

ENHANCED DENTAL SERVICES for ADULTS

Service Type	PROC	Description	Reimbursement	
Oral Eval				
	D0120	periodic oral evaluation	\$31.00	
Exams				
	D0150	comprehensive oral eval - new or established	\$38.00	
	D0180	comprehensive periodontal eval- new or established	\$38.00	
Films				
	D0210	intraoral - complete series (incl bitewings)	\$79.00	+
	D0230	intraoral - periapical each add'l film	\$11.00	+
	D0240	intraoral - occlusal film	\$15.00	+
	D0273	bitewings -3 films	\$30.00	
	D0274	bitewings - four films	\$35.00	+
	D0460	pulp vitality tests	\$30.00	
Dental				
	D1110	prophylaxis - adult (incl scaling and polishing)	\$70.00	
	D1204	topical application of fluoride - adult	\$21.00	
	D1206	topical fluoride varnish	\$21.00	
Restorative				
	D2140	amalgam - one surface	\$75.00	+
	D2150	amalgam - two surfaces	\$95.50	+
	D2330	resin-based composite - one surface, anterior	\$85.00	+
	D2331	resin-based composite - two surface, anterior	\$109.50	+
	D2391	resin-based composite - one surface, posterior	\$96.75	+
	D2392	resin-based composite - two surface, posterior	\$134.50	+
	D2740	crown-porcelain/ceramic substrate	\$680.00	
	D2750	crown-porcelain fused to high noble metal	\$680.00	
	D2751	crown-porcelain fused to predominately base metal	\$680.00	
	D2752	crown-porcelain fused to noble metal	\$680.00	

+ = Codes that were previously covered under "emergent" and now will be part of the \$1,150.00 cap.

Service Type	PROC	Description	Reimbursement
	D2790	crown-full cast high noble metal	\$680.00
	D2791	crown-full cast predominately base metal	\$680.00
	D2792	crown-full case noble metal	\$680.00
	D2794	crown- titanium	\$680.00
	D2915	recement cast or prefab post	\$46.75
	D2920	recement crown	\$46.75
	D2931	prefabricated stainless steel crown-perm tooth	\$186.00
	D2932	prefabricated resin crown	\$197.00
	D2933	prefabricated stainless steel crown with resin window	\$189.00
	D2950	core buildup, including any pins	\$175.00
	D2951	pin retention - per tooth, in addition to restoration	\$42.50
	D2975	coping	\$300.00
Endodontics			
	D3120	pulp cap-indirect (excluding final restoration)	\$40.00
	D3221	pulpal debridement, primary and permanent teeth	\$125.00
	D3310	anterior (excluding final restoration)	\$316.00
	D3320	bicuspid (excluding final restoration)	\$400.00
	D3330	molar (excluding final restoration)	\$490.00
	D3331	treatment of root canal obstruction; non-surgical access	\$195.00
	D3332	incomplete endodontic therapy; inoperable or fractured teeth	\$203.00
	D3333	internal root repair of perforation defects	\$123.00
	D3346	retreatment of previous root canal therapy-anterior	\$400.00
	D3347	retreatment of previous root canal therapy-bicuspid	\$400.00
	D3348	retreatment of previous root canal therapy- molar	\$600.00
	D3351	apexification/recalcification-initial visit	\$131.00
	D3352	apexification/recalcification-interim medication replacement	\$130.00
	D3353	apexification/recalcification - final visit	\$240.00

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Service Type	PROC	Description	Reimbursement
Periodontics			
	D4210	gingivectomy or gingivoplasty -4 or more contiguous teeth or bounded teeth spaces per quadrant	\$220.00
	D4211	gingivectomy or gingivoplasty -1 to3 teeth, per quadrant	\$100.00
	D4320	provision splinting -intracoronal	\$246.50
	D4321	provisional splinting -extracoronal	\$210.00
	D4341	periodontal scaling and root planing -4 or more contiguous teeth or bounded teeth spaces per quadrant	\$102.50
	D4342	periodontal scaling and root planing - 1 to 3 teeth per quadrant	\$38.45
	D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	\$87.00
	D4910	periodontal maintenance	\$66.00
Prosthodontics			
	D5110	complete denture - maxillary	\$1,085.00
	D5120	complete denture - mandibular	\$1,125.00
	D5130	immediate denture - maxillary	\$1,100.00
	D5140	immediate denture - mandibular	\$1,100.00
	D5211	maxillary partial denture - resin base	\$395.00
	D5212	mandibular partial denture -resin base	\$400.00
	D5213	maxillary partial denture - cast metal framework with resin denture bases	\$975.00
	D5214	mandibular partial denture -cast metal framework with resin denture bases	\$900.00
	D5225	maxillary part denture flexible	\$395.00
	D5226	mandibular part denture flex	\$395.00
	D5281	removable unilateral partial denture - one piece cast metal	\$590.00
	D5410	adjust complete denture - maxillary	\$75.00
	D5411	adjust complete denture - mandibular	\$75.00
	D5421	adjust partial denture - maxillary	\$50.00
	D5422	adjust partial denture - mandibular	\$50.00
	D5510	repair broken complete denture base	\$110.00
	D5520	replace missing or broken teeth - complete denture (each tooth)	\$96.00
	D5610	repair resin denture base	\$123.33

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Service Type	PROC	Description	Reimbursement	
	D5620	repair cast framework	\$157.00	
	D5630	repair or replace broken clasp	\$175.00	
	D5640	replace broken teeth - per tooth	\$96.00	
	D5650	add tooth to existing partial denture	\$120.00	
	D5660	add clasp to existing partial denture	\$148.00	
	D5670	replace all teeth and acrylic on cast metal framework (maxillary)	\$368.00	
	D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$368.00	
	D5710	rebase complete maxillary denture	\$360.00	
	D5711	rebase complete mandibular denture	\$360.00	
	D5720	rebase maxillary partial denture	\$350.00	
	D5721	rebase mandibular partial denture	\$347.00	
	D5730	reline complete maxillary denture (chairside)	\$225.00	
	D5731	reline complete mandibular denture (chairside)	\$225.00	
	D5740	reline maxillary partial denture (chairside)	\$225.00	
	D5741	reline mandibular partial denture (chairside)	\$225.00	
	D5750	reline complete maxillary denture (laboratory)	\$325.00	
	D5751	reline complete mandibular denture (laboratory)	\$325.00	
	D5760	reline maxillary partial denture (laboratory)	\$320.00	
	D5761	reline mandibular partial denture (laboratory)	\$320.00	
	D5850	tissue conditioning, maxillary	\$100.00	
	D5851	tissue conditioning, mandibular	\$100.00	
	D5860	overdenture-complete, by report	\$1,350.00	
	D5861	overdenture - partial by report	\$1,325.00	
	D5862	precision attachment, by report	\$359.00	
	D5867	replacement of replaceable part of semi-precision or precision attachment	\$128.00	
Periodontics, fixed				
	D6210	pontic - cast high noble metal	\$680.00	
	D6211	pontic - cast predominantly base metal	\$680.00	

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Service Type	PROC	Description	Reimbursement	
	D6212	pontic - cast noble metal	\$680.00	
	D6214	pontic-titanium	\$680.00	
	D6240	pontic- porcelain fused to high noble metal	\$680.00	
	D6241	pontic - porcelain fused to predominantly base metal	\$680.00	
	D6242	pontic - porcelain fused to noble metal	\$680.00	
	D6245	pontic - porcelain/ceramic	\$680.00	
	D6250	pontic -resin with high noble metal	\$680.00	
	D6251	pontic- resin with predominantly base material	\$680.00	
	D6252	pontic - resin with noble metal	\$680.00	
	D6740	crown - porcelain/ceramic	\$680.00	
	D6750	crown-porcelain fused to high noble metal	\$680.00	
	D6751	crown- porcelain fused to predominantly base metal	\$680.00	
	D6752	crown- porcelain fused to noble metal	\$680.00	
	D6790	crown- full cast high noble metal	\$680.00	
	D6791	crown - full cast predominantly base metal	\$680.00	
	D6792	crown- full cast noble metal	\$680.00	
	D6794	crown titanium	\$680.00	
	D6930	recement fixed partial denture	\$142.00	
	D6980	fixed partial denture repair, by report	\$225.00	
	D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$358.75	
	D7340	vestibuloplasty - ridge extension (secondary to epithelialization)	\$1,885.39	
	D7471	removal of lateral exostosis (maxilla or mandible)	\$400.00	+
	D7472	removal of torus palatinus	\$511.90	+
	D7473	removal of torus mandibularis	\$501.93	
	D7485	surgical reduction of osseous tuberosity	\$455.00	+
	D7970	excision of hyperplastic tissue - per arch	\$411.60	
	D7971	excision of pericoronal gingiva	\$160.00	
	D7972	surgical reduction of fibrous tuberosity	\$345.33	+

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