



CODE	Description	Fee
D0120	Periodic Oral Evaluation	\$ 68.00
D0140	Limited Oral Eval Prob Focused	\$ 113.00
D0145	Oral Eval Pt Under 3 Yrs, Counsel Primary	\$ 105.00
D0150	Compsve Oral Eval- New/Est Pat	\$ 119.00
D0170	Re-Evaluation- Limited	\$ 80.00
D0180	Compsve Perio Eval New/Est Pat	\$ 129.00
D0190	Screening Of A Patient	\$ 68.00
D0210	Intraoral - Complete Series Of Radiographic Images	\$ 187.00
D0220	Intraoral - Periapical First Radiographic Image	\$ 37.00
D0230	Intraoral - Periapical Each Addl Radiographic Imag	\$ 34.00
D0270	Bitewing - Single Radiographic Image	\$ 36.00
D0272	Bitewings - Two Radiographic Images	\$ 58.00
D0273	Bitewings - Three Radiographic Images	\$ 71.00
D0274	Bitewings - Four Radiographic Images	\$ 82.00
D0330	Panoramic Radiographic Image	\$ 141.00
D0350	2D Oral/Facial Photographic Image-Intraoral/Extrao	\$ 76.00
D0602	Caries Risk Assessment/Documentation - Moderate Ri	\$ 116.00
D1110	Prophylaxis - Adult	\$ 117.00
D1120	Prophylaxis - Child	\$ 81.00
D1206	Topical Application Of Fluoride Varnish	\$ 51.00
D1208	Topical Application Of Fluoride-Excluding Varnish	\$ 34.00
D1310	Nutritional Counseling	\$ 59.00
D1330	Oral Hygiene Instructions	\$ 82.00
D1351	Sealant - Per Tooth	\$ 66.00
D1352	Prev Resin Restoratn In Mod-high Caries Pt (Perman	\$ 85.00
D1353	Sealant Repair - Per Tooth	\$ 85.00
D1354	Interim Caries Arresting Medcmnt Applctn-Per Tooth	\$ 66.00
D2140	Amalgam One Surface	\$ 161.00
D2150	Amalgam Two Surface	\$ 208.00
D2160	Amalgam Three Surfaces	\$ 252.00
D2161	Amalgam Four/More Surfaces	\$ 306.00
D2330	Resin Composite One Surface Anterior	\$ 184.00
D2331	Resin Composite Two Surfaces Anterior	\$ 235.00
D2332	Resin Composite Three Surfaces Anterior	\$ 288.00
D2335	Resin Composite Four/More Surf Anterior	\$ 340.00
D2391	Resin Composite One Surface Posterior	\$ 216.00
D2391A	Resin Composite One Surface Posterior	\$ -
D2392	Resin Composite Two Surfaces Posterior	\$ 282.00
D2393	Resin Composite Three Surfaces Posterior	\$ 351.00
D2394	Resin Composite Four/More Surfaces Posterior	\$ 430.00
D2740	Crown Porcelain/Ceramic	\$ 1,390.00
D2750M2	Reline Complete Max Dent Lab-Medicaid	\$ 148.27
D2751	Crown Porcelain Fused Base Metal	\$ 1,277.00



CODE	Description	Fee
D2752	Crown Porcelain Fused Noble Metal	\$ 1,308.00
D2920	Recement Or Rebond Crown	\$ 134.00
D2940	Protective Restoration	\$ 139.00
D2950	Core Buildup, Including Any Pins When Required	\$ 348.00
D2951	Pin Retention Per Tooth	\$ 79.00
D2954	Prefab Post & Core (Addition To Crown)	\$ 439.00
D3310	Endodontic Therapy, Anterior Tooth	\$ 1,007.00
D3320	Endodontic Therapy, Premolar Tooth	\$ 1,234.00
D4341	Perio Scaling Root Planing 4+T/Per Quad	\$ 298.00
D5110	Complete Denture - Maxillary	\$ 1,879.00
D5110M1	Complete Denture -Maxillary(Step 1)	\$ 148.27
D5110M2	Complete Denture-Maxillary(Step2)	\$ 148.27
D5110m3	Complete Denture-Maxillary(Step 3)	\$ 148.27
D5110M4	Complete Denture-Maxillary(Step 4)	\$ 148.27
D5110M5	Complete Denture-Maxillary(Step 5)	\$ 148.27
D5120	Complete Denture - Mandibular	\$ 1,879.00
D5120M1	Complete Denture-Mandibular(Step 1)	\$ 148.27
D5120M2	Complete Denture-Mandibular(step 2)	\$ 148.27
D5120M3	Complete Denture-Mandibular(Step3)	\$ 148.27
D5120M4	Complete Denture-Mandibular(Step 4)	\$ 148.27
D5120M5	Complete Denture-Mandibular(Step 5)	\$ 148.27
D5211	Max Partial Denture Resin Base	\$ 1,585.00
D5212	Man Partial Denture Resin Base	\$ 1,843.00
D5213	Max Partial Denture Cast Metal	\$ 2,076.00
D5214	Man Partial Denture Cast Metal	\$ 2,076.00
D5214M1	Man Partial Denture Cast Metal-Medicaid	\$ 148.27
D5214M2	Man Partial Denture Cast Metal-Medicaid	\$ 148.27
D5214M3	Man Partial Denture Cast Metal-Medicaid	\$ 148.27
D5214M4	Man Partial Denture Cast Metal-Medicaid	\$ 148.27
D5214M5	Man Partial Denture Cast Metal-Medicaid	\$ 148.27
D5225	Max Partial Denture - Flex Bas	\$ 1,585.00
D5225M2	Max Partial Denture - Flex Base-Medicaid	\$ 148.27
D5225M3	Max Partial Denture - Flex Base-Medicaid	\$ 148.27
D5225M4	Max Partial Denture - Flex Base-Medicaid	\$ 148.27
D5225M5	Max Partial Denture - Flex Base-Medicaid	\$ 148.27
D5226	Man Partial Denture - Flex Bas	\$ 1,843.00
D5226M1	Man Partial Denture - Flex Base-Medicaid	\$ 148.27
D5226M2	Man Partial Denture - Flex Base-Medicaid	\$ 148.27
D5226M3	Man Partial Denture - Flex Base-Medicaid	\$ 148.27
D5226M4	Man Partial Denture - Flex Base-Medicaid	\$ 148.27
D5226M5	Man Partial Denture - Flex Base-Medicaid	\$ 148.27
D5410	Adjust Complete Denture Maxil	\$ 103.00
D5411	Adjust Complete Denture Mand	\$ 103.00



CODE	Description	Fee
D5421	Adjust Partial Denture Max	\$ 103.00
D5422	Adjust Partial Denture Mand	\$ 103.00
D5444	Denture Adjustment No Charge	\$ -
D5511	Repair Broken Complete Denture Base, Mandibular	\$ 206.00
D5512	Repair Broken Complete Denture Base, Maxillary	\$ 206.00
D5512M1	Repair Broken Complete Denture Base-Medicaid	\$ 148.27
D5512M2	Repair Broken Complete Denture Base-Medicaid	\$ 148.27
D5520	Replace Missing Or Brkn Teeth	\$ 171.00
D5611	Repair Resin Partial Denture Base, Mandibular	\$ 223.00
D5611M1	Repair Resin Partial Denture Base, Mandibular-M1	\$ 148.27
D5611M2	Repair Resin Partial Denture Base, Mandibular-M2	\$ 148.27
D5640	Replace Broken Teeth-Per Tooth	\$ 189.00
D5650	Add Tooth To Existng Part Dent	\$ 257.00
D5650M1	Add Tooth To Existng Part Dent-Medicaid	\$ 148.27
D5650M2	Add Tooth To Existng Part Dent-Medicaid	\$ 148.27
D5750	Reline Complete Max Dent Lab	\$ 574.00
D5750M1	Reline Complete Max Dent Lab- Medicaid	\$ 148.27
D5751	Reline Complete Mand Dent Lab	\$ 574.00
D5761	RELIN MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$ 566.00
D5760	RELIN MAXILLARY PARTIAL DENTURE (LABORATORY)	\$ 566.00
D5811	Interim Complete Dr (Mand)	\$ 977.00
D5820	Interim Partial Dr (Max)	\$ 703.00
D6930	Recement Or Rebond Fixed Partial Denture	\$ 202.00
D7111	Extraction, Coronal Remnants – Primary Tooth	\$ 153.00
D7140	Extraction, Erupted Tooth Or Exposed Root	\$ 204.00
D7210	Extraction, Erupted Tooth Require Removal/Sectioni	\$ 341.00
D7510	I&D Of Abscess - Intraoral Soft Tissue	\$ 323.00
D9110	Emergency Treatment/Palliative	\$ 153.00
D9120	Fixed Partial Denture Sectioning	\$ 173.00
D9910	Application Of Desensitizing	\$ 69.00
D9944	Occlusal Guard – Hard Appliance, Full Arch	\$ 568.00
D9944M1	Occlusal Guard – Hard Appliance, Full Arch-Medicaid	\$ 148.27
D9944M2	Occlusal Guard – Hard Appliance, Full Arch-Medicaid	\$ 148.27
D9999	Unspecified Adjunctive Procedure, By Report	\$ 48.27