



Health Services for Children with Special Needs Fee Schedule

Oral Evaluations	
Clinical Oral Examination (Twice yearly unless more frequent exams Medically indicated)	
D0120 Periodic Oral Evaluation	\$ 42.00
D0140 Limited Oral Evaluation	\$ 60.00
D0150 Comprehensive Oral Evaluation	\$ 93.00
D0160 Extensive Oral Evaluation	\$ 81.00
D0170 Re-evaluation- limited, problem focused	\$ 54.00
D0180 Comprehensive Periodontal Evaluation	\$ 93.00
Radiographs	
D0210 **Full Mouth x-Rays (incls. 2 bitewings)	\$ 109.20
**At least every 3 years, more frequent if Medically necessary	
D0220 Periapical x-rays - First Film	\$ 24.00
D0230 Intraoral - Periapical - Each additional	\$ 19.20
D0240 Intraoral - Occlusal Film	\$ 34.80
D0250 Extraoral - First film (By Report)	\$ 60.00
D0260 Extraoral - each additional film (By Report)	\$ 50.00
D0270 Bitewings - Single Film	\$ 25.20
D0272 Bitewings - Two Films	\$ 48.00
D0274 Bitewings - Four Films	\$ 57.60
D0290 P.A. Film	\$ 120.00
D0330 **Panorex	\$ 96.00
**At least every 3 years, more frequent if Medically necessary	
D0340 Cephalometric Film	\$ 120.00
D0350 Oral/facial photographic images	\$ 59.00

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Tests and Examinations	
D0460 Pulp vitality tests	\$ 46.80
D0470 Diagnostic cast (Study Models)	\$ 90.00
D0474 Pathology report	\$ 150.00

PREVENTIVE

Dental Prophylaxis	
D1110 Prophy- Adult (12 upwards)	\$ 93.00
D1120 Prophy-child	\$ 56.40
At least twice annually, every 6 months, unless more frequent is Medically necessary	

Topical Flouride Treatment	
D1203 Flouride w/o prophy - Child	\$ 34.80
D1204 Flouride w/o prophy- Adult	\$ 31.20

Other Preventive Services	
D1330 Oral hygiene instructions	\$ 45.00
D1351 Sealant-through age 14	\$ 45.60
Guideline: molars only- A,B,I,J,T,S,K,L, 1,2,3,14,15,16,17,18,19,30,31,32	

Space Maintenance (Passive Appliances)	
D1510 Space maintainer- Fixed	\$ 276.00
D1515 Space maintainer- Fixed (Bilateral)	\$ 390.00
D1525 Space maintainer- removable- bilateral	\$ 390.00
D1550 Re-cementation of space maintainer	\$ 65.00

RESTORATIVE

Amalgam Restorations		
D2140	Amalgam - one surface - permanent	\$ 108.00
D2150	Amalgam - two surface - permanent	\$ 138.00
D2160	Amalgam - three surface - permanent	\$ 166.80
D2161	Amalgam - four or more surface - permanent	\$ 198.00

Resin/Composite Restoration		
D2330	Resin - one surface - anterior	\$ 127.20
D2331	Resin - two surface - anterior	\$ 162.00
D2332	Resin - three surface - anterior	\$ 198.00
D2335	Resin - four or more surface - anterior	\$ 240.00
D2391	Resin - one surface - posterior	\$ 144.00
D2392	Resin - two surface - posterior	\$ 192.00
D2393	Resin - three surface - posterior	\$ 240.00
D2394	Resin - four or more surface - posterior	\$ 283.00
Guideline: tooth to be recoded to amalgam- A,B,I,J,T,S,K,L, 1,2,3,14,15,16,17,18,19,30,31,32		

Crowns - Single Restoration		
D2710	**Crown- Acrylic Jacket	\$ 480.00
D2750	**Crown- Porcelain fused to high noble metal	\$ 600.00
D2790	**Crown- Full cast high noble metal	\$ 720.00
**Require pre-authorization. Must meet the criteria established by the administrator. Pre-op xrays and a narrative for basis of crown placement		

Other Restorative Services		
D2920	Recement Crown	\$ 90.00
D2930	Prefabricated stainless steel crown- Primary Tooth	\$ 225.00
D2940	Sedative Filling	\$ 75.00
D2950	**Core Buildup, including any pins	\$ 225.00
**Require pre-authorization. Must meet the criteria established by the administrator. Pre-op xrays and a narrative for basis of crown placement		

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Endodontics

Pulp Capping	
D3110** Pulp Cap- direct	\$ 66.00
D3120** Pulp Cap- indirect	\$ 70.00
**Procedure covered as part of the restoration/mounted pre-op xrays required	

Pulpotomy	
D3220 **Vital pulpotomy	\$ 160.80
**Pre-op & Post-op x-rays required to be submitted with claim	

Endodontic Therapy	
D3310 One Canal exclude final restoration	\$ 597.60
D3320 Two Canals exclude final restoration	\$ 709.20
D3330 Three Canals exclude final restoration	\$ 873.60
D3347 Retreatment of previous root canal therapy-bicuspid	\$ 788.40
Mounted pre-op & post-op x-rays required	
Apexification/Recalcification Procedures	
D3351 Apexification/recalcification - initial visit	\$ 297.60
D3352 Apexification/Recalcification- interim medication	\$ 214.00
D3353 Apexification/Recalcification- final visit	\$ 435.00
Mounted pre-op & post-op x-rays required	

Apicoectomy/Periapical	
D3410 Apicoectomy	\$ 560.40
D3426 Apicoectomy Each add'l root	\$ 297.60
D3430 Retrograde amalgam	\$ 216.00
Mounted pre-op & post-op x-rays required	

Periodontics

Surgical Services	
D4210 Gingivectomy or gingivoplasty- 5 or more teeth	\$ 535.20
D4211 Gingivectomy or gingivoplasty- 1 to 3 teeth	\$ 192.00
D4249 Clinical crown lengthening- hard tissue	\$ 595.20
D4263 Bone replacement graft- first site in quadrant	\$ 542.40
D4264 Bone replacement graft- each additional site in quadrant	\$ 406.80
Require pre-authorization, periodontal probing and charting along with mounted full mouth x-rays.	

Non - Surgical Services	
D4341 **Periodontal scaling/Root planing-per quad	\$ 217.20
D4355 Full mouth debridement	\$ 156.00
**X-Rays MUST be mounted appropriately when submitting for payment for these services or it will not be considered a clean claim.	

Prosthodontics

Complete Dentures	
D5110 Complete Denture- upper	\$ 1,344.00
D5120 Complete Denture - lower	\$ 1,350.00
Requires pre-authorization. Must meet criteria established by Administrators. Indicate teeth to be replaced. Indicate if initial placement if not, is it in excess of 5 years.	

Partial Denture	
D5211 Maxillary partial denture- resin base	\$ 1,005.60
D5212 Mandibular partial denture- resin base	\$ 1,005.60
D5213 Maxillary partial denture - part metal	\$ 1,440.00
D5214 Mandibular partial denture - part metal	\$ 1,440.00
Requires pre-authorization. Must meet criteria established by Administrators. Indicate teeth to be replaced. Indicate if initial placement if not, is it in excess of 5 years.	

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Repair to Dentures		
D5610	Repair resin denture base	\$ 174.00
D5640	Replace broken teeth- per tooth	\$ 150.00

Oral and Maxillofacial Surgery

Extractions		
D7140	Extraction	\$ 132.00

Surgical Extractions		
D7210	Surgical removal erupted tooth	\$ 230.40
D7220	Removal of impacted tooth- soft tissue	\$ 252.00
D7230	Removal of impacted tooth- partially bony	\$ 342.00
D7240	Removal of impacted tooth- completely bony	\$ 420.00
D7250	Surgical removal residual tooth roots(cutting proc)	\$ 420.00
Pre-op x-rays required with submission of claim		

Other Surgical Procedures		
D7270	Reimplantation of tooth w/splint	\$ 450.00
D7280	Surgical access of an unerupted tooth	\$ 409.20
D7282	Mobilization of erupted/malpositioned tooth	\$ 422.40
Pre-op x-rays required with submission of claim		
D7285	**Biopsy of oral tissue- hard	\$ 325.00
**Pre-op, Post-op x-rays & pathology report		
D7286	**Biopsy of oral tissue- soft	\$ 241.20
**Pre-op, Post-op x-rays & pathology report		

Alveoplasty		
D7310	Alveoplasty w/extraction, By Report	\$ 240.00
D7320	Alveoplasty w/o extraction, By Report	\$ 354.00

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Vestibuloplasty	
D7340 Vestibuloplasty, By Report	\$ 762.00

Removal of Tumors, Cysts and Neoplasms	
D7460 Removal of benign nonodontogenic cyst or tumor	\$ 396.00
Pathology report required	

Surgical Incision	
D7510 Incision and drainage of abscess- intraoral	\$ 186.00
D7520 Incision and drainage of abscess- extraoral	\$ 300.00
D7530 Curettage of fistulous tract	\$ 296.40

Other Repair Procedures	
D7960 Frenulectomy	\$ 375.60

Orthodontics

Limited Orthodontic Treatment	
D8010 limited orthodontic treatment of the primary dentition	\$ 55.00

Comprehensive Orthodontic	
D8070 Comprehensive ortho trtmt-transitional	\$ 3,300.00
D8080 Comprehensive ortho trmt-adolescent	\$ 3,300.00
D8090 Comprehensive ortho trtmt- adult dentition	\$ 3,300.00

Minor Treatment to Control Harmful Habits	
D8210 Removable appliance therapy	\$ 350.00
D8220 Fixed appliance therapy	\$ 400.00

Other Orthodontic Services	
D8680 Ortho retention- construction and placement of retainer (s)	\$ 150.00
D8693 Rebonding or recementing; and/or repair, as required, of fixed retainers	\$ 20.00
D8999 Consulting Assesment (separate)	\$ 150.00

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Adjunctive General Services

Unclassified Treatment	
D9110 Palliative (emergency) treatment of dental pain	\$ 102.00

Anesthesia	
D9220 General anesthesia	\$ 312.00
D9221 General anesthesia- each additional 15 minutes	\$ 134.40
D9230 Analgesia / Inhalation of nitrous oxide	\$ 75.00
D9241 Intravenous conscious sedation- first 30 min.	\$ 200.00
D9242 Intravenous conscious sedation- each additional 15 min	\$ 130.00
D9248 Non-intravenous conscious sedation	\$ 75.00
Requires credentialing for each site	

Drugs	
D9610 Therapeutic drug injection, by report	\$ 50.00

Professional Consultation	
D9310 Consultation	\$ 135.00
D9420 ** Hospital Call	\$ 200.00
D9430 Office visit for observation-no other service	\$ 81.00
** May be reported when providing treatment in hospital or ambulatory surgical center, in addition to reporting appropriate code numbers for actual services performed.	

Miscellaneous Services- DMIS	
D9920 Behavior management	\$ 70.00
D9940 Occlusal guard	\$ 48.00
D9951 Occlusion adjustment- limited	\$ 139.20
D9952 Occlusion adjustment- complete	\$ 568.80