

2011 Board Approved Dental Fee Schedule

CDT 2011/2012

		Current Fee Schedule
DENTAL	Procedure Description	
DIAGNOSTIC EXAMS		
D0120	PERIODIC ORAL EVALUATION	\$ 37.00
D0140	LIMITED ORAL EVALUATION	\$ 54.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER 3 YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$ 49.00
D0150	COMPREHENSIVE ORAL EVALUATION	\$ 63.00
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	\$ 50.00
X-RAYS		
D0210	INTRAORAL X-RAY - COMPLETE SERIES	\$ 96.00
D0220	INTRAORAL X-RAY - PERIAPICAL FIRST FILM	\$ 25.00
D0230	INTRAORAL X-RAY - PERIAPICAL EACH ADD'L FILM	\$ 21.00
D0240	INTRAORAL X-RAY - OCCLUSAL FILM	\$ 33.00
D0272	BITEWINGS X-RAY- TWO FILMS	\$ 36.00
D0274	BITEWINGS X-RAY - FOUR FILMS	\$ 48.00
D0330	PANORAMIC X-RAY FILM	\$ 84.00
PREVENTIVE		
D1110	PROPHYLAXIS (ADULT) - ROUTINE CLEANING	\$ 69.00
D1120	PROPHYLAXIS (CHILD) - ROUTINE CLEANING	\$ 51.00
D1203	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - CHILD	\$ 27.00
D1204	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - ADULT	\$ 28.00
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	\$ 32.00
D1330	ORAL HYGIENE INSTRUCTIONS	\$ 41.00
D1351	SEALANT - PER TOOTH	\$ 42.00
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	\$ 240.00
D1515	SPACE MAINTAINER - FIXED - BILATERAL	\$ 337.00
D1550	RE-CEMENTATION OF SPACE MAINTAINER	\$ 62.00
RESTORATIVE		
D2140	AMALGAM FILLING - ONE SURFACE, PRIMARY OR PERMANENT	\$ 96.00
D2150	AMALGAM FILLING - TWO SURFACES, PRIMARY OR PERMANENT	\$ 127.00
D2160	AMALGAM FILLING - THREE SURFACES, PRIMARY OR PERMANENT	\$ 152.00
D2161	AMALGAM FILLING - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$ 179.00
D2330	RESIN-BASED COMPOSITE FILLING - ONE SURFACE, ANTERIOR	\$ 117.00
D2331	RESIN-BASED COMPOSITE FILLING - TWO SURFACES, ANTERIOR	\$ 144.00
D2332	RESIN-BASED COMPOSITE FILLING - THREE SURFACES, ANTERIOR	\$ 177.00
D2335	RESIN-BASED COMPOSITE FILLING - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$ 224.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$ 324.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$ 131.00
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$ 172.00
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$ 214.00
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$ 252.00

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DENTAL	Procedure Description	
D2920	RECEMENT CROWN	\$ 80.00
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$ 203.00
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	\$ 245.00
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$ 295.00
D2940	SEDATIVE FILLING	\$ 83.00
D2950	CORE BUILDUP, INCLUDING ANY PINS	\$ 206.00
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$ 255.00
ROOT CANALS		
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$ 60.00
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$ 60.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	\$ 146.00
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$ 161.00
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS	\$ 260.00
D3310	ROOT CANAL ANTERIOR (EXCLUDING FINAL RESTORATION)	\$ 550.00
PERIODONTIC		
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH	\$ 473.00
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$ 191.00
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	\$ 125.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	\$ 141.00
D4910	PERIODONTAL MAINTENANCE	\$ 104.00
D5991	TOPICAL MEDICAMENT CARRIER	\$ 168.00
ORAL SURGERY		
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	\$ 98.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$ 125.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	\$ 204.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$ 237.00
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$ 299.00
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	\$ 368.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$ 227.00
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY DISPLACED TOOTH	\$ 402.00
D7285	BIOPSY OF ORAL TISSUE - HARD	\$ 287.00
D7286	BIOPSY OF ORAL TISSUE - SOFT	\$ 227.00
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	\$ 216.00
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - 1 TO 3 TEETH OR TOOTH SPACES, PER QUADRANT	\$ 236.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	\$ 315.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - 1 TO 3 TEETH OR TOOTH SPACES, PER QUADRANT	\$ 330.00
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$ 295.00
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$ 467.00
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$ 172.00
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	\$ 265.00

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Procedure Description		Current Fee Schedule
DENTAL		
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$ 219.00
D7960	FRENULECTOMY	\$ 337.00
ADJUNCTIVE SERVICES		
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN MINOR PROCEDURE	\$ 89.00
D9120	FIXED PARTIAL DENTURE SECTIONING	\$ 198.00
D9310	CONSULTATION	\$ 88.00
D9430	OFFICE VISIT FOR OBSERVATION	\$ 54.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$ 44.00
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT PER TOOTH	\$ 56.00
D9930	TREATMENT OF COMPLICATIONS (POST SURGICAL)	\$ 103.00
D9940	OCCLUSAL GUARD	\$ 445.00
D9941	FABRICATION OF ATHLETIC MOUTH GUARD	\$ 174.00
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$ 127.00

The proposed fee schedule changes for the above services are based on the National Dental Advisory Service Pricing Guide's 50th percentile for our area.

DENTURE CONTRACT SERVICES		
D5110	COMPLETE DENTURE - MAXILLARY	\$ 1,100.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$ 1,100.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$ 1,200.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$ 1,200.00
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	\$ 810.00
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$ 810.00
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$ 1,200.00
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$ 1,200.00
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE	\$ 685.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$ 66.00
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$ 66.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$ 66.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$ 66.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$ 148.00
D5520	REPLACE MISSING OR BROKEN TEETH	\$ 128.00
D5610	REPAIR RESIN DENTURE BASE	\$ 147.00
D5620	REPAIR CAST FRAMEWORK	\$ 201.00
D5630	REPAIR OR REPLACE BROKEN CLASP	\$ 184.00
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$ 128.00

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DENTAL		
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$ 155.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$ 193.00
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$ 397.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$ 398.00
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIR SIDE)	\$ 250.00
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIR SIDE)	\$ 250.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIR SIDE)	\$ 250.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIR SIDE)	\$ 250.00
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$ 350.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$ 350.00
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$ 446.00
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$ 447.00
D5850	TISSUE CONDITIONING, MAXILLARY	\$ 137.00
D5851	TISSUE CONDITIONING, MANDIBULAR	\$ 138.00

The proposed fee schedule changes for the denture services are based on the following formula:

minimum fee* + lab cost + (total cost - lab cost x % of pay) = cost for dentures

*minimum fee is a set portion of the total fee (\$50)

* for fees under \$600 no minimum fee will be charged

The above codes and fees define the basic scope of services of the 4C's Dental Clinic. As recommended by the dental director and approved by the CEO/designee, additional codes may be used when medically indicated and financially feasible.