\$108
D5912	Facial Moulage (Complete)	\$222
D5913	Nasal Prosthesis	\$2,348
D5914	Auricular Prosthesis	\$2,175
D5915	Orbital Prosthesis	\$9,999
D5916	Ocular Prosthesis	\$9,999
D5919	Facial Prosthesis	\$9,999
D5922	Nasal Septal Prosthesis	\$91
D5923	Ocular Prosthesis, Interim	\$9,999
D5924	Cranial Prosthesis	\$9,999
D5925	Facial Augmentation Implant Prosthesis	\$9,999
D5926	Nasal Prosthesis, Replacement	\$9,999
D5927	Auricular Prosthesis, Replacement	\$9,999
D5928	Orbital Prosthesis, Replacement	\$9,999
D5929	Facial Prosthesis, Replacement	\$9,999
D5931	Obturator Prosthesis, Surgical	\$1,526

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CDT	Description	Price
D5932	Obturator Prosthesis, Definitive	\$2,351
D5933	Obturator Prosthesis, Modification	\$226
D5934	Mandibular Resection Prosthesis With Guide Flange	\$148
D5935	Mandibular Resection Prosthesis Without Guide Flange	\$791
D5936	Obturator Prosthesis, Interim	\$396
D5937	Trismus Appliance (Not For Tmd Treatment)	\$295
D5951	Feeding Aid	\$326
D5952	Speech Aid Prosthesis, Pediatric	\$355
D5953	Speech Aid Prosthesis, Adult	\$9,999
D5954	Palatal Augmentation Prosthesis	\$236
D5955	Palatal Lift Prosthesis, Definitive	\$9,999
D5958	Palatal Lift Prosthesis, Interim	\$1,630
D5959	Palatal Lift Prosthesis, Modification	\$9,999
D5960	Speech Aid Prosthesis, Modification	\$57
D5982	Surgical Stent	\$165
D5983	Radiation Carrier	\$153
D5984	Radiation Shield	\$104
D5985	Radiation Cone Locator	\$9,999
D5986	Fluoride Gel Carrier	\$255
D5987	Commissure Splint	\$223
D5988	Surgical Splint	\$669
D5991	Vesiculobullous Disease Medicament Carrier	\$508
D5992	Adjust Maxillofacial Prosthetic Appliance, By Report	\$56
D5993	Report	\$38
D5995	Periodontal Medicament Carrier With Peripheral Seal – Laboratory Processed, Maxillary	\$158
D5996	Periodontal Medicament Carrier With Peripheral Seal – Laboratory Processed, Mandibular	\$150
D5999	Unspecified Maxillofacial Prosthesis, By Report	\$494
IMPLANT SERVICES		
D6010	Surgical Placement Of Implant Body: Endosteal Implant	\$1,127
D6011	Second Stage Implant Surgery	\$96
D6012	Surgical Placement Of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	\$1,133
D6013	Surgical Placement Of Mini Implant	\$468
D6040	Surgical Placement: Eposteal Implant	\$2,917
D6050	Surgical Placement: Transosteal Implant	\$2,451
D6051	Interim Abutment	\$302
D6055	Connecting Bar – Implant Supported Or Abutment Supported	\$1,096
D6056	Prefabricated Abutment – Includes Modification And Placement	\$340
D6057	Custom Fabricated Abutment – Includes Placement	\$488
D6058	Abutment Supported Porcelain/Ceramic Crown	\$846
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	\$860
D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	\$716
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	\$782
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$878
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$730
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$800
D6065	Implant Supported Porcelain/Ceramic Crown	\$838
D6066	Implant Supported Crown - Porcelain Fused To High Noble Alloys	\$852
D6067	Implant Supported Crown - High Noble Alloys	\$871
D6068	Abutment Supported Retainer For Porcelain/Ceramic Fpd	\$848
D6069	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (High Noble Metal)	\$859
D6070	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Predominantly Base Metal)	\$704
D6071	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Noble Metal)	\$786
D6072	Abutment Supported Retainer For Cast Metal Fpd (High Noble Metal)	\$873

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CDT	Description	Price
D6073	Abutment Supported Retainer For Cast Metal Fpd (Predominantly Base Metal)	\$731
D6074	Abutment Supported Retainer For Cast Metal Fpd (Noble Metal)	\$799
D6075	Implant Supported Retainer For Ceramic Fpd	\$832
D6076	Implant Supported Retainer For Fpd - Porcelain Fused To High Noble Alloys	\$856
D6077	Implant Supported Retainer For Metal Fpd - High Noble Alloys	\$897
D6080	And Abutments	\$109
D6081	Implant Surfaces, Without Flap Entry And Closure	\$74
D6082	Implant Supported Crown - Porcelain Fused To Predominantly Base Alloys	\$842
D6083	Implant Supported Crown - Porcelain Fused To Noble Alloys	\$849
D6084	Implant Supported Crown - Porcelain Fused To Titanium And Titanium Alloys	\$870
D6085	Provisional Implant Crown	\$152
D6086	Implant Supported Crown - Predominantly Base Alloys	\$868
D6087	Implant Supported Crown - Noble Alloys	\$875
D6088	Implant Supported Crown - Titanium And Titanium Alloys	\$890
D6090	Repair Implant Supported Prosthesis, By Report	\$292
D6091	Prosthesis, Per Attachment	\$229
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown	\$63
D6093	Re-Cement Or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$69
D6094	Abutment Supported Crown - Titanium And Titanium Alloys	\$633
D6095	Repair Implant Abutment, By Report	\$291
D6096	Remove Broken Implant Retaining Screw	\$267
D6097	Abutment Supported Crown - Porcelain Fused To Titanium And Titanium Alloys	\$781
D6098	Implant Supported Retainer - Porcelain Fused To Predominantly Base Alloys	\$881
D6099	Implant Supported Retainer For Fpd - Porcelain Fused To Noble Alloys	\$880
D6100	Implant Removal, By Report	\$307
D6101	Implant Surfaces, Including Flap Entry And Closure	\$158
D6102	Surface Cleaning Of The Exposed Implant Surfaces, Including Flap Entry And Closure	\$420
D6103	Bone Graft For Repair Of Peri-Implant Defect – Does Not Include Flap Entry And Closure	\$231
D6104	Bone Graft At Time Of Implant Placement	\$211
D6110	Implant /Abutment Supported Removable Denture For Edentulous Arch – Maxillary	\$1,438
D6111	Implant /Abutment Supported Removable Denture For Edentulous Arch – Mandibular	\$1,436
D6112	Implant /Abutment Supported Removable Denture For Partially Edentulous Arch – Maxillary	\$1,282
D6113	Implant /Abutment Supported Removable Denture For Partially Edentulous Arch – Mandibular	\$1,222
D6114	Implant /Abutment Supported Fixed Denture For Edentulous Arch – Maxillary	\$2,752
D6115	Implant /Abutment Supported Fixed Denture For Edentulous Arch – Mandibular	\$2,726
D6116	Implant /Abutment Supported Fixed Denture For Partially Edentulous Arch – Maxillary	\$2,286
D6117	Implant /Abutment Supported Fixed Denture For Partially Edentulous Arch – Mandibular	\$2,281
D6118	Implant/Abutment Supported Interim Fixed Denture For Edentulous Arch – Mandibular	\$1,316
D6119	Implant/Abutment Supported Interim Fixed Denture For Edentulous Arch – Maxillary	\$1,316
D6120	Implant Supported Retainer – Porcelain Fused To Titanium And Titanium Alloys	\$846
D6121	Implant Supported Retainer For Metal Fpd – Predominantly Base Alloys	\$868
D6122	Implant Supported Retainer For Metal Fpd – Noble Alloys	\$863
D6123	Implant Supported Retainer For Metal Fpd – Titanium And Titanium Alloys	\$884
D6190	Radiographic/Surgical Implant Index, By Report	\$111
D6191	Semi-Precision Abutment - Placement	\$337
D6192	Semi-Precision Attachment - Placement	\$84
D6194	Abutment Supported Retainer Crown For Fpd – Titanium And Titanium Alloys	\$607
D6195	Abutment Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys	\$813
D6199	Unspecified Implant Procedure, By Report	\$173
PROSTHODONTIC SERVICES - FIXED		
D6205	Pontic - Indirect Resin Based Composite	\$390
D6210	Pontic - Cast High Noble Metal	\$700
D6211	Pontic - Cast Predominantly Base Metal	\$671



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CDT	Description	Price
D6212	Pontic - Cast Noble Metal	\$681
D6214	Pontic - Titanium And Titanium Alloys	\$693
D6240	Pontic - Porcelain Fused To High Noble Metal	\$690
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	\$668
D6242	Pontic - Porcelain Fused To Noble Metal	\$670
D6243	Pontic - Porcelain Fused To Titanium And Titanium Alloys	\$666
D6245	Pontic - Porcelain/Ceramic	\$672
D6250	Pontic - Resin With High Noble Metal	\$535
D6251	Pontic - Resin With Predominantly Base Metal	\$450
D6252	Pontic - Resin With Noble Metal	\$493
D6253	Provisional Pontic - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	\$141
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	\$302
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	\$225
D6549	Retainer - For Resin Bonded Fixed Prosthesis	\$335
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$517
D6601	Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces	\$536
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	\$366
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	\$413
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$356
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	\$387
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$374
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	\$417
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$515
D6609	Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces	\$534
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$475
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	\$505
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$417
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	\$477
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$446
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	\$500
D6624	Retainer Inlay - Titanium	\$362
D6634	Retainer Onlay - Titanium	\$402
D6710	Retainer Crown - Indirect Resin Based Composite	\$397
D6720	Retainer Crown - Resin With High Noble Metal	\$540
D6721	Retainer Crown - Resin With Predominantly Base Metal	\$454
D6722	Retainer Crown - Resin With Noble Metal	\$506
D6740	Retainer Crown - Porcelain/Ceramic	\$670
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	\$688
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	\$669
D6752	Retainer Crown - Porcelain Fused To Noble Metal	\$674
D6753	Retainer Crown - Porcelain Fused To Titanium And Titanium Alloys	\$672
D6780	Retainer Crown - 3/4 Cast High Noble Metal	\$524
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$470
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$509
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$540
D6784	Retainer Crown 3/4 - Titanium And Titanium Alloys	\$508
D6790	Retainer Crown - Full Cast High Noble Metal	\$695
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$669
D6792	Retainer Crown - Full Cast Noble Metal	\$673
D6793	Provisional Retainer Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	\$153
D6794	Retainer Crown - Titanium And Titanium Alloys	\$478
D6920	Connector Bar	\$989
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	\$65

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CDT	Description	Price
D6940	Stress Breaker	\$442
D6950	Precision Attachment	\$677
D6980	Fixed Partial Denture Repair Necessitated By Restorative Material Failure	\$151
D6985	Pediatric Partial Denture, Fixed	\$1,081
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	\$87
ORAL & MAXILLOFACIAL SURGERY SERVICES		
D7111	Extraction, Coronal Remnants – Primary Tooth	\$176
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	\$88
D7210	Mucoperiosteal Flap If Indicated	\$141
D7220	Removal Of Impacted Tooth - Soft Tissue	\$163
D7230	Removal Of Impacted Tooth - Partially Bony	\$205
D7240	Removal Of Impacted Tooth - Completely Bony	\$240
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	\$321
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	\$150
D7251	Coronectomy – Intentional Partial Tooth Removal	\$308
D7260	Oroantral Fistula Closure	\$433
D7261	Primary Closure Of A Sinus Perforation	\$386
D7270	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displaced Tooth	\$213
D7272	Tooth Transplantation (Includes Reimplantation From One Site To Another And Splinting And/Or Stabilization)	\$348
D7280	Exposure Of An Unerupted Tooth	\$224
D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	\$218
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	\$210
D7285	Incisional Biopsy Of Oral Tissue-Hard (Bone, Tooth)	\$151
D7286	Incisional Biopsy Of Oral Tissue-Soft	\$148
D7287	Exfoliative Cytological Sample Collection	\$84
D7288	Brush Biopsy - Transepithelial Sample Collection	\$45
D7290	Surgical Repositioning Of Teeth	\$209
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	\$119
D7292	Placement Of Temporary Anchorage Device [Screw Retained Plate] Requiring Flap; Includes Device Removal	\$895
D7293	Placement Of Temporary Anchorage Device Requiring Flap; Includes Device Removal	\$315
D7294	Placement Of Temporary Anchorage Device Without Flap; Includes Device Removal	\$200
D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure	\$1,919
D7296	Corticotomy – One To Three Teeth Or Tooth Spaces, Per Quadrant	\$198
D7297	Corticotomy – Four Or More Teeth Or Tooth Spaces, Per Quadrant	\$205
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	\$112
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	\$112
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	\$165
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	\$165
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$1,238
D7350	Attachment And Management Of Hypertrophied And Hyperplastic Tissue)	\$3,619
D7410	Excision Of Benign Lesion Up To 1.25 Cm	\$155
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	\$229
D7412	Excision Of Benign Lesion, Complicated	\$576
D7413	Excision Of Malignant Lesion Up To 1.25 Cm	\$1,027
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	\$388
D7415	Excision Of Malignant Lesion, Complicated	\$881
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	\$1,119
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	\$2,165
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	\$941
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	\$1,700
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	\$197
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	\$384
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report	\$150

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CDT	Description	Price
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	\$281
D7472	Removal Of Torus Palatinus	\$288
D7473	Removal Of Torus Mandibularis	\$281
D7485	Reduction Of Osseous Tuberosity	\$837
D7490	Radical Resection Of Maxilla Or Mandible	\$3,270
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	\$88
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	\$257
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	\$151
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	\$215
D7530	Removal Of Foreign Body From Mucosa, Skin, Or Subcutaneous Alveolar Tissue	\$137
D7540	Removal Of Reaction Producing Foreign Bodies, Musculoskeletal System	\$283
D7550	Partial Ostectomy/Sequestrectomy For Removal Of Non-Vital Bone	\$201
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	\$2,265
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	\$1,662
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	\$1,315
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	\$1,910
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	\$3,771
D7650	Malar And/Or Zygomatic Arch - Open Reduction	\$1,496
D7660	Malar And/Or Zygomatic Arch - Closed Reduction	\$1,230
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	\$1,441
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	\$700
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical Approaches	\$2,493
D7710	Maxilla - Open Reduction	\$1,733
D7720	Maxilla - Closed Reduction	\$1,295
D7730	Mandible - Open Reduction	\$1,837
D7740	Mandible - Closed Reduction	\$1,383
D7750	Malar And/Or Zygomatic Arch - Open Reduction	\$1,580
D7760	Malar And/Or Zygomatic Arch - Closed Reduction	\$1,831
D7770	Alveolus - Open Reduction Stabilization Of Teeth	\$1,032
D7771	Alveolus, Closed Reduction Stabilization Of Teeth	\$989
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches	\$3,088
D7810	Open Reduction Of Dislocation	\$1,065
D7820	Closed Reduction Of Dislocation	\$205
D7830	Manipulation Under Anesthesia	\$641
D7840	Condylectomy	\$2,169
D7850	Surgical Discectomy, With/Without Implant	\$1,396
D7852	Disc Repair	\$1,172
D7854	Synovectomy	\$2,259
D7856	Myotomy	\$1,519
D7858	Joint Reconstruction	\$3,274
D7860	Arthrotomy	\$9,999
D7865	Arthroplasty	\$3,211
D7870	Arthrocentesis	\$256
D7871	Non-Arthroscopic Lysis And Lavage	\$402
D7872	Arthroscopy - Diagnosis, With Or Without Biopsy	\$9,999
D7873	Arthroscopy: Lavage And Lysis Of Adhesions	\$1,573
D7874	Arthroscopy: Disc Repositioning And Stabilization	\$9,999
D7875	Arthroscopy: Synovectomy	\$9,999
D7876	Arthroscopy: Discectomy	\$9,999
D7877	Arthroscopy: Debridement	\$141
D7880	Occlusal Orthotic Device, By Report	\$381
D7881	Occlusal Orthotic Device Adjustment	\$27
D7899	Unspecified Tmd Therapy, By Report	\$90

GENERAL DENTIST FEE SCHEDULE
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CDT	Description	Price
D7910	Suture Of Recent Small Wounds Up To 5 Cm	\$115
D7911	Complicated Suture - Up To 5 Cm	\$216
D7912	Complicated Suture - Greater Than 5 Cm	\$346
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)	\$930
D7921	Collection And Application Of Autologous Blood Concentrate Product	\$681
D7922	Placement Of Intra-Socket Biological Dressing To Aid In Hemostasis Or Clot Stabilization, Per Site	\$31
D7940	Osteoplasty - For Orthognathic Deformities	\$1,409
D7941	Osteotomy - Mandibular Rami	\$3,623
D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft	\$3,334
D7944	Osteotomy - Segmented Or Subapical	\$1,064
D7945	Osteotomy - Body Of Mandible	\$4,223
D7946	Lefort I (Maxilla - Total)	\$4,039
D7947	Lefort I (Maxilla - Segmented)	\$3,357
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones For Midface Hypoplasia Or Retrusion) - Without Bone Graft	\$4,144
D7949	Lefort Ii Or Lefort Iii - With Bone Graft	\$4,307
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla - Autogenous Or Nonautogenous, By Report	\$1,227
D7951	Sinus Augmentation With Bone Or Bone Substitutes Via A Lateral Open Approach	\$2,664
D7952	Sinus Augmentation Via A Vertical Approach	\$2,148
D7953	Bone Replacement Graft For Ridge Preservation - Per Site	\$214
D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue Defect	\$2,077
D7961	Buccal/Labial Frenectomy (Frenulectomy)	\$195
D7962	Lingual Frenectomy (Frenulectomy)	\$9,999
D7963	Frenuloplasty	\$224
D7970	Excision Of Hyperplastic Tissue - Per Arch	\$195
D7971	Excision Of Pericoronal Gingiva	\$91
D7972	Surgical Reduction Of Fibrous Tuberosity	\$811
D7979	Non – Surgical Sialolithotomy	\$1,250
D7980	Surgical Sialolithotomy	\$1,273
D7981	Excision Of Salivary Gland, By Report	\$283
D7982	Sialodochoplasty	\$655
D7983	Closure Of Salivary Fistula	\$476
D7990	Emergency Tracheotomy	\$493
D7991	Coronoidectomy	\$819
D7993	Surgical Placement Of Craniofacial Implant – Extra Oral	\$2,155
D7994	Surgical Placement: Zygomatic Implant	\$2,155
D7995	Synthetic Graft - Mandible Or Facial Bones, By Report	\$152
D7996	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report	\$6
D7997	Appliance Removal (Not By Dentist Who Placed Appliance), Includes Removal Of Archbar	\$514
D7998	Intraoral Placement Of A Fixation Device Not In Conjunction With A Fracture	\$392
D7999	Unspecified Oral Surgery Procedure, By Report	\$67
ORTHODONTIC SERVICES		
D8010	Limited Orthodontic Treatment Of The Primary Dentition	\$1,006
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	\$1,256
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	\$1,395
D8040	Limited Orthodontic Treatment Of The Adult Dentition	\$1,550
D8050	Interceptive Orthodontic Treatment Of The Primary Dentition	\$1,212
D8060	Interceptive Orthodontic Treatment Of The Transitional Dentition	\$1,398
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	\$2,834
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	\$3,228
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	\$3,329
D8210	Removable Appliance Therapy	\$341
D8220	Fixed Appliance Therapy	\$403
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	\$122



GENERAL DENTIST FEE SCHEDULE
ALL PROCEDURES
 Effective from 01/01/2022

CDT	Description	Price
D8670	Periodic Orthodontic Treatment Visit	\$183
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	\$373
D8681	Removable Orthodontic Retainer Adjustment	\$28
D8690	Orthodontic Treatment (Alternative Billing To A Contract Fee)	\$201
D8695	Removal Of Fixed Orthodontic Appliances For Reasons Other Than Completion Of Treatment	\$132
D8696	Repair Of Orthodontic Appliance – Maxillary	\$150
D8697	Repair Of Orthodontic Appliance – Mandibular	\$138
D8698	Re-Cement Or Re-Bond Fixed Retainer – Maxillary	\$138
D8699	Re-Cement Or Re-Bond Fixed Retainer – Mandibular	\$138
D8701	Repair Of Fixed Retainer, Includes Reattachment – Maxillary	\$132
D8702	Repair Of Fixed Retainer, Includes Reattachment – Mandibular	\$132
D8703	Replacement Of Lost Or Broken Retainer – Maxillary	\$147
D8704	Replacement Of Lost Or Broken Retainer – Mandibular	\$147
D8999	Unspecified Orthodontic Procedure, By Report	\$197
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	\$47
D9120	Fixed Partial Denture Sectioning	\$45
D9130	Temporomandibular Joint Dysfunction – Non-Invasive Physical Therapies	\$70
D9210	Local Anesthesia Not In Conjunction With Operative Or Surgical Procedures	\$14
D9211	Regional Block Anesthesia	\$13
D9212	Trigeminal Division Block Anesthesia	\$7
D9215	Local Anesthesia In Conjunction With Operative Or Surgical Procedures	\$10
D9219	Evaluation For Moderate Sedation, Deep Sedation Or General Anesthesia	\$35
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	\$94
D9223	Deep Sedation/General Anesthesia – Each Subsequent 15 Minute Increment	\$94
D9230	Inhalation Of Nitrous Oxide/Analgesia, Anxiolysis	\$27
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia- First 15 Minutes	\$111
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each Subsequent 15 Minute Increment	\$112
D9248	Non-Intravenous Conscious Sedation	\$122
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	\$49
D9311	Consultation With A Medical Health Care Professional	\$50
D9410	House/Extended Care Facility Call	\$85
D9420	Hospital Or Ambulatory Surgical Center Call	\$156
D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	\$27
D9440	Office Visit - After Regularly Scheduled Hours	\$233
D9450	Case Presentation, Detailed And Extensive Treatment Planning	\$169
D9610	Therapeutic Parenteral Drug, Single Administration	\$26
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations, Different Medications	\$36
D9613	Infiltration Of Sustained Release Therapeutic Drug – Single Or Multiple Sites	\$119
D9630	Drugs Or Medicaments Dispensed In The Office For Home Use	\$18
D9910	Application Of Desensitizing Medicament	\$23
D9911	Application Of Desensitizing Resin For Cervical And/Or Root Surface, Per Tooth	\$30
D9920	Behavior Management, By Report	\$173
D9930	Treatment Of Complications (Post-Surgical) - Unusual Circumstances, By Report	\$45
D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	\$33
D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	\$23
D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	\$30
D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	\$28
D9941	Fabrication Of Athletic Mouthguard	\$104
D9942	Repair And/Or Reline Of Occlusal Guard	\$72
D9943	Occlusal Guard Adjustment	\$36
D9944	Occlusal Guard – Hard Appliance, Full Arch	\$302
D9945	Occlusal Guard – Soft Appliance, Full Arch	\$229
D9946	Occlusal Guard – Hard Appliance, Partial Arch	\$207



GENERAL DENTIST FEE SCHEDULE
ALL PROCEDURES
 Effective from 01/01/2022

CDT	Description	Price
D9950	Occlusion Analysis - Mounted Case	\$90
D9951	Occlusal Adjustment - Limited	\$67
D9952	Occlusal Adjustment - Complete	\$218
D9961	Duplicate/Copy Patient'S Records	\$21
D9970	Enamel Microabrasion	\$189
D9971	Odontoplasty 1 - 2 Teeth; Includes Removal Of Enamel Projections	\$168
D9972	External Bleaching - Per Arch - Performed In Office	\$339
D9973	External Bleaching - Per Tooth	\$256
D9974	Internal Bleaching - Per Tooth	\$325
D9975	External Bleaching For Home Application, Per Arch; Includes Materials And Fabrication Of Custom Trays	\$60
D9986	Missed Appointment	\$21
D9987	Cancelled Appointment	\$22
D9990	Certified Translation Or Sign-Language Services – Per Visit	\$15
D9991	Dental Case Management - Addressing Appointment Compliance Barriers	\$14
D9992	Dental Case Management - Care Coordination	\$14
D9993	Dental Case Management - Motivational Interviewing	\$14
D9994	Dental Case Management - Patient Education To Improve Oral Health Literacy	\$2
D9995	Teledentistry – Synchronous; Real-Time Encounter	\$165
D9996	Teledentistry – Asynchronous; Information Stored And Forwarded To Dentist For Subsequent Review	\$170
D9997	Dental Case Management - Patients With Special Health Care Needs	\$25
D9999	Unspecified Adjunctive Procedure, By Report	\$21

Additional Information - Stipulations - Exclusions

- This plan is **NOT INSURANCE** as does not meet the minimum creditable coverage requirements under the Affordable Care Act (ACA).
- The DDA Fee Schedule is only valid through DDA participating General Dentists and payments are made directly to the provider when services are rendered unless mutually agreed upon by all parties.
- All procedures performed by a General Dentist that are not listed on the Fee Schedule shall receive a 25% reduction from the General Dentist's customary or standard fee.
- This Fee Schedule applies to General Dentists only. Dental Specialists are contracted to reduce their standard rates by 15%-20%-25%.
- Not all General Dentists perform all services listed above. Consult with your participating Dentist prior to beginning any treatment.
- DDA does not guarantee the continued participation of any dentist. If your dentist leaves the plan, you will need to select a new DDA Provider.
- Some procedures listed may require additional Lab fees and OSHA charges that are not included in listed price. All applicable Lab and OSHA fees are to be paid by the Member and are not subject to discount. All prices are exclusive of gold or other precious metals.
- Medical costs associated with any dental procedure are the member's responsibility and are not subject to discount.
- Member will not hold DDA liable for negligence of a participating provider.
- Cancellation of appointment without 24 hours notice is subject to \$30.00 cancellation fee.
- Provider Directory can be viewed at www.DirectDentalAlliance.com or call our office (800-377-2924) for assistance in locating a provider.
- Fees and services are subject to charge without prior notification to members.