

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 |



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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 |

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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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| 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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|---|--|---------|
| 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 |

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

| 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.