CDT	Description	Price	Lab Fee
D0120	periodic oral evaluation - established patient	\$55	
D0140	limited oral evaluation - problem focused	\$80	
D0145	oral evaluation for patient under 3 yrs and counseling w/ primary caregiver	\$72	
D0150	comprehensive oral evaluation - new or established patient	\$94	
D0160	detailed and extensive oral evaluation - problem focused, by report	\$164	
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	, \$75	
D0171	re-evaluation - post-operative office visit	\$70	
D0180	comprehensive periodontal evaluation - new or established patient	\$102	
D0190	screening of a patient	\$84	
D0191	assessment of a patient	\$66	
D0210	intraoral - complete series of radiographic images	\$141	
D0220	intraoral - periapical first radiographic image	\$32	
D0230	intraoral - periapical each additional radiographic image	\$27	
D0240	intraoral - occlusal radiographic image	\$43	
D0250	extra-oral - 2D projection radiographic image, stationary radiation source & detect	\$66	
D0251	extra-oral posterior dental radriographic image	\$67	
D0270	bitewing - single radiographic image	\$32	
D0272	bitewings - two radiographic images	\$49	
D0272	bitewings - three radiographic images	\$59	
D0273	bitewings - four radiographic images	\$70	
D0274 D0277	vertical bitewings - 7-8 radiogrphic images	\$103	
D0277	panoramic radiographic image	\$122	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$74	
D0350 D0391	interpretation of diagnostic image by practitioner not assoc, w/ image capture, inc. report	\$223	
D0391 D0423	genetic test for suspectibility to diseases - specimen analysis	\$187	
D0425	caries susceptibility tests	\$91	
D0423	adjunctive pre-diag test for mucosal abn including premal & mal lesions, cyto or biopsy not included	\$71	
D0460	pulp vitality tests	, \$61	
D0470	diagnostic tests	\$122	
D0600	non-ionizing diagnostic procedure for changes in structure of enamel, dentin, & cementum	, \$61	
D0601	caries risk assessment and documentation, with a finding of low risk OR	\$83	
D0602	caries risk assessment and documentation, with a finding of moderate risk OR	\$77	
D0603	caries risk assessment and documentation, with a finding of high risk	\$80	
D0999	unspecified diagnostic procedure, by report	\$132	
D1110	prophylaxis - adult	\$97	
D1120	prophylaxis - child	\$73	
D1206	topical application of fluoride varnish	\$44	
		\$42	
D1208	topical application of fluoride, excluding varnish	\$42 \$69	
D1208 D1310	topical application of fluoride, excluding varnish nutritional counseling for control of dental disease	\$69	
D1208 D1310 D1320	topical application of fluoride, excluding varnish nutritional counseling for control of dental disease tobacco counseling for the control and prevention of oral disease	\$69 \$80	
D1208 D1310 D1320 D1330	topical application of fluoride, excluding varnishnutritional counseling for control of dental diseasetobacco counseling for the control and prevention of oral diseaseoral hygiene instructions	\$69	
D1208 D1310 D1320 D1330 D1348	topical application of fluoride, excluding varnishnutritional counseling for control of dental diseasetobacco counseling for the control and prevention of oral diseaseoral hygiene instructionssealant - per tooth	\$69 \$80	
D1208 D1310 D1320 D1330 D1348 D1349	topical application of fluoride, excluding varnishnutritional counseling for control of dental diseasetobacco counseling for the control and prevention of oral diseaseoral hygiene instructionssealant - per toothsealant - per tooth	\$69 \$80	
D1208 D1310 D1320 D1330 D1348 D1349 D1350	topical application of fluoride, excluding varnishnutritional counseling for control of dental diseasetobacco counseling for the control and prevention of oral diseaseoral hygiene instructionssealant - per toothsealant - per toothsealant - per tooth	\$69 \$80 \$56	
D1208 D1310 D1320 D1330 D1348 D1349 D1350 D1351	topical application of fluoride, excluding varnishnutritional counseling for control of dental diseasetobacco counseling for the control and prevention of oral diseaseoral hygiene instructionssealant - per toothsealant - per toothsealant - per toothsealant - per toothsealant - per tooth	\$69 \$80 \$56 \$56 \$61	
D1208 D1310 D1320 D1330 D1348 D1349 D1350 D1351 D1352	topical application of fluoride, excluding varnishnutritional counseling for control of dental diseasetobacco counseling for the control and prevention of oral diseaseoral hygiene instructionssealant - per toothsealant - per toothsealant - per toothsealant - per toothsealant - per toothpreventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$69 \$80 \$56 \$61 \$116	
D1208 D1310 D1320 D1330 D1348 D1349 D1350 D1351	topical application of fluoride, excluding varnishnutritional counseling for control of dental diseasetobacco counseling for the control and prevention of oral diseaseoral hygiene instructionssealant - per toothsealant - per toothsealant - per toothsealant - per toothsealant - per tooth	\$69 \$80 \$56 \$56 \$61	

CDT	Description	Price	Lab Fee
D1515	space maintainer - fixed - bilateral	\$447	
D1516	space maintainer - fixed - bilateral, maxillary	IR	\$50
D1517	space maintainer - fixed - bilateral, mandibular	IR	\$50
D1520	space maintainer - removable - unilateral	\$403	\$50
D1525	space maintainer - removable - bilateral	\$505	
D1526	space maintainer - removable - bilateral, maxillary	IR	\$50
D1527	space maintainer - removable - bilateral, mandibular	IR	
D1550	re-cement or re-bond space maintainer	\$89	
D1555	removal of fixed space maintainer	\$89	
D1575	distal shoe space maintainer - fixed - unilateral	\$373	\$50
D1999	unspecified preventive procedure, by report	\$137	
D2140	amalgam - one surface, primary or permanent	\$156	
D2150	amalgam - two surfaces, primary or permanent	\$197	
D2160	amalgam - three surfaces, primary or permanent	\$240	
D2161	amalgam - four or more surfaces, primary or permanent	\$280	
D2330	resin-based composite - one surface, anterior	\$182	
D2331	resin-based composite - two surfaces, anterior	\$220	
D2332	resin-based composite - three surfaces, anterior	\$269	
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$337	
D2390	resin-based composite crown, anterior	\$487	
D2391	resin-based composite - one surface, posterior	\$197	
D2391	resin-based composite - two surfaces, posterior	\$248	
D2392	resin-based composite - three surfaces, posterior	\$304	
D2393	resin-based composite - four or more surfaces, posterior	\$365	
D2740	crown - porcelain/ceramic	\$1,208	\$100
D2751	crown - porcelain fused to predominantly base metal	\$1,119	\$100
D2791	crown - full cast predominantly base metal	\$1,081	\$100
D2794	crown - titanium	\$1,160	\$100
02751		<i></i>	<u> </u>
D2799	provisional crown- further treatment or completion of diagnosis necessary prior to final impression	\$454	\$100
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$124	
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	\$126	
D2920	re-cement or re-bond crown	\$122	
D2921	reattachment of tooth fragment, incisal edge or cusp	\$275	
D2929	prefabricated porcelain/ceramic crown - primary tooth	\$379	
D2930	prefabricated stainless steel crown - primary tooth	\$285	
D2931	prefabricated stainless steel crown - permanent tooth	\$341	
D2932	prefabricated resin crown	\$374	
D2933	prefabricated stainless steel crown with resin window	\$375	
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	\$383	
D2940	protective restoration	\$132	
D2941	interim therapeutic restoration - primary dentition	\$197	
D2949	restorative foundation for an indirect restoration	\$234	
D2950	core buildup, including any pins when required	\$287	
D2950	pin retention - per tooth, in addition to restoration	\$80	
D2951 D2952	post and core in addition to crown, indirectly fabricated	\$434	
D2952	each additional indirectly fabricated post - same tooth	\$326	
D2955 D2954	prefabricated post and core in addition to crown	\$359	
D2954 D2955	post removal	\$313	
وروعم			
D2957	each additional prefabricated post - same tooth	\$212	

CDT	Description	Price	Lab Fee
D2960	labial veneer (resin laminate) - chairside	\$725	
D2961	labial veneer (resin laminate) - laboratory	\$1,043	\$100
D2962	labial veneer (porcelain laminate) - laboratory	\$1,218	\$150
D2971	additional procedures to construct new crown under existing partial denture framework	\$243	\$100
D2975	coping	\$642	\$50
D2990	resin infiltration of incipient smooth surface lesions	\$189	
D2999	unspecified restorative procedure, by report	\$234	
D3110	pulp cap - direct (excluding final restoration)	\$91	
D3120	pulp cap - indirect (excluding final restoration)	\$89	
	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the		
D3220	dentinocemental junction and application of medicament	\$219	
D3221	pulpal debridement, primary and permanent teeth	\$243	
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$319	
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$291	
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$318	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$799	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$913	
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$1,107	
D3331	treatment of root canal obstruction; non-surgical access	\$617	
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$470	
D3333	internal root repair of perforation defects	\$372	
	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root		
D3351	resorption, etc.)	\$388	
D3352	apexification/recalcification - interim medication replacement	\$279	
	apexification/recalcification - final visit (includes completed root canal therapy - apical		
D3353	closure/calcific repair of perforations, root resorption, etc.)	\$561	
D3470	intentional reimplantation (including necessary splinting)	\$840	
D3910	surgical procedure for isolation of tooth with rubber dam	\$249	
D3920	hemisection (including any root removal), not including root canal therapy	\$490	
D3950	canal preparation and fitting of preformed dowel or post	\$271	
D3999	unspecified endodontic procedure, by report	\$280	
	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per		
D4210	quadrant	\$657	
	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per		
D4211	quadrant	\$344	
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$295	
D4230	anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	\$842	
D4231	anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	\$635	
D4245	apically positioned flap	\$842	
D4249	clinical crown lengthening - hard tissue	\$838	
D4320	provisional splinting - intracoronal	\$548	
D4321	provisional splinting - extracoronal	\$493	
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$274	
D4342	periodontal scaling and root planing - one to three teeth per quadrant	\$200	
	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral		
D4346	evaluation	\$170	
	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent		
D4355	visit	\$192	

CDT	Description	Price	Lab Fee
	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular		
D4381	tissue, per tooth	\$112	
D4910	periodontal maintenance	\$146	
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	\$107	
D4921	gingival irrigation - per quadrant	\$70	
D4999	unspecified periodontal procedure, by report	\$134	
D5110	complete denture - maxillary	\$1,825	\$500
D5120	complete denture - mandibular	\$1,847	\$500
D5130	immediate denture - maxillary	\$1,921	\$350
D5140	immediate denture - mandibular	\$1,944	
D5211	maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	\$1,453	
D5212	mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	\$1,471	
00212	maxillary partial denture - cast metal framework with resin denture bases (including any	φ <u></u> , , , , <u>τ</u>	
D5213	conventional clasps, rests and teeth)	\$1,888	\$500
05215	mandibular partial denture - cast metal framework with resin denture bases (including any	<b>91,000</b>	
D5214	conventional clasps, rests and teeth)	\$1,891	\$500
D5214	maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$1,685	\$300
D5225	mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$1,685	
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$1,058	\$350
D5282	removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	IR	\$350
D5283	removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	IR	\$350
D5410	adjust complete denture - maxillary	\$95	
D5411	adjust complete denture - mandibular	\$94	
D5421	adjust partial denture - maxillary	\$94	
D5422	adjust partial denture - mandibular	\$94	
D5511	repair broken complete denture base, mandibular	\$228	\$100
D5512	repair broken complete denture base, maxillary	\$229	\$100
D5520	replace missing or broken teeth - complete denture (each tooth)	\$206	
D5611	repair resin partial denture base, mandibular	\$224	
D5612	repair resin partial denture base, maxillary	\$223	\$100
D5621	repair cast partial framework, mandibular	\$311	\$100
D5622	repair cast partial framework, maxillary	\$312	\$100
D5630	repair or replace broken retentive clasping materials - per tooth	\$288	\$100
D5640	replace broken teeth - per tooth	\$206	\$100
D5650	add tooth to existing partial denture	\$243	\$100
D5660	add clasp to existing partial denture - per tooth	\$290	\$100
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	\$793	
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$798	\$250
D5710	rebase complete maxillary denture	\$633	
D5711	rebase complete mandibular denture	\$633	\$250
D5720	rebase maxillary partial denture	\$610	\$250
D5721	rebase mandibular partial denture	\$608	\$250
D5730	reline complete maxillary denture (chairside)	\$402	\$75
D5731	reline complete maximaly denture (chairside)	\$398	\$75
D5740	reline maxillary partial denture (chairside)	\$394	
D5740 D5741	reline mandibular partial denture (chairside)	\$398	\$75
D5741 D5750	reline complete maxillary denture (laboratory)	\$505	<sup>ېر</sup> \$125
D5751	reline complete mandibular denture (laboratory)	\$510	\$125
D5760	reline maxillary partial denture (laboratory)	\$494	
D5761	reline mandibular partial denture (laboratory)	\$496	\$125

CDT	Description	Price	Lab Fee
D5810	interim complete denture (maxillary)	\$931	\$300
D5811	interim complete denture (mandibular)	\$936	\$300
D5820	interim partial denture (maxillary)	\$749	\$300
D5821	interim partial denture (mandibular)	\$748	\$300
D5850	tissue conditioning, maxillary	\$219	\$50
D5851	tissue conditioning, mandibular	\$219	
D5862	precision attachment, by report	\$743	\$200
D5986	fluoride gel carrier	\$215	
	scaling and debridement in the presence of inflammation or mucositis of a single implant, including		
D6081	cleaning of the implant surfaces, without flap entry and closure	\$188	
	debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning		
D6101	of the exposed implant surfaces, including flap entry and closure	\$737	
	debridement and osseous contouring of a peri-implant defect or defects surrounding a single	-	
	implant and includes surface cleaning of the exposed implant surfaces, including flap entry and		
D6102	closure	\$948	
D6211	pontic - cast predominantly base metal	\$1,115	
D6214	pontic - titanium	\$1,184	-
D6241	pontic - porcelain fused to predominantly base metal	\$1,119	
D6245	pontic - porcelain/ceramic	\$1,197	-
D6251	pontic - resin with predominantly base metal	\$1,119	\$150
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	\$744	\$150
D6740	retainer crown - porcelain/ceramic	\$1,217	\$250
D6751	retainer crown - porcelain fused to predominantly base metal	\$1,081	\$250
D6791	retainer crown - full cast predominantly base metal	\$1,098	\$250
	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final		
D6793	impression	\$562	\$150
D6794	retainer crown - titanium	\$1,155	\$250
D6920	connector bar	\$1,100	
D6930	re-cement or re-bond fixed partial denture	\$183	
D6940	stress breaker	\$448	
D6950	precision attachment	\$676	
D6980	fixed partial denture repair necessitated by restorative material failure	\$408	\$50
D6985	pediatric partial denture, fixed	\$927	
D6999	unspecified fixed prosthodontic procedure, by report	\$435	
D7111	extraction, coronal remnants - primary tooth	\$145	
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$195	
	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including		
D7210	elevation of mucoperiosteal flap if indicated	\$299	
D7220	removal of impacted tooth - soft tissue	\$336	
D7250	removal of residual tooth roots (cutting procedure)	\$328	
D7251	coronectomy - intentional partial tooth removal	\$467	
D7260	oroantral fistula closure	, \$1,219	
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$599	
D7280	exposure of an unerupted tooth	\$514	
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$324	
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$322	
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$468	

CDT	Description	Price	Lab Fee
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$435	
D7465	destruction of lesion(s) by physical or chemical method, by report	\$421	
D7471	removal of lateral exostosis (maxilla or mandible)	\$774	
D7472	removal of torus palatinus	\$899	
D7473	removal of torus mandibularis	\$843	
D7510	incision and drainage of abscess - intraoral soft tissue	\$259	
07510	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple	7255	
D7511	fascial spaces)	\$370	
D7520	incision and drainage of abscess - extraoral soft tissue	\$504	
07520	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple		
D7521	fascial spaces)	\$665	
D7910	suture of recent small wounds up to 5 cm	\$324	
D7910 D7911	complicated suture - up to 5 cm	\$538	
D7911 D7912	complicated suture - greater than 5 cm	\$862	
D7912		- <u>200</u> 2	
D70C0	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	6477	
D7960		\$477	
D7963	frenuloplasty	\$537	
D7970	excision of hyperplastic tissue - per arch	\$539	
D7971	excision of pericoronal gingiva	\$281	
D7972	surgical reduction of fibrous tuberosity	\$754	
D7979	non - surgical sialolithotomy	IR	
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	\$349	
D8210	removable appliance therapy	\$888	
D8220	fixed appliance therapy	\$995	
D8660	pre-orthodontic treatment examination to monitor growth and development	\$420	
D8670	periodic orthodontic treatment visit	\$293	
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$519	
D8681	removable orthodontic retainer adjustment	\$143	
D8691	repair of orthodontic appliance	\$234	
D8692	replacement of lost or broken retainer	\$332	
D8693	re-cement or re-bond fixed retainer	\$310	
D8694	repair of fixed retainers, includes reattachment	\$328	
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	\$154	
D8999	unspecified orthodontic procedure, by report	\$356	
D9110	palliative (emergency) treatment of dental pain - minor procedure	\$139	
D9120	fixed partial denture sectioning	\$242	
D9210	local anesthesia not in conjunction with operative or surgical procedures	\$77	
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	\$84	
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	\$203	
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$211	
D9248	non-intravenous conscious sedation	\$324	
D0240	consultation - diagnostic service provided by dentist or physician other than requesting dentist or	64.00	
D9310	physician	\$139	
D9311	consultation with a medical health care professional	\$148	
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$83	
D9440	office visit - after regularly scheduled hours	\$186	
D9450	case presentation, detailed and extensive treatment planning	\$161	
D9610	therapeutic parenteral drug, single administration	\$109	
D9612	therapeutic parenteral drugs, two or more administrations, different medications	\$189	

CDT	Description	Price	Lab Fee
D9613	infiltration of sustained release therapeutic drug - single or multiple sites	IR	
D9630	drugs or medicaments dispensed in the office for home use	\$36	
D9910	application of desensitizing medicament	\$64	
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	\$80	
D9920	behavior management, by report	\$159	
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	\$134	
D9932	cleaning and inspection of removable complete denture, maxillary	\$66	
D9933	cleaning and inspection of removable complete denture, mandibular	\$61	
D9934	cleaning and inspection of removable partial denture, maxillary	\$61	
D9935	cleaning and inspection of removable partial denture, mandibular	\$61	
D9940	occlusal guard, by report	\$608	
D9941	fabrication of athletic mouthguard	\$277	\$100
D9942	repair and/or reline of occlusal guard	\$264	\$75
D9943	occlusal guard adjustment	\$98	
D9944	occlusal guard - hard appliance, full arch	IR	\$100
D9945	occlusal guard - soft appliance, full arch	IR	\$75
D9946	occlusal guard - hard appliance, partial arch	IR	\$75
D9950	occlusion analysis - mounted case	\$373	
D9951	occlusal adjustment - limited	\$189	
D9952	occlusal adjustment - complete	\$702	
D9961	duplicate/copy patient's records	IR	
D9970	enamel microabrasion	\$212	
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	\$178	
D9972	external bleaching - per arch - performed in office	\$328	
D9973	external bleaching - per tooth	\$244	
D9974	internal bleaching - per tooth	\$300	
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	\$274	
D9985	sales tax	IR	
D9986	missed appointment	\$48	
D9987	cancelled appointment	\$48	
D9990	certified translation or sign-language services - per visit	IR	
D9991	dental case management - addressing appointment compliance barriers	IR	
D9992	dental case management - care coordination	IR	
D9993	dental case management - motivational interviewing	IR	
D9994	dental case management - patient education to improve oral health literacy	IR	
D9999	unspecified adjunctive procedure, by report	\$124	