

# Dental Fees

Results from the 2018  
Survey of Dental Fees



ADA Center for  
Professional Success™



Health Policy Institute

ADA American Dental Association®

**2018 Survey of Dental Fees**  
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**Important Note:** The survey data should not be interpreted as constituting a fee schedule in any way, and should not be used for that purpose. Dentists must establish their own fees based on their individual practice and market considerations. The American Dental Association discourages dentists from engaging in any unlawful concerted activity regarding fees or otherwise.

**2018 Survey of Dental Fees  
General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	53.01	14.64	36	45	53	61	64	66	69	75	950
D0140	limited oral evaluation - problem focused	73.37	20.56	50	62	75	84	85	89	95	102	932
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	64.12	21.73	42	50	64	75	78	80	87	99	525
D0150	comprehensive oral evaluation - new or established patient	83.97	24.30	57	70	85	97	100	102	106	117	921
D0160	detailed and extensive oral evaluation - problem focused, by report	119.16	62.92	46	78	125	160	167	171	185	200	588
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	58.22	33.11	0	45	64	77	80	83	87	92	610
D0171	re-evaluation – post-operative office visit	21.76	35.81	0	0	0	50	58	63	71	84	396
D0180	comprehensive periodontal evaluation - new or established patient	96.52	33.13	65	78	93	110	116	123	130	150	639
D0190	screening of a patient	54.85	31.44	22	35	50	73	77	79	85	100	155
D0191	assessment of a patient	53.82	31.60	22	35	50	70	72	78	85	102	147
D0210	intraoral - complete series of radiographic images	140.82	27.37	111	125	138	154	158	163	172	185	851
D0220	intraoral - periapical first radiographic image	29.87	7.97	21	26	30	34	35	36	38	43	938
D0230	intraoral - periapical each additional radiographic image	24.40	7.13	15	20	25	28	29	30	32	35	929
D0251	extra-oral posterior dental radiographic image	28.16	35.41	0	0	26	50	56	64	69	79	186
D0272	bitewings - two radiographic images	48.87	10.69	38	43	48	53	55	58	60	67	865
D0273	bitewings - three radiographic images	57.47	11.91	45	50	57	64	65	69	73	77	572
D0274	bitewings - four radiographic images	68.63	14.35	52	60	67	76	78	80	84	92	870
D0277	vertical bitewings - 7 to 8 radiographic images	102.50	26.27	78	88	100	111	116	122	131	150	461
D0330	panoramic radiographic image	119.88	23.39	95	105	118	132	135	140	145	150	724

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D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	55.53	44.32	0	25	60	77	80	85	94	121	379
D0364	cone beam CT capture and interpretation with limited field of view – less than one whole jaw	282.75	147.38	120	200	292	367	378	412	440	486	115
D0365	cone beam CT capture and interpretation with field of view of one full dental arch – mandible	312.87	160.01	150	220	300	391	400	412	468	535	94
D0366	cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	311.58	139.55	150	220	300	380	399	412	442	502	88
D0367	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	345.81	136.33	197	275	345	400	412	450	480	531	107
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	142.90	104.94	26	60	154	198	207	214	247	325	74
D0418	analysis of saliva sample	140.65	90.17	30	78	156	173	180	189	200	300	68
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	63.16	28.88	30	47	67	75	78	79	85	100	172
D0470	diagnostic casts	115.21	49.59	65	86	109	133	140	150	169	200	715
D0601	caries risk assessment and documentation, with a finding of low risk	41.64	40.29	10	14	28	55	74	79	95	112	74
D0602	caries risk assessment and documentation, with a finding of moderate risk	46.94	52.22	10	13	28	73	75	79	112	133	75
D0603	caries risk assessment and documentation, with a finding of high risk	46.81	54.67	10	14	25	73	78	80	103	133	77
D1110	prophylaxis - adult	96.04	21.75	73	84	95	108	110	115	122	130	958
D1120	prophylaxis - child	71.54	16.85	52	61	71	80	83	86	90	100	952
D1206	topical application of fluoride varnish	41.47	12.69	28	34	40	48	50	51	55	60	761

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D1208	topical application of fluoride – excluding varnish	38.42	10.42	25	31	38	45	46	48	50	54	677
D1320	tobacco counseling for the control and prevention of oral disease	39.01	42.53	0	0	37	75	79	82	87	96	347
D1330	oral hygiene instructions	29.02	30.17	0	0	30	52	54	57	61	71	501
D1351	sealant - per tooth	56.77	13.89	42	49	55	63	65	67	70	80	860
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	97.60	47.02	51	68	94	116	121	131	140	172	336
D1354	interim caries arresting medicament application – per tooth	61.20	42.50	25	32	50	80	90	100	125	150	141
D1510	space maintainer - fixed - unilateral	328.25	76.80	248	282	322	366	380	394	410	454	578
D1515	space maintainer - fixed - bilateral	440.61	102.52	325	388	435	495	502	520	543	610	542
D2140	amalgam - one surface, primary or permanent	145.77	33.82	108	125	145	165	170	180	188	199	710
D2150	amalgam - two surfaces, primary or permanent	181.40	42.64	135	155	176	203	209	224	237	250	705
D2160	amalgam - three surfaces, primary or permanent	216.29	51.56	160	182	213	244	254	264	281	300	701
D2161	amalgam - four or more surfaces, primary or permanent	255.12	62.50	185	214	252	285	295	315	337	354	689
D2330	resin-based composite - one surface, anterior	174.52	41.99	135	150	170	191	196	202	218	246	899
D2331	resin-based composite - two surfaces, anterior	211.14	48.91	160	180	205	234	240	249	263	294	901
D2332	resin-based composite - three surfaces, anterior	252.80	58.47	190	215	249	283	291	300	312	350	907
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	307.68	74.61	227	257	303	348	355	367	390	420	892
D2390	resin-based composite crown, anterior	448.52	162.34	280	360	443	500	520	550	600	718	448

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D2391	resin-based composite - one surface, posterior	189.73	43.50	143	164	185	208	214	223	235	263	876
D2392	resin-based composite - two surfaces, posterior	241.59	53.18	181	210	239	266	275	285	299	332	874
D2393	resin-based composite - three surfaces, posterior	292.47	64.70	220	252	290	324	330	347	365	395	875
D2394	resin-based composite - four or more surfaces, posterior	340.48	73.24	255	294	344	380	391	398	414	439	842
D2520	inlay - metallic - two surfaces	916.44	250.23	646	780	889	1,014	1,058	1,123	1,215	1,358	397
D2543	onlay - metallic - three surfaces	1,037.76	238.26	784	902	1003	1142	1199	1266	1,325	1,442	399
D2620	inlay - porcelain/ceramic - two surfaces	1,002.29	237.74	760	860	975	1,115	1,175	1,230	1,276	1,421	446
D2642	onlay - porcelain/ceramic - two surfaces	1,060.01	240.99	810	919	1,030	1,154	1,212	1,270	1,350	1,450	443
D2643	onlay - porcelain/ceramic - three surfaces	1,102.88	230.31	864	962	1073	1,209	1,262	1,325	1,373	1,483	477
D2644	onlay - porcelain/ceramic - four or more surfaces	1,144.29	235.94	898	995	1118	1,260	1,312	1,358	1,405	1,550	483
D2651	inlay - resin-based composite - two surfaces	839.54	257.93	525	683	846	960	987	1,023	1,152	1,350	315
D2662	onlay - resin-based composite - two surfaces	907.62	235.16	630	777	900	1,019	1,041	1,084	1,175	1,350	293
D2663	onlay - resin-based composite - three surfaces	951.19	232.70	657	844	950	1,062	1,084	1,126	1,204	1,358	300
D2664	onlay - resin-based composite - four or more surfaces	987.98	248.74	700	867	970	1095	1113	1173	1260	1389	306
D2710	crown - resin-based composite (indirect)	755.87	310.70	394	525	759	950	986	1024	1109	1175	384
D2740	crown - porcelain/ceramic	1,219.36	251.02	959	1059	1190	1350	1390	1420	1494	1650	873
D2750	crown - porcelain fused to high noble metal	1,201.31	233.13	965	1050	1175	1309	1350	1400	1472	1600	802
D2751	crown - porcelain fused to predominantly base metal	1,082.38	211.32	875	950	1055	1192	1218	1275	1311	1435	509
D2752	crown - porcelain fused to noble metal	1,148.20	225.72	928	1000	1108	1250	1287	1331	1400	1582	628
D2780	crown - 3/4 cast high noble metal	1,178.03	256.30	940	1025	1126	1275	1325	1375	1455	1600	387
D2783	crown - 3/4 porcelain/ceramic	1,178.80	234.29	949	1050	1137	1278	1331	1373	1427	1550	380
D2790	crown - full cast high noble metal	1,234.59	247.45	980	1057	1204	1350	1398	1444	1513	1650	731

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D2794	crown - titanium	1,137.23	237.20	894	1000	1112	1231	1,270	1,345	1,395	1,600	206
D2799	provisional crown– further treatment or completion of diagnosis necessary prior to final impression	351.36	186.44	125	258	372	451	475	500	544	600	576
D2920	re-cement or re-bond crown	110.99	31.70	75	94	107	125	130	135	145	165	857
D2929	prefabricated porcelain/ceramic crown – primary tooth	347.91	198.00	200	240	323	400	407	440	500	700	142
D2930	prefabricated stainless steel crown - primary tooth	279.81	68.07	205	240	275	309	325	336	350	396	583
D2931	prefabricated stainless steel crown - permanent tooth	330.29	87.72	241	285	323	360	366	391	418	495	502
D2940	protective restoration	123.67	37.41	85	101	120	135	140	150	163	187	639
D2949	restorative foundation for an indirect restoration	182.06	103.85	75	95	190	245	256	280	300	315	98
D2950	core buildup, including any pins when required	279.72	61.85	210	248	275	310	320	333	350	379	849
D2952	post and core in addition to crown, indirectly fabricated	412.02	96.75	300	350	412	460	469	490	502	550	651
D2954	prefabricated post and core in addition to crown	347.94	75.62	264	300	345	386	396	408	432	473	784
D2961	labial veneer (resin laminate) - laboratory	937.29	305.36	580	760	919	1087	1113	1164	1237	1386	443
D2962	labial veneer (porcelain laminate) - laboratory	1,212.57	265.84	949	1033	1183	1358	1400	1450	1500	1620	783
D2980	crown repair necessitated by restorative material failure	270.44	90.21	158	221	272	310	318	338	360	396	451
D2981	inlay repair necessitated by restorative material failure	259.83	97.62	142	198	260	306	313	340	378	400	112
D2982	onlay repair necessitated by restorative material failure	257.06	94.19	148	198	259	298	310	339	365	400	119
D2983	veneer repair necessitated by restorative material failure	258.22	109.79	125	180	252	320	325	360	400	450	145
D2990	resin infiltration of incipient smooth surface lesions	145.78	122.71	45	73	141	184	186	223	275	455	100

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D3110	pulp cap - direct (excluding final restoration)	83.50	28.83	53	67	82	95	99	104	109	125	634
D3120	pulp cap - indirect (excluding final restoration)	82.52	31.29	50	65	80	93	98	101	110	132	593
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	193.61	66.98	120	158	195	224	230	240	260	300	722
D3221	pulpal debridement, primary and permanent teeth	199.81	78.79	102	160	209	245	254	265	280	299	593
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	248.94	105.34	132	182	239	313	321	334	350	416	176
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	247.04	88.38	150	195	251	293	299	311	338	368	338
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	277.95	103.32	157	210	285	330	343	354	370	407	362
D3310	endodontic therapy, anterior tooth (excluding final restoration)	785.28	158.51	613	690	765	860	895	936	982	1054	786
D3320	endodontic therapy, premolar tooth (excluding final restoration)	910.67	175.92	725	800	893	998	1028	1073	1125	1200	768
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,092.43	213.88	874	950	1075	1199	1227	1284	1350	1,470	756
D3331	treatment of root canal obstruction; non-surgical access	465.22	274.56	191	283	436	613	660	687	713	900	170
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	353.29	214.64	0	250	397	474	487	510	549	650	345
D3346	retreatment of previous root canal therapy - anterior	901.72	206.81	685	778	865	1001	1046	1097	1200	1250	464
D3347	retreatment of previous root canal therapy - premolar	1,022.67	231.66	795	880	979	1150	1190	1227	1300	1425	465



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D3348	retreatment of previous root canal therapy - molar	1,215.24	257.91	950	1046	1179	1361	1426	1452	1515	1700	455
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	339.02	117.67	200	269	340	392	408	436	470	508	246
D3352	apexification/recalcification – interim medication replacement	240.01	100.97	131	184	240	275	285	298	327	376	233
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	507.14	196.16	254	400	524	600	615	650	697	785	214
D3355	pulpal regeneration - initial visit	332.50	173.60	150	245	303	456	457	480	530	592	37
D3356	pulpal regeneration - interim medication replacement	190.44	117.80	80	117	167	265	270	295	297	319	35
D3357	pulpal regeneration - completion of treatment	334.94	240.40	95	150	325	518	530	554	558	560	32
D3410	apicoectomy - anterior	706.51	226.83	425	568	700	829	873	900	955	1029	302
D3421	apicoectomy - premolar (first root)	776.64	236.92	467	661	783	893	930	989	1,050	1,123	240
D3425	apicoectomy - molar (first root)	856.31	280.93	465	704	875	992	1,031	1,100	1,178	1,270	225
D3426	apicoectomy (each additional root)	345.42	139.32	164	250	355	419	430	448	488	566	190
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	586.54	198.10	350	450	600	700	714	750	796	854	565
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	292.55	121.12	160	215	280	350	367	395	425	475	614
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	228.17	125.92	95	142	207	299	306	344	375	412	318
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	720.39	248.46	439	552	721	850	894	954	1010	1119	392

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D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	550.23	215.34	303	424	564	667	681	700	742	860	358
D4249	clinical crown lengthening – hard tissue	742.09	271.31	393	595	750	900	935	975	1050	1140	479
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1,089.89	383.18	605	907	1058	1300	1350	1456	1527	1720	338
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	880.67	249.22	554	780	885	1,007	1,034	1,081	1,161	1,256	275
D4263	bone replacement graft – retained natural tooth – first site in quadrant	598.65	215.59	368	475	579	713	733	781	819	901	322
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	457.82	192.14	235	331	462	554	578	601	661	792	269
D4266	guided tissue regeneration - resorbable barrier, per site	588.32	292.09	290	387	550	784	805	829	892	1,004	268
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	739.63	341.09	358	493	770	952	984	1,015	1,048	1,172	200
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	1,088.66	319.14	700	937	1,061	1,242	1,273	1,375	1,416	1,600	184
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	965.51	331.95	599	792	946	1,114	1,200	1,265	1,371	1,500	151
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	931.65	282.57	615	750	931	1,060	1,099	1,200	1,260	1,447	100

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D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	621.26	322.30	300	450	544	750	775	845	938	1,225	92
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	785.84	327.69	450	556	725	1,005	1,049	1,050	1,075	1,200	47
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	731.38	364.60	350	502	750	1000	1040	1069	1100	1180	42
D4321	provisional splinting - extracoronal	415.00	153.81	227	325	425	491	515	535	575	631	505
D4341	periodontal scaling and root planing - four or more teeth per quadrant	264.13	56.15	201	232	259	290	300	308	325	364	816
D4342	periodontal scaling and root planing - one to three teeth per quadrant	187.58	49.00	136	156	185	207	218	226	240	265	758
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	179.74	44.93	126	152	178	202	210	217	227	250	769
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	80.71	48.90	40	50	70	99	110	125	144	166	592
D4910	periodontal maintenance	146.63	32.44	110	126	145	164	168	177	185	200	758
D5110	complete denture - maxillary	1,717.77	488.31	1200	1440	1659	1929	2000	2074	2200	2550	886
D5120	complete denture - mandibular	1,718.51	488.57	1200	1450	1659	1929	2000	2083	2200	2550	885
D5130	immediate denture - maxillary	1,813.46	474.23	1290	1550	1782	2000	2110	2200	2310	2585	837
D5140	immediate denture - mandibular	1,814.83	481.29	1262	1550	1782	2000	2110	2200	2313	2557	834

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D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,313.09	410.05	860	1037	1300	1528	1599	1643	1775	1975	770
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,315.67	411.17	853	1037	1300	1530	1600	1643	1795	1965	764
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,786.24	447.15	1300	1500	1755	1987	2015	2100	2231	2500	862
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,789.86	452.84	1300	1500	1763	1989	2023	2101	2243	2500	863
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	1,396.33	567.54	843	1100	1310	1677	1745	1840	1900	2460	245
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	1,404.39	594.49	800	1100	1340	1700	1800	1850	2000	2460	244
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,701.20	474.78	1189	1400	1732	1905	2000	2051	2150	2410	202
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,702.30	481.10	1189	1400	1732	1900	2000	2035	2200	2410	196
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,514.07	407.99	1015	1250	1500	1734	1800	1850	1950	2097	584
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,518.56	405.90	1046	1250	1500	1750	1800	1852	1965	2097	582
D5520	replace missing or broken teeth - complete denture (each tooth)	191.22	63.48	125	150	187	219	230	250	265	300	710

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5640	replace broken teeth - per tooth	189.25	54.79	125	155	189	215	225	235	250	275	761
D5650	add tooth to existing partial denture	225.80	66.22	152	189	225	250	261	275	290	326	785
D5660	add clasp to existing partial denture - per tooth	257.41	71.74	176	208	258	290	300	317	330	352	726
D5710	rebase complete maxillary denture	577.42	175.98	395	475	574	650	670	700	764	863	578
D5711	rebase complete mandibular denture	571.83	176.01	385	470	571	640	663	692	756	856	576
D5720	rebase maxillary partial denture	545.14	157.50	365	451	550	616	634	662	708	770	547
D5721	rebase mandibular partial denture	546.06	159.17	367	451	550	616	634	663	708	779	544
D5730	reline complete maxillary denture (chairside)	344.50	118.83	200	280	351	404	416	432	461	525	739
D5731	reline complete mandibular denture (chairside)	343.54	117.53	200	280	351	404	419	430	455	502	731
D5750	reline complete maxillary denture (laboratory)	455.10	125.16	300	390	465	516	532	550	585	628	841
D5751	reline complete mandibular denture (laboratory)	455.15	126.50	300	390	467	517	531	550	585	627	838
D5986	fluoride gel carrier	180.98	83.22	75	135	185	222	235	242	271	300	347
D5991	vesiculobullous disease medicament carrier	260.76	198.68	108	158	222	290	300	397	500	650	60
D5994	periodontal medicament carrier with peripheral seal – laboratory processed	422.32	372.33	74	224	359	577	630	658	743	975	51
D6010	surgical placement of implant body: endosteal implant	2,023.55	408.25	1622	1786	2000	2203	2258	2386	2450	2625	383
D6011	second stage implant surgery	541.90	596.26	150	225	413	668	750	808	1500	1750	73
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	1,612.86	687.53	750	1208	1613	1919	2000	2100	2500	2828	88
D6051	interim abutment	493.16	239.53	250	330	465	614	667	734	750	890	129
D6055	connecting bar – implant supported or abutment supported	2,385.68	1,552.16	788	1200	2500	3195	3500	3621	4005	4725	335
D6056	prefabricated abutment – includes modification and placement	717.32	239.88	460	550	716	844	882	927	979	1062	614

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D6057	custom fabricated abutment – includes placement	865.31	252.92	600	700	864	990	1020	1070	1135	1299	701
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,449.14	318.40	1100	1250	1426	1602	1671	1733	1800	1974	667
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,557.86	405.20	1150	1319	1520	1736	1800	1877	2000	2200	587
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,451.35	316.41	1100	1260	1423	1591	1650	1725	1800	2000	450
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,544.66	438.01	1100	1300	1500	1705	1750	1819	1950	2310	336
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	202.72	139.01	50	122	194	292	302	315	335	393	412
D6100	implant removal, by report	617.27	342.62	275	375	630	817	848	950	1000	1085	191
D6104	bone graft at time of implant placement	549.09	240.05	320	400	500	700	725	750	800	900	175
D6205	pontic - indirect resin based composite	986.17	300.40	675	849	985	1064	1105	1200	1309	1458	182
D6210	pontic - cast high noble metal	1,188.86	252.87	942	1025	1155	1300	1338	1395	1450	1620	633
D6240	pontic - porcelain fused to high noble metal	1,180.66	235.65	950	1025	1150	1300	1325	1390	1435	1582	747
D6241	pontic - porcelain fused to predominantly base metal	1,093.06	252.00	848	945	1050	1200	1250	1300	1362	1500	500
D6245	pontic - porcelain/ceramic	1,195.61	235.36	961	1042	1158	1320	1358	1400	1450	1550	686
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	548.80	339.99	159	300	575	750	802	835	900	981	324
D6545	retainer - cast metal for resin bonded fixed prosthesis	760.76	359.54	370	525	738	916	967	1050	1150	1349	507
D6549	retainer – for resin bonded fixed prosthesis	705.76	448.22	318	400	636	920	971	1095	1268	1400	104

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D6710	retainer crown - indirect resin based composite	1,009.07	303.41	620	881	990	1141	1186	1201	1400	1479	146
D6750	retainer crown - porcelain fused to high noble metal	1,200.11	238.83	958	1050	1175	1308	1336	1400	1438	1638	680
D6751	retainer crown - porcelain fused to predominantly base metal	1,093.10	246.08	855	945	1055	1200	1249	1293	1346	1494	442
D6790	retainer crown - full cast high noble metal	1,195.78	239.55	950	1038	1177	1300	1339	1395	1475	1608	565
D6930	re-cement or re-bond fixed partial denture	169.14	59.08	102	137	168	190	199	205	225	280	717
D7111	extraction, coronal remnants – primary tooth	130.75	47.49	83	100	129	150	153	162	175	207	682
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	187.36	56.53	130	154	180	207	215	230	250	286	872
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	290.00	66.96	218	250	285	324	333	350	368	390	789
D7220	removal of impacted tooth - soft tissue	334.24	73.45	250	290	326	370	383	398	416	454	581
D7230	removal of impacted tooth - partially bony	406.75	92.98	300	350	400	450	463	480	500	562	522
D7240	removal of impacted tooth - completely bony	487.47	113.54	350	425	486	550	561	581	600	656	444
D7250	removal of residual tooth roots (cutting procedure)	301.07	82.26	205	250	299	345	355	371	387	425	586
D7251	coronectomy – intentional partial tooth removal	395.66	178.04	200	280	369	498	500	533	563	613	108
D7286	incisional biopsy of oral tissue-soft	318.82	120.55	175	250	316	385	400	420	444	500	414
D7287	exfoliative cytological sample collection	174.04	80.79	95	125	166	208	216	226	260	314	133
D7288	brush biopsy - transepithelial sample collection	184.89	72.65	100	145	185	218	227	248	250	299	224
D7295	harvest of bone for use in autogenous grafting procedure	601.72	406.86	184	305	657	759	842	961	990	1095	37
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	300.97	94.48	197	248	300	345	357	380	400	450	495



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D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	413.40	174.59	225	323	404	475	500	540	596	685	443
D7410	excision of benign lesion up to 1.25 cm	388.14	204.56	171	258	385	472	500	531	600	723	325
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	735.23	482.79	260	465	671	900	989	1106	1474	1539	99
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	504.00	260.36	200	300	529	660	689	723	815	880	176
D7640	mandible - closed reduction (teeth immobilized, if present)	3,465.66	688.64	2950	3130	3384	3821	3858	3962	3962	4291	42
D7880	occlusal orthotic device, by report	823.29	398.54	386	536	800	1095	1123	1180	1255	1416	356
D7910	suture of recent small wounds up to 5 cm	264.41	146.76	100	150	285	329	339	365	400	521	255
D7921	collection and application of autologous blood concentrate product	386.67	273.60	150	220	356	509	550	560	560	800	38
D7953	bone replacement graft for ridge preservation - per site	538.37	264.23	290	385	497	650	700	776	848	917	296
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	429.48	127.42	270	345	443	500	510	536	552	600	448
D7970	excision of hyperplastic tissue - per arch	451.84	188.54	203	320	475	548	566	607	645	746	335
D8020	limited orthodontic treatment of the transitional dentition	2,486.30	1,334.21	986	1730	2442	3183	3350	3628	4293	4556	177
D8030	limited orthodontic treatment of the adolescent dentition	2,910.30	1,265.37	1200	2420	2871	3500	3760	4000	4344	4600	185
D8040	limited orthodontic treatment of the adult dentition	3,247.25	1,400.71	1500	2500	3222	3995	4229	4400	4620	5495	266
D8050	interceptive orthodontic treatment of the primary dentition	2,456.33	1,293.03	945	1800	2500	2797	2997	3360	4000	4556	145
D8060	interceptive orthodontic treatment of the transitional dentition	2,724.26	1,381.69	999	2150	2657	3295	3594	4000	4300	4556	168
D8070	comprehensive orthodontic treatment of the transitional dentition	5,189.40	999.91	4028	4800	5224	5633	5800	5914	6050	6578	143



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D8080	comprehensive orthodontic treatment of the adolescent dentition	5,449.11	754.57	4724	5000	5408	5840	5902	6000	6100	6565	214
D8090	comprehensive orthodontic treatment of the adult dentition	5,552.29	780.65	4789	5100	5500	6000	6000	6169	6402	6690	318
D8660	pre-orthodontic treatment examination to monitor growth and development	284.53	236.71	70	100	250	383	415	500	536	583	164
D8670	periodic orthodontic treatment visit	224.55	161.97	50	124	222	295	308	340	401	424	91
D8681	removable orthodontic retainer adjustment	189.03	242.67	40	75	101	197	250	375	417	657	62
D8690	orthodontic treatment (alternative billing to a contract fee)	317.79	188.23	150	243	267	387	395	409	460	695	69
D8692	replacement of lost or broken retainer	303.86	134.61	150	220	303	381	400	417	450	500	329
D9110	palliative (emergency) treatment of dental pain - minor procedure	122.85	50.41	65	94	122	148	153	166	179	205	808
D9120	fixed partial denture sectioning	177.78	81.57	86	125	175	230	240	250	269	293	451
D9210	local anesthesia not in conjunction with operative or surgical procedures	66.42	26.21	37	49	67	77	80	87	96	110	287
D9215	local anesthesia in conjunction with operative or surgical procedures	38.47	33.19	0	0	45	62	65	68	71	79	306
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	240.07	195.72	85	135	220	250	289	510	525	525	32
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	67.08	35.14	30	47	68	86	90	97	104	120	549
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	216.05	169.75	83	125	170	235	285	399	500	525	63
D9248	non-intravenous conscious sedation	197.43	172.24	0	26	210	318	329	350	368	400	213
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	97.83	65.11	0	65	100	135	148	150	165	191	510
D9410	house/extended care facility call	203.05	101.30	85	135	204	253	260	273	305	360	249
D9420	hospital or ambulatory surgical center call	255.83	125.86	101	179	250	326	340	355	396	421	207

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D9430	office visit for observation (during regularly scheduled hours) - no other services performed	58.55	39.49	0	40	61	83	85	89	97	107	513
D9440	office visit - after regularly scheduled hours	157.97	56.63	95	116	159	191	200	200	217	250	609
D9450	case presentation, detailed and extensive treatment planning	140.13	70.43	72	101	135	161	167	176	195	250	178
D9610	therapeutic parenteral drug, single administration	61.10	57.60	0	20	59	102	105	113	120	139	247
D9630	drugs or medicaments dispensed in the office for home use	31.50	27.29	0	15	28	44	47	54	58	70	350
D9910	application of desensitizing medicament	55.08	23.51	30	40	54	67	70	73	79	91	594
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	60.16	36.65	20	39	60	80	82	86	95	111	441
D9920	behavior management, by report	115.33	63.20	44	74	126	151	161	171	176	193	190
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	112.47	43.72	55	89	114	134	139	144	150	175	282
D9932	cleaning and inspection of removable complete denture, maxillary	61.92	42.13	21	35	50	82	88	100	102	125	111
D9933	cleaning and inspection of removable complete denture, mandibular	61.10	41.41	20	35	50	82	87	100	102	114	111
D9934	cleaning and inspection of removable partial denture, maxillary	62.33	42.12	20	30	52	85	87	100	102	114	103
D9935	cleaning and inspection of removable partial denture, mandibular	61.83	41.71	20	30	50	82	87	100	102	114	106
D9940	occlusal guard, by report	535.25	166.25	341	428	541	624	645	672	700	800	796
D9941	fabrication of athletic mouthguard	230.20	123.48	90	150	225	294	305	333	385	450	589
D9943	occlusal guard adjustment	96.15	73.02	40	50	79	103	120	130	150	250	127
D9951	occlusal adjustment - limited	149.64	71.35	68	100	150	186	196	202	221	253	575
D9952	occlusal adjustment - complete	569.29	282.59	240	382	590	716	750	785	840	900	490
D9972	external bleaching - per arch - performed in office	288.23	145.77	150	184	275	355	395	414	470	500	488
D9974	internal bleaching - per tooth	264.56	95.27	150	200	274	310	316	330	363	399	475

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D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	246.47	130.98	100	150	225	315	350	375	400	450	487

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D0120	periodic oral evaluation - established patient	52.86	10.68	40	47	50	60	61	65	67	75	85
D0140	limited oral evaluation - problem focused	86.66	16.04	68	75	85	96	98	100	106	118	78
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	68.78	18.63	42	60	73	82	83	84	90	93	40
D0150	comprehensive oral evaluation - new or established patient	91.25	18.69	69	77	88	105	108	110	111	125	79
D0160	detailed and extensive oral evaluation - problem focused, by report	137.83	52.60	62	106	155	169	173	190	192	200	48
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	65.04	26.83	40	50	64	83	86	87	95	107	51
D0180	comprehensive periodontal evaluation - new or established patient	111.66	34.48	50	88	117	144	145	145	145	161	48
D0210	intraoral - complete series of radiographic images	151.76	20.73	125	135	150	164	170	174	175	198	84
D0220	intraoral - periapical first radiographic image	33.12	5.46	27	30	33	37	37	40	40	43	85
D0230	intraoral - periapical each additional radiographic image	27.95	5.63	21	25	27	32	33	35	36	40	83
D0272	bitewings - two radiographic images	51.94	8.63	42	45	50	58	59	63	65	66	82
D0273	bitewings - three radiographic images	59.89	9.31	48	50	60	67	68	69	73	74	49
D0274	bitewings - four radiographic images	73.10	10.77	60	65	75	81	81	83	85	94	85
D0277	vertical bitewings - 7 to 8 radiographic images	106.63	27.52	75	88	100	130	133	136	150	150	37
D0330	panoramic radiographic image	134.45	19.15	108	123	134	146	147	152	155	175	58
D0470	diagnostic casts	126.92	40.44	85	98	125	148	156	170	179	200	61
D1110	prophylaxis - adult	107.71	14.40	90	99	106	116	117	120	128	135	85
D1120	prophylaxis - child	80.28	12.73	65	70	81	90	90	94	94	105	84
D1206	topical application of fluoride varnish	44.36	9.27	32	36	45	50	51	52	55	58	72
D1208	topical application of fluoride – excluding varnish	43.78	8.13	32	38	43	51	51	52	54	55	58

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D1330	oral hygiene instructions	37.50	21.03	0	34	41	49	50	53	53	70	43
D1351	sealant - per tooth	61.27	9.99	49	55	62	67	68	70	72	75	83
D1510	space maintainer - fixed - unilateral	354.67	59.93	298	320	343	398	400	404	421	501	47
D1515	space maintainer - fixed - bilateral	477.98	87.45	350	425	500	525	530	559	582	625	43
D2140	amalgam - one surface, primary or permanent	150.71	23.01	120	131	147	167	175	177	188	191	71
D2150	amalgam - two surfaces, primary or permanent	188.78	31.32	152	166	180	212	216	225	247	247	70
D2160	amalgam - three surfaces, primary or permanent	226.21	38.60	180	195	216	250	260	275	291	303	71
D2161	amalgam - four or more surfaces, primary or permanent	277.21	48.22	209	236	273	322	329	342	346	355	69
D2330	resin-based composite - one surface, anterior	184.17	47.47	136	155	180	191	207	220	240	335	85
D2331	resin-based composite - two surfaces, anterior	224.32	48.65	175	190	220	247	250	264	295	360	83
D2332	resin-based composite - three surfaces, anterior	270.09	53.12	206	232	257	295	303	324	345	385	83
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	329.60	63.88	250	285	325	365	372	400	425	435	83
D2390	resin-based composite crown, anterior	473.23	134.98	320	350	491	551	568	600	626	765	41
D2391	resin-based composite - one surface, posterior	201.11	46.67	145	176	189	217	230	240	268	335	84
D2392	resin-based composite - two surfaces, posterior	257.01	50.39	188	227	250	277	293	316	340	365	84
D2393	resin-based composite - three surfaces, posterior	309.62	54.58	232	270	305	341	362	375	395	396	84
D2394	resin-based composite - four or more surfaces, posterior	368.19	60.81	265	325	375	410	410	423	434	450	81
D2543	onlay - metallic - three surfaces	1,207.98	274.99	900	925	1,150	1,437	1,582	1,582	1,650	1,700	31
D2620	inlay - porcelain/ceramic - two surfaces	1,120.44	274.73	848	874	999	1,320	1,414	1,490	1,582	1,700	41
D2642	onlay - porcelain/ceramic - two surfaces	1,117.36	238.70	875	950	1,018	1,262	1,320	1,452	1,544	1,582	44

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2643	onlay - porcelain/ceramic - three surfaces	1,172.08	222.93	950	984	1,130	1,285	1,355	1,452	1,582	1,582	44
D2644	onlay - porcelain/ceramic - four or more surfaces	1,235.52	225.33	950	1,075	1,200	1,415	1,480	1,523	1,540	1,582	46
D2710	crown - resin-based composite (indirect)	778.90	250.39	492	599	735	924	1,008	1,008	1,109	1,300	36
D2740	crown - porcelain/ceramic	1,410.47	226.24	1,100	1,250	1,399	1,582	1,600	1,650	1,700	1,850	77
D2750	crown - porcelain fused to high noble metal	1,405.94	212.29	1,100	1,250	1,400	1,576	1,600	1,605	1,700	1,785	80
D2751	crown - porcelain fused to predominantly base metal	1,332.24	215.89	1,065	1,137	1,300	1,550	1,550	1,582	1,582	1,781	35
D2752	crown - porcelain fused to noble metal	1,396.27	226.15	1,100	1,200	1,375	1,600	1,600	1,680	1,680	1,700	51
D2780	crown - 3/4 cast high noble metal	1,444.81	258.88	1,103	1,250	1,455	1,600	1,600	1,667	1,850	1,890	34
D2783	crown - 3/4 porcelain/ceramic	1,409.41	216.88	1,147	1,236	1,356	1,582	1,600	1,600	1,600	1,688	30
D2790	crown - full cast high noble metal	1,435.79	229.63	1,100	1,262	1,418	1,582	1,600	1,600	1,760	1,890	66
D2799	provisional crown– further treatment or completion of diagnosis necessary prior to final impression	451.79	169.77	300	365	450	551	595	647	674	765	46
D2920	re-cement or re-bond crown	122.22	28.39	94	100	116	137	148	151	158	180	74
D2930	prefabricated stainless steel crown - primary tooth	307.84	60.56	200	269	325	350	350	358	358	392	46
D2931	prefabricated stainless steel crown - permanent tooth	342.75	57.44	285	285	350	395	400	400	408	450	31
D2940	protective restoration	134.97	31.17	100	120	129	156	159	168	175	184	61
D2950	core buildup, including any pins when required	331.68	57.82	256	283	340	370	380	394	400	420	78
D2952	post and core in addition to crown, indirectly fabricated	485.37	102.22	365	413	450	550	557	572	639	671	58
D2954	prefabricated post and core in addition to crown	391.49	71.24	311	341	390	442	446	450	475	526	77
D2961	labial veneer (resin laminate) - laboratory	1,011.64	258.40	680	753	1,089	1,262	1,288	1,347	1,350	1,395	35
D2962	labial veneer (porcelain laminate) - laboratory	1,356.15	250.89	1,000	1,150	1,350	1,550	1,559	1,680	1,700	1,773	69
D2980	crown repair necessitated by restorative material failure	263.22	92.99	158	211	250	295	342	368	380	386	48

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D3110	pulp cap - direct (excluding final restoration)	81.26	20.28	56	68	77	98	100	108	112	117	54
D3120	pulp cap - indirect (excluding final restoration)	79.06	20.69	60	64	76	95	97	98	102	112	48
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	209.69	53.53	154	175	205	258	261	278	278	294	58
D3221	pulpal debridement, primary and permanent teeth	224.76	64.05	173	187	210	278	289	289	300	308	47
D3310	endodontic therapy, anterior tooth (excluding final restoration)	884.54	150.97	700	765	852	1,020	1,020	1,045	1,100	1,105	68
D3320	endodontic therapy, premolar tooth (excluding final restoration)	1,016.88	158.01	800	900	1,030	1,150	1,155	1,215	1,215	1,300	67
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,274.21	188.80	1,000	1,101	1,260	1,421	1,450	1,496	1,502	1,545	63
D3346	retreatment of previous root canal therapy - anterior	972.85	175.46	750	847	945	1,124	1,200	1,200	1,218	1,300	41
D3347	retreatment of previous root canal therapy - premolar	1,114.65	193.53	850	931	1,082	1,300	1,300	1,375	1,418	1,500	41
D3348	retreatment of previous root canal therapy - molar	1,376.74	214.55	1,100	1,200	1,339	1,500	1,600	1,670	1,700	1,749	40
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	600.45	153.57	420	457	600	735	750	750	750	850	48
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	311.05	102.30	202	258	280	375	375	395	447	470	49
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	823.49	197.41	606	670	760	935	975	1,079	1,119	1,250	33
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	588.75	182.94	387	450	550	695	811	827	840	943	32

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D4249	clinical crown lengthening – hard tissue	925.52	236.60	670	750	860	1,199	1,200	1,200	1,209	1,319	47
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1,224.59	341.17	740	920	1,180	1,530	1,530	1,576	1,745	1,900	38
D4321	provisional splinting - extracoronal	438.24	142.58	263	347	400	525	562	567	620	692	44
D4341	periodontal scaling and root planing - four or more teeth per quadrant	288.71	50.49	235	260	289	316	325	328	354	364	74
D4342	periodontal scaling and root planing - one to three teeth per quadrant	209.90	35.92	175	185	200	235	240	250	265	275	70
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	191.12	42.82	140	160	184	225	233	247	250	252	69
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	74.11	40.03	41	42	63	100	100	107	139	171	53
D4910	periodontal maintenance	152.10	24.83	125	130	145	170	170	181	185	186	72
D5110	complete denture - maxillary	1,836.02	397.14	1,355	1,500	1,800	2,100	2,131	2,200	2,252	2,625	84
D5120	complete denture - mandibular	1,842.11	397.17	1,400	1,500	1,800	2,100	2,150	2,200	2,252	2,625	83
D5130	immediate denture - maxillary	2,022.91	396.70	1,550	1,700	1,900	2,300	2,400	2,471	2,513	2,700	79
D5140	immediate denture - mandibular	2,025.11	398.14	1,550	1,700	1,900	2,350	2,400	2,471	2,513	2,700	79
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,399.12	357.26	972	1,136	1,375	1,600	1,625	1,850	1,850	1,950	75
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,390.67	347.57	958	1,165	1,366	1,600	1,625	1,765	1,850	1,950	72
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,897.72	346.35	1,475	1,625	1,900	2,100	2,244	2,306	2,404	2,550	80



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D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,900.36	348.52	1,475	1,625	1,900	2,100	2,244	2,310	2,404	2,550	79
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,610.71	304.51	1,203	1,395	1,545	1,850	1,975	2,000	2,023	2,100	54
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,602.89	300.57	1,221	1,395	1,559	1,850	1,850	2,000	2,023	2,100	53
D5520	replace missing or broken teeth - complete denture (each tooth)	215.33	61.36	143	174	210	250	252	273	273	335	67
D5640	replace broken teeth - per tooth	214.18	54.69	150	170	219	237	255	273	280	298	69
D5650	add tooth to existing partial denture	245.41	53.98	185	200	240	276	282	298	298	336	72
D5660	add clasp to existing partial denture - per tooth	301.65	94.09	208	250	273	335	350	381	423	575	68
D5710	rebase complete maxillary denture	601.00	116.43	465	525	600	699	750	750	750	798	52
D5711	rebase complete mandibular denture	611.16	117.79	465	535	600	687	760	762	794	800	52
D5720	rebase maxillary partial denture	591.67	110.39	452	515	600	652	733	750	750	753	49
D5721	rebase mandibular partial denture	602.36	112.35	465	521	600	684	735	750	750	753	50
D5730	reline complete maxillary denture (chairside)	404.29	114.83	290	330	400	475	486	534	534	630	65
D5731	reline complete mandibular denture (chairside)	400.39	110.39	290	329	400	467	475	502	534	630	64
D5750	reline complete maxillary denture (laboratory)	498.36	96.69	400	425	500	577	585	600	614	628	74
D5751	reline complete mandibular denture (laboratory)	497.77	100.49	400	425	500	575	579	594	615	628	74
D5986	fluoride gel carrier	181.88	63.37	70	135	195	236	237	240	268	300	39
D6010	surgical placement of implant body: endosteal implant	2,157.61	321.50	1,794	1,875	2,200	2,400	2,411	2,500	2,556	2,592	31
D6056	prefabricated abutment – includes modification and placement	786.16	220.18	568	650	750	950	998	998	1,004	1,197	57
D6057	custom fabricated abutment – includes placement	944.71	248.59	640	750	880	1,159	1,208	1,208	1,257	1,325	69

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D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,596.55	259.28	1,223	1,428	1,582	1,750	1,798	1,815	1,858	1,974	65
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,665.98	273.13	1,400	1,425	1,650	1,850	1,877	1,895	2,000	2,180	55
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,607.50	236.49	1,269	1,400	1,579	1,850	1,850	1,858	1,858	1,975	35
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	230.68	125.52	49	135	250	315	315	320	324	391	31
D6210	pontic - cast high noble metal	1,354.13	255.25	1,025	1,105	1,350	1,522	1,559	1,584	1,670	1,890	55
D6240	pontic - porcelain fused to high noble metal	1,353.81	228.60	1,045	1,155	1,325	1,505	1,559	1,582	1,700	1,785	70
D6241	pontic - porcelain fused to predominantly base metal	1,293.99	242.49	1,000	1,100	1,250	1,550	1,550	1,575	1,582	1,584	39
D6245	pontic - porcelain/ceramic	1,375.54	211.79	1,100	1,250	1,365	1,521	1,550	1,582	1,650	1,779	55
D6545	retainer - cast metal for resin bonded fixed prosthesis	779.78	295.75	500	617	750	800	950	1,000	1,103	1,280	51
D6750	retainer crown - porcelain fused to high noble metal	1,379.88	225.05	1,100	1,221	1,348	1,531	1,559	1,700	1,779	1,785	67
D6751	retainer crown - porcelain fused to predominantly base metal	1,264.91	220.26	969	1,088	1,200	1,362	1,455	1,688	1,700	1,781	34
D6790	retainer crown - full cast high noble metal	1,397.83	238.50	1,075	1,205	1,353	1,582	1,584	1,670	1,700	1,890	48
D6930	re-cement or re-bond fixed partial denture	188.36	61.73	128	145	172	217	220	250	300	310	66
D7111	extraction, coronal remnants – primary tooth	145.29	56.24	96	103	132	170	178	185	205	295	57
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	195.58	42.62	150	164	191	227	240	242	250	290	78
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	307.80	51.55	250	270	305	350	351	375	385	395	66

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D7220	removal of impacted tooth - soft tissue	374.68	59.65	280	326	394	424	425	425	426	447	44
D7230	removal of impacted tooth - partially bony	481.99	70.55	384	435	496	525	547	547	557	564	36
D7240	removal of impacted tooth - completely bony	555.45	92.05	440	485	581	645	650	656	656	695	32
D7250	removal of residual tooth roots (cutting procedure)	330.60	67.46	252	270	340	373	375	398	414	417	48
D7286	incisional biopsy of oral tissue-soft	340.81	103.10	190	255	360	438	449	450	452	452	33
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	321.44	82.41	235	265	312	359	399	430	430	440	38
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	473.71	122.76	340	400	475	536	591	602	607	638	30
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	474.33	118.76	320	400	499	550	561	568	601	648	36
D9110	palliative (emergency) treatment of dental pain - minor procedure	131.38	34.67	95	102	120	157	167	168	190	192	70
D9120	fixed partial denture sectioning	179.24	60.61	115	152	180	188	200	225	289	294	32
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	73.28	34.48	0	70	75	91	98	100	107	114	36
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	105.22	59.64	50	65	100	135	159	177	194	247	46
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	68.79	39.59	0	45	75	98	100	106	113	114	37
D9440	office visit - after regularly scheduled hours	171.31	53.95	100	117	184	211	218	220	248	250	48
D9910	application of desensitizing medicament	54.55	19.94	26	40	52	70	76	77	80	89	52
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	58.16	32.52	0	40	65	75	75	80	88	123	38
D9940	occlusal guard, by report	548.68	147.36	400	450	544	610	613	660	664	863	71

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D9941	fabrication of athletic mouthguard	241.00	129.36	65	125	250	383	385	400	400	400	53
D9951	occlusal adjustment - limited	164.76	51.48	95	120	172	200	200	212	248	250	44
D9952	occlusal adjustment - complete	674.05	229.25	350	455	725	886	900	900	950	955	41
D9972	external bleaching - per arch - performed in office	283.74	125.34	180	200	250	350	359	425	473	527	39
D9974	internal bleaching - per tooth	315.13	91.80	185	269	306	375	387	425	425	450	40
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	270.25	118.23	100	199	266	349	349	350	390	400	36

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D0120	periodic oral evaluation - established patient	55.56	19.42	36	43	55	65	68	70	81	90	98
D0140	limited oral evaluation - problem focused	72.93	26.77	40	50	76	92	97	100	100	115	96
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	68.05	29.61	40	45	65	88	96	100	102	110	53
D0150	comprehensive oral evaluation - new or established patient	86.19	32.12	55	68	81	103	108	115	125	131	95
D0160	detailed and extensive oral evaluation - problem focused, by report	115.78	72.42	46	65	119	164	170	170	197	240	63
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	56.40	48.38	0	20	62	85	87	90	95	150	62
D0171	re-evaluation – post-operative office visit	11.13	30.18	0	0	0	0	0	45	50	83	37
D0180	comprehensive periodontal evaluation - new or established patient	107.70	43.91	65	85	93	126	130	150	180	195	65
D0210	intraoral - complete series of radiographic images	145.77	40.68	111	119	139	160	166	185	210	225	94
D0220	intraoral - periapical first radiographic image	29.87	9.23	20	25	29	35	35	38	43	45	101
D0230	intraoral - periapical each additional radiographic image	23.57	7.90	17	20	23	28	29	30	33	35	98
D0272	bitewings - two radiographic images	51.16	11.29	40	45	50	59	60	60	67	67	87
D0273	bitewings - three radiographic images	59.00	15.03	45	48	58	66	71	75	80	80	63
D0274	bitewings - four radiographic images	73.34	20.67	52	60	70	81	85	90	100	102	89
D0277	vertical bitewings - 7 to 8 radiographic images	102.21	21.23	83	90	100	118	119	119	120	126	39
D0330	panoramic radiographic image	129.56	38.04	96	101	121	150	150	156	167	205	65
D0470	diagnostic casts	131.80	66.26	70	85	115	150	175	200	200	280	70
D1110	prophylaxis - adult	101.73	33.40	65	82	99	121	124	140	150	152	98
D1120	prophylaxis - child	72.41	22.78	49	59	72	85	90	96	103	106	99
D1206	topical application of fluoride varnish	45.86	15.72	28	35	46	56	58	59	63	65	80

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D1208	topical application of fluoride – excluding varnish	41.14	10.41	29	35	40	49	50	55	55	60	68
D1320	tobacco counseling for the control and prevention of oral disease	40.28	50.95	0	0	30	76	79	88	106	120	31
D1330	oral hygiene instructions	25.09	30.73	0	0	25	49	49	52	69	77	49
D1351	sealant - per tooth	62.55	23.42	39	49	59	74	80	83	95	100	87
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	92.63	40.50	40	75	88	108	110	130	137	143	33
D1510	space maintainer - fixed - unilateral	346.08	96.27	250	273	348	393	401	465	485	485	50
D1515	space maintainer - fixed - bilateral	463.79	137.50	300	380	456	524	537	627	627	680	47
D2140	amalgam - one surface, primary or permanent	151.54	47.37	95	115	150	180	182	196	200	216	76
D2150	amalgam - two surfaces, primary or permanent	193.95	57.55	130	155	195	235	237	253	253	275	74
D2160	amalgam - three surfaces, primary or permanent	229.87	67.71	150	170	228	280	282	285	289	325	75
D2161	amalgam - four or more surfaces, primary or permanent	273.22	82.86	180	225	275	335	337	345	350	400	74
D2330	resin-based composite - one surface, anterior	187.95	57.52	128	150	185	200	217	245	250	300	95
D2331	resin-based composite - two surfaces, anterior	228.54	64.78	150	184	231	253	255	275	300	365	95
D2332	resin-based composite - three surfaces, anterior	273.82	77.38	188	227	280	300	304	330	350	432	96
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	337.60	102.57	240	282	332	375	395	448	500	500	94
D2390	resin-based composite crown, anterior	503.06	243.16	325	380	441	587	607	661	804	1,014	40
D2391	resin-based composite - one surface, posterior	197.68	56.85	142	161	191	220	225	250	255	320	91
D2392	resin-based composite - two surfaces, posterior	249.93	61.63	180	211	247	276	285	305	330	365	88

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2393	resin-based composite - three surfaces, posterior	303.39	71.88	225	262	300	343	350	355	375	449	87
D2394	resin-based composite - four or more surfaces, posterior	349.41	97.31	250	310	337	383	395	420	438	595	82
D2520	inlay - metallic - two surfaces	999.30	308.59	595	800	1,020	1,130	1,150	1,200	1,257	1,513	35
D2543	onlay - metallic - three surfaces	1,138.16	308.40	875	900	1,056	1,295	1,295	1,334	1,500	1,845	36
D2620	inlay - porcelain/ceramic - two surfaces	1,128.01	282.24	860	939	1,150	1,266	1,350	1,350	1,430	1,500	50
D2642	onlay - porcelain/ceramic - two surfaces	1,192.94	362.76	850	937	1,130	1,350	1,385	1,513	1,750	1,845	44
D2643	onlay - porcelain/ceramic - three surfaces	1,241.40	308.07	900	1,032	1,254	1,375	1,375	1,500	1,750	1,750	52
D2644	onlay - porcelain/ceramic - four or more surfaces	1,300.67	322.82	950	1,100	1,300	1,455	1,500	1,695	1,750	1,750	51
D2710	crown - resin-based composite (indirect)	800.52	456.99	400	555	681	1,043	1,122	1,122	1,154	2,000	38
D2740	crown - porcelain/ceramic	1,370.57	381.77	1,014	1,055	1,314	1,590	1,695	1,800	2,000	2,010	87
D2750	crown - porcelain fused to high noble metal	1,326.00	340.62	1,000	1,055	1,308	1,433	1,513	1,650	1,800	2,000	84
D2751	crown - porcelain fused to predominantly base metal	1,110.29	222.25	900	998	1,046	1,309	1,350	1,350	1,400	1,450	47
D2752	crown - porcelain fused to noble metal	1,260.78	357.43	997	1,014	1,200	1,400	1,425	1,559	1,650	2,000	64
D2783	crown - 3/4 porcelain/ceramic	1,350.67	389.30	1,035	1,055	1,350	1,400	1,461	1,875	2,004	2,004	33
D2790	crown - full cast high noble metal	1,354.60	342.85	1,014	1,100	1,309	1,475	1,513	1,659	1,800	2,004	64
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	379.61	210.95	150	250	399	500	550	568	600	675	67
D2920	re-cement or re-bond crown	120.59	39.84	80	95	116	135	142	150	175	200	90
D2930	prefabricated stainless steel crown - primary tooth	309.61	86.95	225	250	300	340	355	396	450	450	47
D2931	prefabricated stainless steel crown - permanent tooth	349.56	101.27	250	300	325	406	412	495	495	525	37
D2940	protective restoration	126.84	38.67	90	101	125	135	143	154	185	200	67
D2950	core buildup, including any pins when required	293.99	86.98	200	240	288	335	337	357	390	450	89
D2952	post and core in addition to crown, indirectly fabricated	417.51	113.24	300	325	400	480	499	500	531	615	73

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2954	prefabricated post and core in addition to crown	375.42	101.94	265	309	368	426	450	486	500	501	82
D2961	labial veneer (resin laminate) - laboratory	1,082.92	562.51	550	725	1,000	1,280	1,500	1,975	1,975	2,000	40
D2962	labial veneer (porcelain laminate) - laboratory	1,344.22	363.48	1,000	1,100	1,288	1,495	1,559	1,750	2,000	2,004	74
D2980	crown repair necessitated by restorative material failure	291.30	91.95	180	250	297	342	360	375	405	450	52
D3110	pulp cap - direct (excluding final restoration)	95.67	38.49	55	75	98	112	115	120	125	177	59
D3120	pulp cap - indirect (excluding final restoration)	100.28	43.75	52	77	99	112	120	123	149	200	57
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	206.40	88.13	105	164	208	239	250	255	300	350	69
D3221	pulpal debridement, primary and permanent teeth	198.81	91.59	100	150	210	253	256	276	280	325	56
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	283.49	103.46	150	251	272	338	338	364	375	397	30
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	314.31	123.79	195	237	303	363	386	397	407	500	37
D3310	endodontic therapy, anterior tooth (excluding final restoration)	827.87	170.39	635	695	844	915	950	975	1,000	1,100	82
D3320	endodontic therapy, premolar tooth (excluding final restoration)	975.41	209.18	750	809	990	1,100	1,125	1,195	1,200	1,300	80
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,178.65	263.98	898	990	1,167	1,349	1,395	1,405	1,500	1,500	82
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	414.91	218.47	200	305	408	513	570	650	650	665	40



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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3346	retreatment of previous root canal therapy - anterior	978.00	241.53	725	778	991	1,165	1,200	1,200	1,225	1,250	46
D3347	retreatment of previous root canal therapy - premolar	1,127.76	280.44	825	927	1,150	1,254	1,293	1,363	1,447	1,500	47
D3348	retreatment of previous root canal therapy - molar	1,282.75	327.21	900	1,050	1,338	1,458	1,476	1,500	1,700	1,780	49
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	620.39	222.66	385	495	613	772	800	815	821	922	55
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	350.15	152.72	192	254	344	400	468	500	500	530	63
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	863.22	288.96	533	679	954	1,035	1,035	1,101	1,150	1,200	41
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	667.09	315.68	292	550	616	742	800	902	902	1,350	41
D4249	clinical crown lengthening – hard tissue	750.83	292.74	375	550	800	925	954	967	1,079	1,140	54
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1,186.69	499.50	500	978	1,242	1,445	1,539	1,628	1,720	1,720	34
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	986.46	247.38	800	885	925	1,060	1,117	1,296	1,296	1,350	30
D4263	bone replacement graft – retained natural tooth – first site in quadrant	647.25	275.21	400	500	625	737	800	898	988	988	36
D4321	provisional splinting - extracoronal	438.34	201.93	200	318	428	505	554	600	698	800	53
D4341	periodontal scaling and root planing - four or more teeth per quadrant	278.60	73.53	200	233	275	300	304	350	350	385	79

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4342	periodontal scaling and root planing - one to three teeth per quadrant	198.02	54.25	150	168	194	210	215	242	256	315	71
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	188.75	49.45	128	160	191	220	225	230	233	243	72
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	84.43	47.62	50	55	71	99	101	125	150	179	59
D4910	periodontal maintenance	156.37	46.35	96	129	155	189	190	198	200	230	68
D5110	complete denture - maxillary	1,780.03	622.14	1,100	1,328	1,700	2,015	2,100	2,256	2,541	2,695	95
D5120	complete denture - mandibular	1,779.44	621.85	1,100	1,328	1,698	2,015	2,100	2,260	2,541	2,695	95
D5130	immediate denture - maxillary	1,759.95	639.28	1,182	1,301	1,671	2,046	2,180	2,183	2,395	2,895	80
D5140	immediate denture - mandibular	1,769.85	669.44	1,182	1,350	1,671	2,046	2,180	2,207	2,395	3,300	79
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,475.05	508.26	861	1,150	1,500	1,750	1,888	2,000	2,015	2,057	80
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,497.97	510.88	861	1,230	1,500	1,888	1,965	2,000	2,015	2,017	79
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,866.13	584.90	1,295	1,500	1,815	2,100	2,210	2,400	2,633	2,900	88
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,877.35	599.35	1,295	1,500	1,815	2,100	2,210	2,400	2,622	2,900	88
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,626.83	635.67	1,000	1,185	1,650	2,000	2,015	2,097	2,311	2,900	60
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,623.80	605.86	1,000	1,200	1,637	1,980	2,015	2,050	2,100	2,500	61
D5520	replace missing or broken teeth - complete denture (each tooth)	190.42	62.01	131	145	178	225	228	250	276	285	71

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5640	replace broken teeth - per tooth	191.66	59.31	135	153	191	225	235	250	250	289	75
D5650	add tooth to existing partial denture	219.11	65.08	150	178	225	250	250	272	275	334	76
D5660	add clasp to existing partial denture - per tooth	253.42	74.28	171	200	250	298	303	330	342	394	69
D5710	rebase complete maxillary denture	577.59	188.58	350	475	558	699	735	815	815	867	51
D5711	rebase complete mandibular denture	572.54	182.38	350	489	552	650	725	775	775	865	50
D5720	rebase maxillary partial denture	549.48	186.49	317	462	532	625	708	770	770	842	50
D5721	rebase mandibular partial denture	547.63	189.35	317	450	525	627	708	770	770	837	48
D5730	reline complete maxillary denture (chairside)	380.67	125.13	246	300	377	460	493	500	535	561	76
D5731	reline complete mandibular denture (chairside)	379.74	124.88	246	300	376	460	489	500	535	551	75
D5750	reline complete maxillary denture (laboratory)	461.36	127.93	300	375	480	517	550	584	610	684	89
D5751	reline complete mandibular denture (laboratory)	459.99	134.48	300	375	475	517	550	585	610	698	89
D6010	surgical placement of implant body: endosteal implant	2,118.00	594.40	1,600	1,800	2,000	2,282	2,300	2,399	2,927	3,350	43
D6056	prefabricated abutment – includes modification and placement	808.10	269.52	500	650	790	900	945	1,062	1,200	1,299	62
D6057	custom fabricated abutment – includes placement	923.41	272.26	650	750	939	1,022	1,080	1,171	1,303	1,453	79
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,488.77	334.55	1,100	1,290	1,500	1,739	1,750	1,800	1,800	1,900	72
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,728.61	489.21	1,100	1,443	1,716	1,925	2,000	2,200	2,254	2,825	66
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,452.63	416.43	1,098	1,133	1,395	1,650	1,710	1,900	2,000	2,138	41
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,748.05	653.98	1,100	1,300	1,705	2,200	2,266	2,266	2,500	2,832	31

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	233.86	173.02	59	150	207	300	300	414	440	500	40
D6210	pontic - cast high noble metal	1,306.52	369.43	995	1,014	1,275	1,450	1,584	1,659	1,800	2,004	53
D6240	pontic - porcelain fused to high noble metal	1,285.29	340.73	989	1,014	1,275	1,379	1,400	1,495	1,856	2,004	72
D6241	pontic - porcelain fused to predominantly base metal	1,236.26	414.59	900	1,014	1,092	1,360	1,400	1,500	2,000	2,004	43
D6245	pontic - porcelain/ceramic	1,297.22	355.61	1,012	1,050	1,275	1,428	1,450	1,495	1,775	2,004	63
D6545	retainer - cast metal for resin bonded fixed prosthesis	740.66	318.63	397	525	700	888	1,006	1,029	1,241	1,241	48
D6750	retainer crown - porcelain fused to high noble metal	1,364.29	356.69	1,014	1,055	1,321	1,489	1,650	1,750	1,940	2,004	61
D6751	retainer crown - porcelain fused to predominantly base metal	1,300.69	436.34	925	1,014	1,231	1,500	1,650	1,650	2,000	2,004	38
D6790	retainer crown - full cast high noble metal	1,289.59	342.05	995	1,050	1,288	1,411	1,450	1,518	1,700	2,004	49
D6930	re-cement or re-bond fixed partial denture	181.75	83.90	99	134	166	207	225	225	258	395	69
D7111	extraction, coronal remnants – primary tooth	140.77	58.87	85	100	131	161	173	182	228	250	64
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	214.22	72.80	138	174	202	248	250	285	348	350	88
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	318.24	94.78	229	263	304	368	380	380	430	450	75
D7220	removal of impacted tooth - soft tissue	376.92	105.73	265	293	389	418	462	480	500	562	47
D7230	removal of impacted tooth - partially bony	444.72	134.62	300	367	400	525	575	575	640	640	45
D7240	removal of impacted tooth - completely bony	547.74	180.45	373	448	535	650	702	702	750	800	38
D7250	removal of residual tooth roots (cutting procedure)	343.21	92.42	250	280	339	392	405	429	450	453	54
D7286	incisional biopsy of oral tissue-soft	393.99	197.90	150	288	390	500	501	655	690	690	34

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	335.07	119.19	175	274	325	400	400	450	450	450	42
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	457.71	206.08	240	339	408	570	652	652	660	699	38
D7953	bone replacement graft for ridge preservation - per site	601.27	253.70	385	400	540	848	848	862	962	962	32
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	474.89	161.85	250	398	503	550	570	585	650	655	38
D8090	comprehensive orthodontic treatment of the adult dentition	5,730.46	918.70	4,997	5,296	5,500	6,000	6,000	6,093	6,690	7,664	31
D8692	replacement of lost or broken retainer	337.21	171.67	125	263	348	450	478	500	500	500	30
D9110	palliative (emergency) treatment of dental pain - minor procedure	120.57	52.85	80	95	115	143	145	167	195	200	94
D9120	fixed partial denture sectioning	180.86	90.20	90	136	170	224	230	234	250	301	43
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	83.81	48.41	35	70	75	100	109	125	145	165	45
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	95.35	68.66	0	65	104	140	150	169	169	199	50
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	48.02	52.17	0	0	40	78	83	83	92	112	46
D9440	office visit - after regularly scheduled hours	152.52	72.90	98	100	141	180	193	222	250	275	47
D9630	drugs or medicaments dispensed in the office for home use	26.54	25.85	0	0	28	45	45	50	57	57	33
D9910	application of desensitizing medicament	59.80	23.59	36	49	59	70	73	75	78	91	55
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	62.42	40.55	0	45	65	84	95	103	115	116	45
D9940	occlusal guard, by report	568.84	185.07	385	450	553	664	695	750	850	863	79

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9941	fabrication of athletic mouthguard	234.96	139.01	100	150	231	300	320	380	400	487	53
D9951	occlusal adjustment - limited	158.83	84.01	56	99	155	195	200	220	237	300	51
D9952	occlusal adjustment - complete	598.39	211.70	325	500	602	720	810	860	870	870	41
D9972	external bleaching - per arch - performed in office	354.32	182.95	150	220	350	476	476	500	600	660	54
D9974	internal bleaching - per tooth	285.48	108.67	154	209	269	374	386	417	417	450	38
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	336.42	140.40	150	250	350	401	420	433	499	550	49

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	51.08	10.69	38	45	51	58	60	61	63	66	170
D0140	limited oral evaluation - problem focused	72.33	15.95	46	65	75	84	85	85	87	91	165
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	66.12	18.20	40	50	66	76	80	85	91	95	82
D0150	comprehensive oral evaluation - new or established patient	80.93	20.83	54	70	83	92	96	97	102	109	158
D0160	detailed and extensive oral evaluation - problem focused, by report	125.01	56.24	47	83	142	168	171	174	182	197	85
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	51.26	30.14	0	39	58	73	75	79	80	86	95
D0171	re-evaluation – post-operative office visit	15.00	27.85	0	0	0	15	47	55	63	70	62
D0180	comprehensive periodontal evaluation - new or established patient	98.01	23.90	69	82	96	116	118	119	122	129	104
D0210	intraoral - complete series of radiographic images	139.47	21.52	118	125	136	150	156	158	166	178	148
D0220	intraoral - periapical first radiographic image	28.32	6.74	20	25	29	32	33	35	35	37	170
D0230	intraoral - periapical each additional radiographic image	23.51	6.08	15	20	24	27	28	29	30	32	166
D0272	bitewings - two radiographic images	46.24	6.87	40	41	46	50	52	53	54	55	154
D0273	bitewings - three radiographic images	54.50	8.34	40	49	55	60	61	64	65	68	94
D0274	bitewings - four radiographic images	64.82	9.90	52	60	65	72	73	75	76	80	151
D0277	vertical bitewings - 7 to 8 radiographic images	96.75	16.93	75	83	98	108	109	111	113	119	64
D0330	panoramic radiographic image	119.86	18.12	97	110	119	130	135	136	143	150	130
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	63.68	41.37	0	39	68	79	83	87	95	135	74
D0470	diagnostic casts	117.82	40.62	66	90	116	140	144	150	165	178	124
D1110	prophylaxis - adult	89.35	16.10	70	80	90	100	101	105	108	112	170
D1120	prophylaxis - child	66.53	13.35	50	59	65	77	79	80	80	88	170

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D1206	topical application of fluoride varnish	41.09	7.86	30	35	42	46	47	49	49	52	134
D1208	topical application of fluoride – excluding varnish	38.74	8.13	29	33	40	44	45	47	49	51	129
D1320	tobacco counseling for the control and prevention of oral disease	29.70	41.83	0	0	0	64	75	81	86	90	48
D1330	oral hygiene instructions	22.17	27.35	0	0	0	50	56	58	59	65	81
D1351	sealant - per tooth	53.86	9.71	40	47	54	61	62	64	66	70	150
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	93.66	38.24	50	68	95	115	116	118	125	157	40
D1510	space maintainer - fixed - unilateral	331.16	61.78	260	300	325	355	360	377	400	430	108
D1515	space maintainer - fixed - bilateral	447.65	92.17	339	381	439	500	506	520	561	610	101
D2140	amalgam - one surface, primary or permanent	135.66	26.14	100	120	131	150	155	160	169	176	126
D2150	amalgam - two surfaces, primary or permanent	168.22	30.84	129	147	169	183	190	194	207	221	124
D2160	amalgam - three surfaces, primary or permanent	199.93	40.14	150	172	200	223	226	230	248	268	125
D2161	amalgam - four or more surfaces, primary or permanent	238.39	50.43	175	200	235	269	273	280	305	333	125
D2330	resin-based composite - one surface, anterior	164.47	26.82	135	146	165	180	185	191	199	202	153
D2331	resin-based composite - two surfaces, anterior	200.28	35.49	156	175	203	220	221	225	238	253	159
D2332	resin-based composite - three surfaces, anterior	242.78	46.33	190	210	243	269	273	287	290	312	157
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	294.83	59.99	220	250	295	332	347	360	380	393	155
D2390	resin-based composite crown, anterior	456.14	146.93	260	375	469	510	519	521	600	650	57
D2391	resin-based composite - one surface, posterior	179.74	28.97	141	160	180	200	202	210	215	221	149



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D2392	resin-based composite - two surfaces, posterior	228.90	40.12	172	200	231	254	262	269	280	300	151
D2393	resin-based composite - three surfaces, posterior	274.96	51.34	205	231	279	310	318	330	338	371	152
D2394	resin-based composite - four or more surfaces, posterior	323.31	61.21	232	270	333	376	380	390	395	414	146
D2520	inlay - metallic - two surfaces	938.16	229.79	650	765	949	1,089	1,118	1,131	1,243	1,319	60
D2543	onlay - metallic - three surfaces	1,061.02	218.41	775	900	1,005	1,300	1,323	1,323	1,335	1,421	58
D2620	inlay - porcelain/ceramic - two surfaces	1,023.61	188.89	800	900	1,000	1,174	1,209	1,240	1,250	1,309	73
D2642	onlay - porcelain/ceramic - two surfaces	1,060.11	200.29	803	895	1,050	1,256	1,256	1,284	1,330	1,352	65
D2643	onlay - porcelain/ceramic - three surfaces	1,099.38	215.03	850	913	1,050	1,286	1,298	1,350	1,421	1,483	68
D2644	onlay - porcelain/ceramic - four or more surfaces	1,130.93	213.13	900	952	1,086	1,350	1,370	1,382	1,398	1,429	73
D2651	inlay - resin-based composite - two surfaces	880.22	172.49	626	791	891	984	1,000	1,006	1,032	1,220	41
D2662	onlay - resin-based composite - two surfaces	930.44	195.44	633	840	945	1,000	1,021	1,084	1,220	1,290	39
D2663	onlay - resin-based composite - three surfaces	990.76	194.77	768	900	1,000	1,090	1,121	1,141	1,242	1,350	41
D2664	onlay - resin-based composite - four or more surfaces	1,028.35	190.14	822	900	1,000	1,121	1,169	1,189	1,300	1,350	43
D2710	crown - resin-based composite (indirect)	797.04	247.75	400	600	809	980	990	1,063	1,120	1,200	55
D2740	crown - porcelain/ceramic	1,151.54	162.65	968	1,048	1,125	1,262	1,302	1,336	1,381	1,417	154
D2750	crown - porcelain fused to high noble metal	1,133.22	182.02	910	987	1,109	1,250	1,281	1,336	1,381	1,402	134
D2751	crown - porcelain fused to predominantly base metal	1,032.42	169.36	838	910	1,000	1,120	1,166	1,200	1,229	1,300	82
D2752	crown - porcelain fused to noble metal	1,096.86	159.48	900	977	1,087	1,200	1,205	1,256	1,294	1,435	115
D2780	crown - 3/4 cast high noble metal	1,111.82	167.61	922	980	1,100	1,250	1,272	1,275	1,295	1,375	58
D2783	crown - 3/4 porcelain/ceramic	1,136.45	168.80	950	1,016	1,100	1,250	1,296	1,373	1,381	1,400	58
D2790	crown - full cast high noble metal	1,199.49	184.06	980	1,050	1,200	1,327	1,361	1,391	1,444	1,500	129

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D2799	provisional crown– further treatment or completion of diagnosis necessary prior to final impression	336.30	165.86	100	193	370	450	475	497	517	583	82
D2920	re-cement or re-bond crown	111.00	22.35	80	96	112	129	132	134	136	144	147
D2930	prefabricated stainless steel crown - primary tooth	280.85	54.99	214	250	285	313	317	325	343	355	101
D2931	prefabricated stainless steel crown - permanent tooth	322.95	71.17	225	260	327	371	382	383	416	450	74
D2940	protective restoration	124.89	34.65	91	103	122	132	136	144	153	187	116
D2950	core buildup, including any pins when required	284.58	42.10	240	254	285	309	312	321	329	343	153
D2952	post and core in addition to crown, indirectly fabricated	400.65	83.36	294	350	401	456	462	474	477	507	108
D2954	prefabricated post and core in addition to crown	349.35	51.95	280	315	350	385	390	400	410	425	140
D2961	labial veneer (resin laminate) - laboratory	985.14	176.18	750	865	995	1,107	1,130	1,164	1,164	1,250	59
D2962	labial veneer (porcelain laminate) - laboratory	1,164.24	198.52	935	1,003	1,150	1,320	1,353	1,393	1,413	1,447	137
D2980	crown repair necessitated by restorative material failure	276.86	83.77	167	215	291	326	340	355	392	392	69
D3110	pulp cap - direct (excluding final restoration)	82.47	22.09	50	70	85	95	97	100	104	110	115
D3120	pulp cap - indirect (excluding final restoration)	79.88	21.28	50	67	84	92	94	95	103	114	101
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	197.83	49.86	150	170	200	225	229	235	250	268	128
D3221	pulpal debridement, primary and permanent teeth	218.13	58.43	145	192	225	251	257	265	293	299	101
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	254.89	74.32	155	196	272	297	300	305	317	353	44

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D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	282.96	78.21	170	233	295	337	349	350	352	369	52
D3310	endodontic therapy, anterior tooth (excluding final restoration)	763.06	129.59	600	670	761	837	845	865	915	1,005	151
D3320	endodontic therapy, premolar tooth (excluding final restoration)	886.35	138.33	725	798	890	963	980	1,001	1,050	1,114	146
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,067.02	159.43	875	959	1,050	1,177	1,189	1,200	1,235	1,311	142
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	335.75	222.56	0	180	397	471	474	511	532	557	56
D3346	retreatment of previous root canal therapy - anterior	893.04	167.67	700	780	882	1,007	1,026	1,060	1,083	1,225	79
D3347	retreatment of previous root canal therapy - premolar	1,024.63	196.42	800	900	993	1,154	1,191	1,203	1,250	1,432	77
D3348	retreatment of previous root canal therapy - molar	1,210.16	218.89	950	1,045	1,200	1,360	1,397	1,432	1,481	1,610	76
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	344.85	74.75	225	300	368	390	398	410	433	454	34
D3352	apexification/recalcification – interim medication replacement	250.99	53.44	199	213	256	284	297	310	315	315	30
D3410	apicoectomy - anterior	748.99	189.20	472	650	763	900	931	931	982	1,000	54
D3421	apicoectomy - premolar (first root)	818.92	229.77	440	698	860	973	1,050	1,100	1,102	1,152	41
D3425	apicoectomy - molar (first root)	902.82	286.10	450	698	932	1,050	1,155	1,200	1,220	1,399	34
D3426	apicoectomy (each additional root)	393.68	102.02	210	337	400	452	462	495	500	569	31
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	607.03	191.66	375	470	630	721	732	775	802	860	100
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	295.25	111.31	150	235	290	350	350	362	400	450	107

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D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	219.67	119.62	85	140	201	290	291	334	342	425	52
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	739.04	226.34	439	515	754	920	950	1,016	1,016	1,025	64
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	546.50	183.72	276	420	580	699	700	705	732	823	60
D4249	clinical crown lengthening – hard tissue	761.89	224.02	450	640	785	884	940	967	976	1,049	81
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1,143.93	346.45	646	800	1,200	1,468	1,482	1,491	1,530	1,630	51
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	894.75	230.77	586	725	939	1,065	1,110	1,161	1,161	1,197	47
D4263	bone replacement graft – retained natural tooth – first site in quadrant	593.83	146.62	400	500	587	671	730	743	790	850	48
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	462.69	166.00	225	300	500	600	634	648	661	790	39
D4266	guided tissue regeneration - resorbable barrier, per site	586.38	249.40	225	379	660	765	788	825	865	898	36
D4321	provisional splinting - extracoronal	393.97	121.27	213	300	417	475	479	505	526	535	80
D4341	periodontal scaling and root planing - four or more teeth per quadrant	258.82	45.02	208	230	252	286	290	300	317	348	148
D4342	periodontal scaling and root planing - one to three teeth per quadrant	183.05	35.73	135	156	185	200	209	213	222	231	130
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	181.15	34.24	132	165	180	205	210	215	222	230	139

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D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	81.78	47.61	40	50	70	95	99	134	150	197	100
D4910	periodontal maintenance	142.87	26.96	105	125	142	160	165	167	173	190	133
D5110	complete denture - maxillary	1,630.72	382.11	1,100	1,400	1,650	1,802	1,872	1,941	2,028	2,254	160
D5120	complete denture - mandibular	1,633.86	385.31	1,100	1,400	1,650	1,850	1,889	1,955	2,056	2,262	160
D5130	immediate denture - maxillary	1,765.33	366.88	1,300	1,524	1,750	1,965	2,010	2,100	2,240	2,328	151
D5140	immediate denture - mandibular	1,768.06	368.49	1,300	1,524	1,750	1,965	2,010	2,107	2,262	2,354	151
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,358.46	401.70	800	1,100	1,347	1,600	1,734	1,850	1,900	2,000	130
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,353.79	392.25	800	1,095	1,347	1,611	1,734	1,849	1,900	2,000	129
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,739.84	348.24	1,230	1,500	1,800	1,933	1,984	2,016	2,038	2,269	157
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,742.99	352.62	1,230	1,500	1,801	1,933	1,965	2,022	2,038	2,280	158
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	1,396.03	538.58	600	1,000	1,400	1,800	1,849	2,000	2,000	2,340	30
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,527.03	339.42	1,100	1,300	1,525	1,790	1,800	1,853	1,893	1,980	86
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,540.22	350.65	1,100	1,300	1,525	1,776	1,801	1,853	1,936	2,084	88
D5520	replace missing or broken teeth - complete denture (each tooth)	187.20	57.06	120	150	188	218	225	230	250	333	128
D5640	replace broken teeth - per tooth	183.14	46.15	125	150	186	211	223	228	236	250	137
D5650	add tooth to existing partial denture	228.03	53.75	152	195	228	253	265	279	287	326	142

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D5660	add clasp to existing partial denture - per tooth	262.20	53.35	179	230	270	300	303	320	325	332	129
D5710	rebase complete maxillary denture	556.07	131.41	400	450	575	616	641	672	688	709	94
D5711	rebase complete mandibular denture	556.87	132.54	400	450	575	635	651	663	692	716	94
D5720	rebase maxillary partial denture	534.42	114.51	394	450	549	614	640	655	669	683	90
D5721	rebase mandibular partial denture	537.94	121.52	390	450	549	614	635	655	669	682	89
D5730	reline complete maxillary denture (chairside)	343.05	100.19	200	285	350	404	419	432	446	495	126
D5731	reline complete mandibular denture (chairside)	341.97	99.00	200	285	350	404	419	425	444	475	126
D5750	reline complete maxillary denture (laboratory)	441.34	108.64	280	400	461	520	525	533	550	565	150
D5751	reline complete mandibular denture (laboratory)	441.63	108.83	280	400	461	520	525	531	555	565	150
D5986	fluoride gel carrier	177.09	86.42	73	125	180	200	237	250	286	287	55
D6010	surgical placement of implant body: endosteal implant	2,023.71	299.47	1,700	1,850	1,975	2,182	2,205	2,350	2,400	2,583	64
D6055	connecting bar – implant supported or abutment supported	2,753.26	1,479.75	882	1,535	2,825	3,532	3,749	4,093	4,663	4,972	50
D6056	prefabricated abutment – includes modification and placement	701.13	190.13	475	540	690	850	858	894	936	985	110
D6057	custom fabricated abutment – includes placement	864.37	209.52	600	726	850	1,000	1,019	1,048	1,091	1,232	114
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,472.54	304.45	1,082	1,268	1,452	1,647	1,671	1,700	1,828	2,029	110
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,541.72	306.74	1,200	1,275	1,560	1,701	1,744	1,812	1,963	2,029	90
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,495.53	292.23	1,200	1,313	1,474	1,600	1,635	1,711	1,875	2,029	59
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,507.47	303.04	1,200	1,300	1,525	1,702	1,730	1,752	1,875	2,010	44

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D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	159.47	114.83	0	75	138	250	250	279	334	377	64
D6210	pontic - cast high noble metal	1,148.04	189.69	951	1,000	1,114	1,250	1,275	1,300	1,365	1,588	100
D6240	pontic - porcelain fused to high noble metal	1,138.21	184.48	949	989	1,120	1,248	1,280	1,300	1,336	1,540	133
D6241	pontic - porcelain fused to predominantly base metal	1,049.02	178.26	825	948	1,000	1,161	1,200	1,230	1,288	1,336	77
D6245	pontic - porcelain/ceramic	1,158.42	189.13	968	1,045	1,126	1,250	1,294	1,302	1,362	1,657	117
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	570.70	314.73	152	324	610	835	867	900	981	986	48
D6545	retainer - cast metal for resin bonded fixed prosthesis	761.98	271.61	414	575	750	907	967	1,031	1,114	1,205	75
D6750	retainer crown - porcelain fused to high noble metal	1,143.98	169.12	950	995	1,137	1,250	1,281	1,306	1,395	1,435	121
D6751	retainer crown - porcelain fused to predominantly base metal	1,077.53	167.43	825	975	1,050	1,200	1,221	1,262	1,287	1,336	76
D6790	retainer crown - full cast high noble metal	1,166.74	200.91	950	985	1,137	1,275	1,303	1,323	1,398	1,657	96
D6930	re-cement or re-bond fixed partial denture	166.27	43.05	110	146	165	185	193	200	216	226	127
D7111	extraction, coronal remnants – primary tooth	126.56	32.29	80	110	128	146	149	151	160	190	106
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	176.60	35.27	125	150	177	200	205	211	225	235	162
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	289.27	43.13	238	260	290	314	323	335	350	360	139
D7220	removal of impacted tooth - soft tissue	331.39	54.24	265	292	325	369	371	388	400	416	100
D7230	removal of impacted tooth - partially bony	420.41	75.55	325	362	425	465	475	490	500	525	91
D7240	removal of impacted tooth - completely bony	492.25	88.78	375	430	490	552	557	561	585	616	70



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D7250	removal of residual tooth roots (cutting procedure)	293.55	65.31	205	242	296	338	342	349	370	422	102
D7286	incisional biopsy of oral tissue-soft	324.31	98.19	171	275	339	403	403	418	420	424	62
D7288	brush biopsy - transepithelial sample collection	211.77	51.59	145	181	220	248	249	250	250	275	35
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	300.91	73.42	200	271	300	333	345	362	370	416	89
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	396.72	128.93	220	298	419	470	500	524	554	599	79
D7410	excision of benign lesion up to 1.25 cm	420.61	201.10	200	339	400	449	487	585	626	752	50
D7880	occlusal orthotic device, by report	815.38	366.44	430	628	775	968	1,043	1,106	1,170	1,428	54
D7910	suture of recent small wounds up to 5 cm	251.38	133.00	75	125	271	339	343	367	402	421	46
D7953	bone replacement graft for ridge preservation - per site	540.07	214.27	302	400	500	650	700	759	900	900	49
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	444.94	109.89	262	400	465	510	517	534	550	574	76
D7970	excision of hyperplastic tissue - per arch	425.91	179.50	169	299	443	545	548	570	580	676	58
D8020	limited orthodontic treatment of the transitional dentition	2,204.24	1,033.75	800	1,375	2,350	2,718	3,200	3,200	3,200	4,344	30
D8030	limited orthodontic treatment of the adolescent dentition	2,551.36	964.07	1,200	1,708	2,871	3,200	3,200	3,250	3,335	4,155	30
D8040	limited orthodontic treatment of the adult dentition	3,061.00	1,092.02	1,800	2,143	3,200	3,575	3,700	4,344	4,405	4,500	41
D8060	interceptive orthodontic treatment of the transitional dentition	2,318.12	1,251.10	668	1,200	2,650	3,030	3,200	3,200	3,200	4,344	31
D8080	comprehensive orthodontic treatment of the adolescent dentition	5,267.71	526.29	4,600	4,999	5,250	5,554	5,554	5,582	5,902	6,000	39
D8090	comprehensive orthodontic treatment of the adult dentition	5,386.11	615.47	4,789	4,999	5,400	5,554	5,661	5,700	6,092	6,760	57
D8692	replacement of lost or broken retainer	296.22	107.18	150	200	300	370	389	400	416	500	63



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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9110	palliative (emergency) treatment of dental pain - minor procedure	120.05	42.98	55	95	125	145	150	164	175	179	135
D9120	fixed partial denture sectioning	168.90	69.38	89	105	167	225	235	241	261	293	79
D9210	local anesthesia not in conjunction with operative or surgical procedures	65.74	24.46	30	50	69	78	82	87	93	102	37
D9215	local anesthesia in conjunction with operative or surgical procedures	45.86	26.03	0	25	51	67	70	70	71	78	46
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	66.60	32.94	25	43	70	90	90	95	100	104	91
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	96.24	62.43	0	51	100	148	150	152	160	192	78
D9410	house/extended care facility call	201.87	97.92	65	100	200	253	260	293	358	397	41
D9420	hospital or ambulatory surgical center call	265.19	135.55	95	173	263	329	333	351	421	535	33
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	50.57	36.13	0	5	55	80	84	85	88	98	68
D9440	office visit - after regularly scheduled hours	152.91	52.12	88	105	152	190	192	200	205	234	99
D9610	therapeutic parenteral drug, single administration	66.95	52.37	0	24	70	109	110	120	125	150	36
D9630	drugs or medicaments dispensed in the office for home use	24.60	17.82	0	12	25	38	40	41	41	55	51
D9910	application of desensitizing medicament	53.36	19.82	29	40	54	65	66	68	75	79	102
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	63.47	35.04	20	35	62	80	85	95	106	143	59
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	128.57	57.74	48	102	131	150	155	155	179	271	36
D9940	occlusal guard, by report	534.69	132.89	343	425	560	618	625	652	684	706	135
D9941	fabrication of athletic mouthguard	205.53	98.65	82	125	200	260	284	304	333	350	112
D9951	occlusal adjustment - limited	165.43	74.38	66	125	165	200	213	246	266	294	89
D9952	occlusal adjustment - complete	584.38	249.19	250	414	550	720	750	778	837	900	77

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D9972	external bleaching - per arch - performed in office	271.35	121.93	150	195	250	350	350	381	433	500	79
D9974	internal bleaching - per tooth	265.15	82.95	125	215	286	315	318	331	335	350	81
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	226.54	95.05	125	150	200	299	308	323	350	360	82

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D0120	periodic oral evaluation - established patient	50.60	9.07	44	46	49	54	56	58	60	65	74
D0140	limited oral evaluation - problem focused	70.99	13.90	57	63	72	79	82	83	87	88	72
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	59.17	16.84	40	46	63	71	73	75	80	81	47
D0150	comprehensive oral evaluation - new or established patient	81.71	17.32	62	70	85	92	93	96	98	102	73
D0160	detailed and extensive oral evaluation - problem focused, by report	117.14	51.30	62	80	120	151	156	161	170	178	50
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	57.85	23.20	30	47	62	70	73	77	85	88	48
D0171	re-evaluation – post-operative office visit	31.55	37.54	0	0	30	58	66	69	76	91	34
D0180	comprehensive periodontal evaluation - new or established patient	83.41	23.83	51	66	85	93	95	100	112	119	54
D0210	intraoral - complete series of radiographic images	135.92	20.66	115	123	135	147	151	151	160	172	66
D0220	intraoral - periapical first radiographic image	30.12	5.08	26	28	30	33	34	34	35	37	69
D0230	intraoral - periapical each additional radiographic image	26.24	6.13	21	23	26	29	29	31	34	35	69
D0272	bitewings - two radiographic images	46.65	6.64	39	44	46	50	51	51	53	55	71
D0273	bitewings - three radiographic images	54.10	7.97	44	50	53	59	60	61	62	63	50
D0274	bitewings - four radiographic images	64.15	8.71	56	59	65	68	70	74	75	75	70
D0277	vertical bitewings - 7 to 8 radiographic images	94.98	15.67	75	88	95	105	109	110	110	114	41
D0330	panoramic radiographic image	119.80	16.83	100	110	119	130	132	136	139	141	64
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	63.00	52.08	0	29	69	84	84	120	128	128	30
D0470	diagnostic casts	105.37	29.44	73	88	105	124	125	128	128	138	53
D1110	prophylaxis - adult	89.82	12.94	75	82	91	97	99	104	104	105	74
D1120	prophylaxis - child	65.90	10.56	57	60	66	72	75	76	77	82	73

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D1206	topical application of fluoride varnish	39.88	10.45	28	34	39	46	48	50	50	56	61
D1208	topical application of fluoride – excluding varnish	38.51	10.70	26	32	39	41	44	47	48	51	45
D1330	oral hygiene instructions	30.01	32.65	0	0	40	52	54	55	55	59	44
D1351	sealant - per tooth	54.59	8.95	44	48	55	60	62	63	64	66	66
D1510	space maintainer - fixed - unilateral	315.43	52.18	255	283	320	365	367	367	371	379	49
D1515	space maintainer - fixed - bilateral	445.23	71.23	366	420	441	462	485	495	535	554	46
D2140	amalgam - one surface, primary or permanent	138.29	24.13	110	125	138	149	154	156	167	167	57
D2150	amalgam - two surfaces, primary or permanent	172.68	34.19	141	151	166	186	195	204	209	211	59
D2160	amalgam - three surfaces, primary or permanent	211.66	44.26	166	179	210	229	243	259	259	278	59
D2161	amalgam - four or more surfaces, primary or permanent	254.71	53.04	192	225	248	280	282	305	320	354	57
D2330	resin-based composite - one surface, anterior	158.17	23.60	133	143	160	168	172	181	188	190	70
D2331	resin-based composite - two surfaces, anterior	198.28	30.87	169	176	195	213	225	232	236	242	68
D2332	resin-based composite - three surfaces, anterior	239.79	40.01	195	211	245	261	266	285	287	305	71
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	297.36	49.50	235	261	295	328	331	355	358	365	71
D2390	resin-based composite crown, anterior	443.41	110.81	313	350	441	530	545	560	595	645	34
D2391	resin-based composite - one surface, posterior	175.15	24.64	150	157	175	185	190	201	209	213	69
D2392	resin-based composite - two surfaces, posterior	230.03	36.78	185	197	232	261	262	266	270	285	71
D2393	resin-based composite - three surfaces, posterior	283.57	49.00	225	244	287	314	321	328	329	358	71
D2394	resin-based composite - four or more surfaces, posterior	332.02	57.12	263	284	338	362	387	390	394	412	68

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D2620	inlay - porcelain/ceramic - two surfaces	913.77	158.91	750	837	925	988	994	1,040	1,100	1,150	31
D2642	onlay - porcelain/ceramic - two surfaces	1,007.23	139.21	800	947	1,009	1,100	1,150	1,152	1,170	1,200	30
D2643	onlay - porcelain/ceramic - three surfaces	1,045.29	129.54	934	994	1,049	1,142	1,150	1,150	1,170	1,204	31
D2644	onlay - porcelain/ceramic - four or more surfaces	1,062.61	107.37	934	1,040	1,052	1,122	1,144	1,150	1,170	1,204	31
D2710	crown - resin-based composite (indirect)	822.34	331.01	371	735	877	968	1,082	1,109	1,109	1,154	31
D2740	crown - porcelain/ceramic	1,110.29	121.72	980	1,028	1,099	1,204	1,205	1,224	1,232	1,297	68
D2750	crown - porcelain fused to high noble metal	1,110.81	114.77	991	1,027	1,100	1,204	1,205	1,224	1,224	1,290	50
D2751	crown - porcelain fused to predominantly base metal	1,038.79	143.77	885	946	1,027	1,122	1,192	1,205	1,205	1,241	43
D2752	crown - porcelain fused to noble metal	1,082.93	112.30	983	1,000	1,062	1,159	1,200	1,205	1,205	1,285	55
D2790	crown - full cast high noble metal	1,139.94	121.58	1,010	1,050	1,120	1,205	1,241	1,270	1,313	1,350	58
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	313.01	151.83	129	246	322	426	426	440	445	471	46
D2920	re-cement or re-bond crown	105.44	20.99	80	91	106	113	118	125	130	130	67
D2930	prefabricated stainless steel crown - primary tooth	281.66	70.55	214	238	276	293	309	328	349	405	58
D2931	prefabricated stainless steel crown - permanent tooth	341.83	95.51	263	300	319	350	357	375	467	518	55
D2940	protective restoration	116.93	30.17	82	101	119	127	130	135	148	165	58
D2950	core buildup, including any pins when required	272.13	49.94	225	250	265	285	302	315	317	372	65
D2952	post and core in addition to crown, indirectly fabricated	395.47	71.17	300	354	393	435	464	465	486	489	54
D2954	prefabricated post and core in addition to crown	332.25	49.42	275	298	340	355	356	370	372	393	60
D2961	labial veneer (resin laminate) - laboratory	855.80	242.84	485	700	900	987	1,067	1,080	1,176	1,200	33
D2962	labial veneer (porcelain laminate) - laboratory	1,126.29	158.98	950	1,025	1,120	1,224	1,238	1,260	1,260	1,349	57
D2980	crown repair necessitated by restorative material failure	311.21	139.12	205	230	273	300	336	515	515	625	31

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D3110	pulp cap - direct (excluding final restoration)	82.14	27.79	51	65	85	89	90	94	105	151	50
D3120	pulp cap - indirect (excluding final restoration)	79.64	28.59	50	60	81	88	90	90	100	151	49
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	182.08	54.36	125	149	186	205	207	222	232	240	62
D3221	pulpal debridement, primary and permanent teeth	184.50	69.89	100	159	202	229	233	238	240	255	59
D3310	endodontic therapy, anterior tooth (excluding final restoration)	733.72	91.92	625	663	738	765	799	847	865	872	61
D3320	endodontic therapy, premolar tooth (excluding final restoration)	845.46	103.31	737	750	844	887	914	970	995	1,003	61
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,022.31	136.67	854	948	1,020	1,108	1,108	1,178	1,194	1,200	63
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	310.94	205.27	0	191	397	441	478	478	484	520	34
D3346	retreatment of previous root canal therapy - anterior	805.24	139.15	650	715	814	866	866	900	994	1,087	40
D3347	retreatment of previous root canal therapy - premolar	897.14	143.21	705	819	888	980	981	1,050	1,097	1,100	42
D3348	retreatment of previous root canal therapy - molar	1,106.16	171.81	924	1,007	1,083	1,160	1,178	1,300	1,427	1,435	39
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	589.63	162.95	404	470	618	649	665	700	787	800	42
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	266.96	84.81	172	215	260	296	315	363	390	427	50
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	733.72	159.21	550	706	741	850	881	881	897	897	31

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D4249	clinical crown lengthening – hard tissue	732.23	180.50	595	665	748	816	848	848	900	1,057	35
D4321	provisional splinting - extracoronal	425.26	102.95	300	366	442	480	494	524	540	540	41
D4341	periodontal scaling and root planing - four or more teeth per quadrant	262.88	40.36	220	237	260	287	292	293	317	329	67
D4342	periodontal scaling and root planing - one to three teeth per quadrant	188.37	38.58	155	165	181	205	219	220	234	251	62
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	186.00	50.67	144	158	180	205	213	214	260	272	66
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	80.03	41.89	45	55	67	98	104	125	146	166	42
D4910	periodontal maintenance	138.68	20.73	116	124	142	153	156	158	161	165	63
D5110	complete denture - maxillary	1,666.30	351.51	1,214	1,418	1,711	1,875	1,932	1,981	2,100	2,150	69
D5120	complete denture - mandibular	1,664.72	347.73	1,214	1,422	1,711	1,875	1,920	1,932	2,100	2,150	69
D5130	immediate denture - maxillary	1,836.28	322.80	1,436	1,735	1,850	1,951	1,975	2,138	2,177	2,417	66
D5140	immediate denture - mandibular	1,829.57	333.31	1,436	1,695	1,850	1,951	1,967	2,138	2,177	2,417	67
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,251.38	295.61	900	1,027	1,290	1,371	1,442	1,600	1,632	1,768	56
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,257.61	297.94	900	1,027	1,280	1,379	1,474	1,600	1,660	1,768	55
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,775.91	386.29	1,332	1,549	1,750	1,975	2,010	2,071	2,100	2,240	70
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,771.15	386.66	1,323	1,549	1,750	1,965	2,010	2,071	2,076	2,240	69
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,492.83	306.68	1,186	1,282	1,520	1,570	1,650	1,700	1,799	1,877	47

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D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,493.06	308.10	1,186	1,282	1,499	1,572	1,661	1,716	1,871	1,877	46
D5520	replace missing or broken teeth - complete denture (each tooth)	190.66	55.23	134	155	186	210	231	236	259	306	55
D5640	replace broken teeth - per tooth	188.91	50.56	134	164	185	207	215	231	265	275	58
D5650	add tooth to existing partial denture	236.87	45.88	187	214	231	253	260	274	300	320	61
D5660	add clasp to existing partial denture - per tooth	262.17	50.88	206	232	268	280	283	300	324	345	53
D5710	rebase complete maxillary denture	573.71	152.23	396	476	588	628	664	664	670	834	43
D5711	rebase complete mandibular denture	583.35	153.46	412	495	593	635	664	664	790	834	43
D5720	rebase maxillary partial denture	561.27	147.38	396	475	572	624	664	664	743	834	41
D5721	rebase mandibular partial denture	557.05	148.39	391	475	569	596	664	664	743	834	42
D5730	reline complete maxillary denture (chairside)	357.33	89.01	243	303	380	414	414	434	434	475	49
D5731	reline complete mandibular denture (chairside)	357.18	88.99	243	303	376	414	414	434	434	475	49
D5750	reline complete maxillary denture (laboratory)	479.76	120.26	359	414	483	525	542	546	576	628	65
D5751	reline complete mandibular denture (laboratory)	480.01	120.31	359	414	483	525	546	546	576	628	65
D5986	fluoride gel carrier	173.50	57.29	97	134	191	215	215	218	225	250	32
D6056	prefabricated abutment – includes modification and placement	759.73	264.88	475	602	720	927	927	995	1,086	1,278	50
D6057	custom fabricated abutment – includes placement	909.50	227.04	670	742	927	1,003	1,020	1,069	1,135	1,397	52
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,264.28	169.10	1,079	1,200	1,225	1,370	1,381	1,397	1,450	1,550	49
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,441.34	318.55	1,176	1,224	1,397	1,557	1,700	1,856	1,960	2,000	39
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,311.81	234.20	1,079	1,200	1,260	1,397	1,450	1,494	1,600	1,751	39
D6210	pontic - cast high noble metal	1,124.97	109.07	1,020	1,059	1,099	1,199	1,224	1,224	1,241	1,290	48



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D6240	pontic - porcelain fused to high noble metal	1,113.63	111.55	991	1,030	1,099	1,200	1,205	1,224	1,224	1,265	49
D6241	pontic - porcelain fused to predominantly base metal	1,050.47	128.52	906	995	1,050	1,097	1,154	1,175	1,175	1,270	40
D6245	pontic - porcelain/ceramic	1,110.65	122.51	975	1,030	1,100	1,200	1,205	1,223	1,224	1,270	54
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	429.66	366.60	94	159	308	720	720	761	925	979	31
D6545	retainer - cast metal for resin bonded fixed prosthesis	685.67	249.09	395	490	670	820	838	979	995	1,087	41
D6750	retainer crown - porcelain fused to high noble metal	1,118.57	122.43	984	1,028	1,120	1,204	1,204	1,224	1,241	1,265	48
D6751	retainer crown - porcelain fused to predominantly base metal	1,043.13	128.87	933	950	1,032	1,080	1,122	1,200	1,260	1,270	37
D6790	retainer crown - full cast high noble metal	1,123.42	110.82	989	1,050	1,124	1,200	1,204	1,208	1,241	1,290	47
D6930	re-cement or re-bond fixed partial denture	171.13	52.19	124	151	170	178	185	191	204	316	58
D7111	extraction, coronal remnants – primary tooth	123.89	34.14	89	97	132	144	155	157	158	165	55
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	178.70	35.76	146	156	176	185	195	202	210	275	65
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	278.79	49.35	215	248	283	295	319	321	330	367	62
D7220	removal of impacted tooth - soft tissue	315.50	48.54	269	282	310	351	362	362	380	389	45
D7230	removal of impacted tooth - partially bony	390.44	52.85	335	360	391	412	450	457	458	458	41
D7250	removal of residual tooth roots (cutting procedure)	291.49	81.02	198	248	300	313	316	345	362	406	45
D7286	incisional biopsy of oral tissue-soft	295.52	70.58	200	265	304	340	340	340	370	380	32
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	290.34	88.03	202	250	287	340	340	350	357	370	40

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Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	417.82	145.19	276	362	418	444	444	500	525	740	33
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	413.60	110.05	287	339	432	454	454	477	513	555	35
D8090	comprehensive orthodontic treatment of the adult dentition	5,376.43	884.63	4,500	4,900	5,205	6,000	6,000	6,045	6,240	6,898	30
D8692	replacement of lost or broken retainer	263.73	117.66	142	152	250	325	364	386	417	494	33
D9110	palliative (emergency) treatment of dental pain - minor procedure	123.55	30.66	88	108	127	142	142	145	150	165	58
D9120	fixed partial denture sectioning	166.20	104.31	70	93	150	233	240	253	269	269	38
D9210	local anesthesia not in conjunction with operative or surgical procedures	66.53	24.09	40	45	68	72	88	95	97	112	30
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	72.93	27.35	38	62	78	84	85	87	110	114	45
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	101.51	64.12	0	75	111	130	135	135	150	217	38
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	55.03	27.21	34	41	57	75	80	82	83	85	44
D9440	office visit - after regularly scheduled hours	160.02	47.09	105	140	168	176	177	177	199	213	52
D9910	application of desensitizing medicament	53.87	17.50	33	42	58	64	64	64	67	79	39
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	53.97	26.56	22	35	60	75	77	78	79	81	35
D9940	occlusal guard, by report	511.67	143.28	350	401	521	595	606	635	698	698	55
D9941	fabrication of athletic mouthguard	177.59	89.96	61	117	187	244	247	264	293	293	48
D9951	occlusal adjustment - limited	159.58	58.93	80	133	175	186	186	197	197	238	46
D9952	occlusal adjustment - complete	559.36	225.87	385	438	535	672	680	714	725	757	36
D9972	external bleaching - per arch - performed in office	259.85	128.02	150	155	240	320	339	339	391	500	32

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9974	internal bleaching - per tooth	251.48	59.52	160	209	257	286	289	296	309	316	41
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	203.37	113.32	98	99	175	281	340	340	350	350	35

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Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	53.36	14.70	36	47	55	61	63	64	68	73	144
D0140	limited oral evaluation - problem focused	75.02	22.48	48	60	79	85	88	90	95	106	146
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	69.44	22.29	45	55	70	79	81	86	93	104	73
D0150	comprehensive oral evaluation - new or established patient	84.18	26.90	51	70	87	100	101	105	105	114	142
D0160	detailed and extensive oral evaluation - problem focused, by report	134.44	72.03	37	90	153	177	190	198	210	214	81
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	61.71	31.32	25	50	70	80	83	83	87	88	90
D0171	re-evaluation – post-operative office visit	22.48	37.81	0	0	0	50	63	70	71	83	64
D0180	comprehensive periodontal evaluation - new or established patient	105.75	36.71	73	87	101	116	125	142	147	180	102
D0210	intraoral - complete series of radiographic images	139.44	25.65	110	125	139	154	155	159	169	175	121
D0220	intraoral - periapical first radiographic image	29.19	8.24	19	25	30	33	34	35	37	40	143
D0230	intraoral - periapical each additional radiographic image	24.58	7.40	15	21	25	29	30	30	31	32	144
D0272	bitewings - two radiographic images	49.01	11.18	37	45	48	53	55	57	60	63	125
D0273	bitewings - three radiographic images	57.30	11.99	45	49	56	65	66	68	73	76	75
D0274	bitewings - four radiographic images	68.56	13.64	54	63	67	76	76	80	83	90	134
D0277	vertical bitewings - 7 to 8 radiographic images	98.83	24.01	70	85	97	111	114	116	125	140	73
D0330	panoramic radiographic image	120.60	21.11	98	108	120	132	133	134	144	153	119
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	56.94	56.59	0	20	67	79	83	85	86	200	55

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Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	63.28	29.72	30	46	67	73	79	80	85	85	38
D0470	diagnostic casts	110.72	42.67	56	85	116	130	134	153	158	160	112
D1110	prophylaxis - adult	95.91	18.84	78	85	96	107	108	110	115	124	146
D1120	prophylaxis - child	71.70	15.60	56	65	73	78	81	84	86	93	146
D1206	topical application of fluoride varnish	40.66	13.35	25	31	40	49	50	50	51	60	119
D1208	topical application of fluoride – excluding varnish	37.08	9.84	28	30	37	43	44	45	49	50	97
D1320	tobacco counseling for the control and prevention of oral disease	37.70	43.70	0	0	37	79	81	91	92	93	62
D1330	oral hygiene instructions	30.98	33.39	0	0	30	54	59	61	66	78	82
D1351	sealant - per tooth	57.22	11.25	45	51	58	63	64	66	66	71	132
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	101.66	39.99	60	80	100	119	121	133	137	175	55
D1510	space maintainer - fixed - unilateral	345.51	92.54	235	310	345	385	402	419	451	497	79
D1515	space maintainer - fixed - bilateral	462.35	128.38	300	400	473	524	525	539	636	650	73
D2140	amalgam - one surface, primary or permanent	150.21	32.40	112	132	150	168	171	186	188	195	95
D2150	amalgam - two surfaces, primary or permanent	185.38	42.22	132	168	180	204	210	215	235	258	96
D2160	amalgam - three surfaces, primary or permanent	222.59	53.21	156	195	216	247	252	264	267	315	93
D2161	amalgam - four or more surfaces, primary or permanent	259.25	59.36	179	238	253	285	295	325	337	350	92
D2330	resin-based composite - one surface, anterior	175.76	35.07	135	156	175	192	195	199	208	231	141
D2331	resin-based composite - two surfaces, anterior	213.52	47.65	160	190	205	234	240	241	254	307	143

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Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2332	resin-based composite - three surfaces, anterior	253.85	53.90	194	220	247	282	292	297	302	326	140
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	311.73	74.72	233	264	311	347	350	362	374	397	135
D2390	resin-based composite crown, anterior	436.78	153.32	242	337	450	500	520	544	568	647	70
D2391	resin-based composite - one surface, posterior	192.25	41.48	148	171	191	211	217	225	227	240	136
D2392	resin-based composite - two surfaces, posterior	246.85	54.84	195	215	247	270	275	280	292	364	134
D2393	resin-based composite - three surfaces, posterior	300.70	78.39	225	260	300	327	340	347	355	420	135
D2394	resin-based composite - four or more surfaces, posterior	350.49	75.55	265	310	352	395	397	398	410	438	127
D2520	inlay - metallic - two surfaces	1,021.49	291.95	783	856	975	1,200	1,272	1,358	1,427	1,450	52
D2543	onlay - metallic - three surfaces	1,101.82	267.65	820	944	1,102	1,250	1,358	1,366	1,427	1,450	52
D2620	inlay - porcelain/ceramic - two surfaces	1,061.77	261.94	807	895	1,013	1,225	1,358	1,400	1,427	1,450	63
D2642	onlay - porcelain/ceramic - two surfaces	1,133.28	232.22	900	985	1,107	1,307	1,358	1,400	1,427	1,450	61
D2643	onlay - porcelain/ceramic - three surfaces	1,153.92	226.48	948	1,001	1,140	1,325	1,355	1,358	1,427	1,550	68
D2644	onlay - porcelain/ceramic - four or more surfaces	1,195.60	229.93	969	1,040	1,186	1,358	1,364	1,405	1,427	1,550	69
D2651	inlay - resin-based composite - two surfaces	854.91	312.26	435	638	903	981	1,037	1,090	1,260	1,358	49
D2662	onlay - resin-based composite - two surfaces	968.55	246.88	664	850	950	1,091	1,150	1,200	1,325	1,358	43
D2663	onlay - resin-based composite - three surfaces	994.08	248.92	653	826	995	1,101	1,190	1,234	1,325	1,358	43
D2664	onlay - resin-based composite - four or more surfaces	1,023.86	244.95	750	867	1,009	1,152	1,195	1,260	1,348	1,358	44
D2710	crown - resin-based composite (indirect)	761.10	310.84	394	588	765	941	963	1,017	1,080	1,221	62
D2740	crown - porcelain/ceramic	1,239.39	229.74	959	1,125	1,225	1,357	1,390	1,425	1,466	1,600	141
D2750	crown - porcelain fused to high noble metal	1,230.41	192.18	1,018	1,125	1,209	1,325	1,358	1,400	1,427	1,472	124

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2751	crown - porcelain fused to predominantly base metal	1,142.60	221.13	900	990	1,135	1,250	1,273	1,355	1,395	1,560	82
D2752	crown - porcelain fused to noble metal	1,186.69	187.74	1,000	1,068	1,192	1,273	1,339	1,356	1,396	1,600	88
D2780	crown - 3/4 cast high noble metal	1,205.94	235.51	990	1,050	1,175	1,345	1,400	1,427	1,427	1,600	45
D2783	crown - 3/4 porcelain/ceramic	1,238.46	219.56	1,000	1,120	1,208	1,358	1,398	1,410	1,427	1,600	55
D2790	crown - full cast high noble metal	1,293.03	246.65	1,020	1,179	1,288	1,400	1,427	1,450	1,535	1,800	110
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	391.98	174.07	200	300	415	470	485	503	544	651	90
D2920	re-cement or re-bond crown	115.23	36.09	75	95	116	130	132	140	150	180	136
D2930	prefabricated stainless steel crown - primary tooth	299.36	72.58	225	250	295	344	350	365	365	420	82
D2931	prefabricated stainless steel crown - permanent tooth	349.84	98.25	250	298	350	365	366	391	435	627	68
D2940	protective restoration	136.08	43.00	96	113	130	150	158	168	177	208	96
D2950	core buildup, including any pins when required	284.70	53.89	225	250	275	316	319	332	339	353	131
D2952	post and core in addition to crown, indirectly fabricated	414.40	92.46	300	350	423	473	490	492	496	515	91
D2954	prefabricated post and core in addition to crown	356.20	88.58	265	310	350	396	402	420	439	490	117
D2961	labial veneer (resin laminate) - laboratory	907.94	289.60	550	795	927	1,075	1,076	1,126	1,210	1,326	72
D2962	labial veneer (porcelain laminate) - laboratory	1,255.13	245.05	962	1,095	1,250	1,400	1,427	1,472	1,500	1,600	127
D2980	crown repair necessitated by restorative material failure	266.04	77.16	150	225	275	317	317	325	340	357	67
D3110	pulp cap - direct (excluding final restoration)	85.71	30.49	52	70	88	94	95	98	102	139	101
D3120	pulp cap - indirect (excluding final restoration)	83.68	28.08	50	69	85	94	95	98	103	135	97

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D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	207.73	79.53	129	180	201	229	240	262	317	360	110
D3221	pulpal debridement, primary and permanent teeth	202.37	91.63	90	150	215	250	260	275	280	325	83
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	269.18	100.68	152	205	279	304	325	340	346	440	50
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	304.12	108.69	173	253	321	350	360	369	375	385	49
D3310	endodontic therapy, anterior tooth (excluding final restoration)	826.89	168.95	643	732	814	936	950	975	1,012	1,100	112
D3320	endodontic therapy, premolar tooth (excluding final restoration)	952.66	177.30	750	850	950	1,050	1,069	1,100	1,165	1,200	109
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,128.67	231.52	900	982	1,118	1,227	1,233	1,300	1,375	1,542	103
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	398.21	223.11	0	300	430	530	549	561	688	691	49
D3346	retreatment of previous root canal therapy - anterior	995.45	223.62	795	850	950	1,096	1,185	1,209	1,287	1,323	66
D3347	retreatment of previous root canal therapy - premolar	1,116.13	245.92	880	950	1,119	1,232	1,336	1,387	1,425	1,468	67
D3348	retreatment of previous root canal therapy - molar	1,294.19	269.17	990	1,135	1,264	1,438	1,480	1,587	1,700	1,712	64
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	353.12	165.11	157	255	349	440	445	476	508	508	32
D3352	apexification/recalcification – interim medication replacement	259.96	160.88	150	168	238	284	285	350	476	564	30
D3410	apicoectomy - anterior	751.20	252.36	400	672	751	900	905	981	1,027	1,027	41



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D3421	apicoectomy - premolar (first root)	806.42	268.64	467	672	827	1,000	1,008	1,071	1,123	1,123	34
D3425	apicoectomy - molar (first root)	910.68	325.91	453	686	945	1,109	1,141	1,232	1,270	1,270	30
D3426	apicoectomy (each additional root)	352.90	199.56	165	168	402	424	430	491	522	653	31
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	598.54	214.76	325	434	635	687	716	750	784	1,012	89
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	285.18	107.68	175	220	279	345	367	390	403	433	99
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	209.06	126.94	100	138	200	258	262	288	363	450	60
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	714.41	255.13	430	550	723	862	894	950	1,001	1,217	61
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	560.73	202.06	305	390	607	667	670	689	738	815	55
D4249	clinical crown lengthening – hard tissue	782.29	302.06	383	650	771	943	963	1,048	1,100	1,262	78
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1,144.73	402.39	661	950	1,125	1,327	1,378	1,451	1,500	1,977	50
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	938.77	220.15	653	863	967	1,033	1,033	1,088	1,210	1,300	40
D4263	bone replacement graft – retained natural tooth – first site in quadrant	640.38	244.41	390	500	625	754	781	791	850	860	57
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	487.87	196.09	258	340	543	567	594	616	666	800	48
D4266	guided tissue regeneration - resorbable barrier, per site	573.52	319.55	241	350	550	800	825	860	865	934	49

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D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	763.64	331.15	375	493	767	991	997	1,015	1,015	1,073	38
D4321	provisional splinting - extracoronal	428.58	175.15	237	346	429	525	545	570	586	700	92
D4341	periodontal scaling and root planing - four or more teeth per quadrant	272.68	56.35	220	248	268	295	302	316	327	375	121
D4342	periodontal scaling and root planing - one to three teeth per quadrant	189.07	48.25	130	167	195	215	223	225	227	265	119
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	184.58	49.30	125	152	187	205	214	217	223	275	127
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	80.07	47.40	44	48	70	109	123	125	128	140	95
D4910	periodontal maintenance	143.40	30.52	103	125	148	160	162	169	175	181	117
D5110	complete denture - maxillary	1,802.07	543.14	1,250	1,500	1,797	2,000	2,022	2,105	2,178	2,783	134
D5120	complete denture - mandibular	1,806.39	545.52	1,250	1,500	1,797	2,000	2,041	2,105	2,195	2,595	134
D5130	immediate denture - maxillary	1,881.12	487.70	1,400	1,676	1,850	2,100	2,162	2,200	2,304	2,475	129
D5140	immediate denture - mandibular	1,878.64	483.51	1,398	1,676	1,850	2,100	2,162	2,200	2,352	2,500	128
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,290.07	374.69	850	1,079	1,300	1,500	1,514	1,570	1,624	1,808	123
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,301.48	381.41	850	1,098	1,323	1,500	1,511	1,622	1,625	1,837	124
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,838.93	540.78	1,265	1,575	1,800	2,066	2,105	2,162	2,266	2,600	132
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,842.73	542.17	1,249	1,575	1,800	2,085	2,105	2,162	2,266	2,600	133

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Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	1,420.51	659.99	750	900	1,400	1,800	1,846	2,000	2,500	2,500	43
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	1,429.98	712.43	750	900	1,400	1,800	1,844	2,000	2,500	2,500	43
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,561.44	385.37	1,050	1,400	1,549	1,783	1,798	1,852	1,975	2,125	97
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,563.28	390.19	1,050	1,400	1,544	1,783	1,800	1,852	1,975	2,125	97
D5520	replace missing or broken teeth - complete denture (each tooth)	190.43	64.64	110	150	189	215	235	250	265	300	106
D5640	replace broken teeth - per tooth	190.29	55.60	132	155	195	212	219	233	250	258	118
D5650	add tooth to existing partial denture	225.55	70.09	150	189	225	250	253	258	280	350	116
D5660	add clasp to existing partial denture - per tooth	250.11	76.69	153	189	265	288	293	300	330	350	109
D5710	rebase complete maxillary denture	560.53	196.47	350	422	565	650	670	700	750	911	86
D5711	rebase complete mandibular denture	558.16	191.68	350	418	568	640	675	700	750	902	85
D5720	rebase maxillary partial denture	524.08	173.08	330	400	531	633	633	672	700	750	78
D5721	rebase mandibular partial denture	523.27	174.55	330	395	536	633	639	672	700	750	77
D5730	reline complete maxillary denture (chairside)	348.85	122.21	200	299	365	407	412	422	425	461	114
D5731	reline complete mandibular denture (chairside)	346.19	122.40	200	295	359	407	410	422	425	455	113
D5750	reline complete maxillary denture (laboratory)	458.99	135.38	300	390	476	530	556	559	600	632	120
D5751	reline complete mandibular denture (laboratory)	458.32	134.41	300	390	476	525	556	559	601	627	119
D5986	fluoride gel carrier	165.35	82.54	65	113	171	229	229	239	250	268	61
D6010	surgical placement of implant body: endosteal implant	2,039.97	402.13	1,586	1,800	2,000	2,200	2,235	2,300	2,425	2,828	62
D6055	connecting bar – implant supported or abutment supported	2,439.06	1,589.17	657	1,200	2,686	3,100	3,500	3,500	3,653	4,588	53

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6056	prefabricated abutment – includes modification and placement	734.45	250.80	450	550	760	889	911	940	960	1,041	97
D6057	custom fabricated abutment – includes placement	897.12	269.75	600	728	900	1,023	1,076	1,084	1,200	1,323	113
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,537.07	335.57	1,160	1,358	1,500	1,662	1,752	1,787	1,924	2,200	105
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,624.55	502.63	1,195	1,358	1,525	1,776	1,850	1,940	2,200	2,310	94
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,506.17	334.12	1,150	1,358	1,480	1,600	1,627	1,733	1,816	2,279	71
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,568.73	409.07	1,150	1,358	1,592	1,642	1,721	1,850	2,310	2,310	51
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	235.79	161.82	79	150	237	314	315	335	393	535	68
D6100	implant removal, by report	604.67	322.78	300	375	650	818	825	850	961	961	35
D6104	bone graft at time of implant placement	581.68	241.22	290	400	600	725	750	750	800	891	37
D6205	pontic - indirect resin based composite	1,011.71	268.78	746	900	1,002	1,160	1,210	1,259	1,358	1,358	31
D6210	pontic - cast high noble metal	1,224.74	252.58	950	1,082	1,227	1,317	1,338	1,395	1,427	1,800	98
D6240	pontic - porcelain fused to high noble metal	1,218.51	233.58	960	1,101	1,200	1,344	1,400	1,400	1,439	1,600	119
D6241	pontic - porcelain fused to predominantly base metal	1,171.37	242.52	900	986	1,180	1,300	1,347	1,400	1,500	1,600	78
D6245	pontic - porcelain/ceramic	1,248.57	221.74	990	1,119	1,233	1,368	1,400	1,427	1,472	1,600	113
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	630.07	382.88	242	327	671	815	922	922	1,186	1,186	51
D6545	retainer - cast metal for resin bonded fixed prosthesis	800.72	403.81	301	550	777	1,007	1,225	1,345	1,349	1,400	79

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6750	retainer crown - porcelain fused to high noble metal	1,223.75	230.56	979	1,105	1,209	1,318	1,358	1,400	1,400	1,448	102
D6751	retainer crown - porcelain fused to predominantly base metal	1,134.50	206.92	900	995	1,167	1,249	1,296	1,325	1,357	1,400	60
D6790	retainer crown - full cast high noble metal	1,222.39	214.01	964	1,087	1,237	1,317	1,345	1,383	1,400	1,445	81
D6930	re-cement or re-bond fixed partial denture	175.12	60.86	119	130	173	200	200	213	239	285	110
D7111	extraction, coronal remnants – primary tooth	136.33	46.79	85	107	140	151	154	170	175	229	115
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	192.12	55.47	135	162	188	210	221	238	250	292	135
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	294.92	73.07	225	250	295	330	331	350	378	425	126
D7220	removal of impacted tooth - soft tissue	339.36	73.10	267	295	337	375	383	390	402	460	91
D7230	removal of impacted tooth - partially bony	405.73	94.98	297	350	400	469	473	477	493	536	76
D7240	removal of impacted tooth - completely bony	484.52	119.68	323	400	505	559	568	591	594	611	60
D7250	removal of residual tooth roots (cutting procedure)	297.04	80.52	205	237	300	345	350	368	383	408	98
D7286	incisional biopsy of oral tissue-soft	338.22	119.02	175	265	350	395	410	427	483	500	66
D7288	brush biopsy - transepithelial sample collection	194.63	90.88	117	145	188	220	228	248	251	370	40
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	310.94	94.34	200	250	303	365	373	387	397	418	82
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	434.28	220.80	200	325	400	486	561	590	605	785	73
D7410	excision of benign lesion up to 1.25 cm	421.50	267.72	175	300	385	525	547	568	709	1,051	53
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	636.99	291.44	300	457	599	835	835	953	1,051	1,051	31
D7880	occlusal orthotic device, by report	917.11	492.13	450	540	866	1,144	1,255	1,380	1,380	1,800	56

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7910	suture of recent small wounds up to 5 cm	288.68	140.75	100	175	321	337	380	383	480	480	41
D7953	bone replacement graft for ridge preservation - per site	524.87	268.46	248	375	550	625	657	695	757	838	51
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	446.82	114.48	310	374	452	525	536	570	587	600	74
D7970	excision of hyperplastic tissue - per arch	510.27	188.02	250	400	530	609	642	645	679	795	51
D8040	limited orthodontic treatment of the adult dentition	3,666.31	1,370.92	2,800	2,993	3,400	4,375	4,599	4,620	5,495	6,000	39
D8080	comprehensive orthodontic treatment of the adolescent dentition	5,634.55	877.12	4,800	5,200	5,550	6,347	6,355	6,402	6,450	6,728	30
D8090	comprehensive orthodontic treatment of the adult dentition	5,593.68	816.14	4,900	5,150	5,562	5,923	6,000	6,402	6,402	6,668	48
D8692	replacement of lost or broken retainer	321.42	136.91	198	250	336	377	400	413	449	532	50
D9110	palliative (emergency) treatment of dental pain - minor procedure	114.01	47.96	55	80	118	145	150	151	157	175	118
D9120	fixed partial denture sectioning	179.26	89.33	75	125	165	250	255	269	284	314	80
D9210	local anesthesia not in conjunction with operative or surgical procedures	71.68	27.51	44	55	73	82	88	92	110	110	51
D9215	local anesthesia in conjunction with operative or surgical procedures	43.58	38.84	0	0	55	68	68	75	80	84	48
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	73.56	36.72	30	50	75	90	101	107	109	120	77
D9248	non-intravenous conscious sedation	234.68	179.55	0	95	289	356	356	368	373	391	31
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	106.73	65.98	0	72	120	150	150	157	163	179	81
D9410	house/extended care facility call	219.19	115.22	92	134	239	264	298	305	305	414	36
D9420	hospital or ambulatory surgical center call	274.55	151.90	97	134	280	419	419	426	426	450	30
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	50.59	39.82	0	25	54	81	84	84	90	101	77

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9440	office visit - after regularly scheduled hours	161.98	56.30	100	127	165	197	200	201	219	250	91
D9450	case presentation, detailed and extensive treatment planning	162.57	83.29	100	125	143	161	176	195	291	325	32
D9610	therapeutic parenteral drug, single administration	64.28	63.13	0	28	45	113	119	121	134	137	41
D9630	drugs or medicaments dispensed in the office for home use	29.99	27.45	0	12	25	41	46	53	62	71	61
D9910	application of desensitizing medicament	55.62	22.39	32	40	54	70	75	75	80	95	102
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	71.10	47.64	25	45	75	86	95	105	140	175	66
D9920	behavior management, by report	103.38	63.37	40	50	95	148	156	165	171	171	35
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	109.51	42.65	53	84	115	135	142	144	144	160	41
D9940	occlusal guard, by report	572.10	178.91	350	450	595	675	689	709	785	819	128
D9941	fabrication of athletic mouthguard	268.60	121.48	127	210	257	320	350	350	450	450	90
D9951	occlusal adjustment - limited	162.78	80.18	75	108	167	200	212	223	250	295	95
D9952	occlusal adjustment - complete	606.22	262.38	308	468	660	782	785	791	838	849	77
D9972	external bleaching - per arch - performed in office	304.19	154.41	132	200	299	400	404	450	485	500	81
D9974	internal bleaching - per tooth	274.46	95.46	150	198	296	325	329	354	375	378	71
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	216.26	129.99	99	125	189	299	300	369	398	399	82



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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	44.45	13.04	32	35	45	50	50	55	58	73	76
D0140	limited oral evaluation - problem focused	63.13	16.80	45	50	63	75	76	80	81	89	73
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	57.97	16.78	37	46	61	69	70	70	74	75	36
D0150	comprehensive oral evaluation - new or established patient	72.00	22.20	48	61	70	84	85	95	98	98	71
D0160	detailed and extensive oral evaluation - problem focused, by report	99.93	57.88	0	60	100	150	150	155	156	167	48
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	47.15	31.79	0	35	50	70	73	75	77	89	52
D0171	re-evaluation – post-operative office visit	12.14	26.24	0	0	0	0	35	56	58	65	38
D0180	comprehensive periodontal evaluation - new or established patient	84.88	26.38	57	69	83	99	105	107	110	117	50
D0210	intraoral - complete series of radiographic images	129.74	30.08	102	110	125	145	149	150	178	186	60
D0220	intraoral - periapical first radiographic image	27.42	9.29	19	22	26	30	32	39	42	45	74
D0230	intraoral - periapical each additional radiographic image	23.21	8.56	15	19	21	27	27	30	30	39	73
D0272	bitewings - two radiographic images	44.94	13.17	35	37	42	50	51	52	58	71	67
D0273	bitewings - three radiographic images	49.17	9.89	40	40	49	55	56	60	60	62	36
D0274	bitewings - four radiographic images	61.11	13.97	48	50	60	69	70	72	80	80	58
D0277	vertical bitewings - 7 to 8 radiographic images	97.75	34.93	79	80	91	101	103	103	119	181	32
D0330	panoramic radiographic image	106.02	20.10	90	94	100	113	125	125	132	145	66
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	48.01	35.40	0	23	53	65	69	78	93	94	36
D0470	diagnostic casts	97.67	55.26	52	73	90	105	120	122	129	250	58
D1110	prophylaxis - adult	79.95	18.71	65	70	75	87	89	93	99	115	77
D1120	prophylaxis - child	61.18	13.38	49	52	60	70	72	77	80	80	77



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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1206	topical application of fluoride varnish	33.79	10.07	25	28	31	40	41	42	43	55	56
D1208	topical application of fluoride – excluding varnish	31.09	8.13	23	25	30	35	37	39	41	45	54
D1320	tobacco counseling for the control and prevention of oral disease	30.61	34.65	0	0	21	58	61	76	79	80	38
D1330	oral hygiene instructions	22.45	25.08	0	0	25	40	43	45	50	53	42
D1351	sealant - per tooth	51.42	17.68	39	43	47	55	58	63	65	100	66
D1510	space maintainer - fixed - unilateral	282.72	61.65	244	250	265	318	327	330	354	388	40
D1515	space maintainer - fixed - bilateral	405.03	106.77	300	350	405	446	454	467	471	572	42
D2140	amalgam - one surface, primary or permanent	130.35	35.94	95	110	125	142	149	158	175	185	57
D2150	amalgam - two surfaces, primary or permanent	162.33	46.34	125	140	157	175	185	194	204	244	55
D2160	amalgam - three surfaces, primary or permanent	192.71	57.89	145	165	180	212	217	227	250	303	56
D2161	amalgam - four or more surfaces, primary or permanent	224.85	67.91	170	190	216	238	256	265	278	359	52
D2330	resin-based composite - one surface, anterior	151.34	35.69	124	129	149	166	175	180	186	198	66
D2331	resin-based composite - two surfaces, anterior	183.58	38.32	150	159	178	199	208	215	240	241	63
D2332	resin-based composite - three surfaces, anterior	221.42	58.49	175	190	211	245	258	265	283	300	71
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	274.93	85.31	205	225	252	305	320	342	357	370	68
D2390	resin-based composite crown, anterior	404.93	159.77	275	309	374	476	486	500	570	626	36
D2391	resin-based composite - one surface, posterior	170.71	54.07	135	140	160	180	190	195	230	300	68
D2392	resin-based composite - two surfaces, posterior	218.46	68.63	170	180	203	240	243	264	309	360	65
D2393	resin-based composite - three surfaces, posterior	262.26	68.18	205	225	249	290	304	311	344	380	64

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2394	resin-based composite - four or more surfaces, posterior	306.11	81.44	245	259	291	345	353	360	371	420	63
D2643	onlay - porcelain/ceramic - three surfaces	964.57	219.98	780	818	960	1,068	1,100	1,105	1,168	1,202	35
D2644	onlay - porcelain/ceramic - four or more surfaces	991.62	214.83	805	850	973	1,100	1,118	1,150	1,184	1,274	35
D2740	crown - porcelain/ceramic	1,075.23	184.73	900	935	1,088	1,153	1,201	1,225	1,250	1,350	63
D2750	crown - porcelain fused to high noble metal	1,040.44	169.46	877	922	995	1,139	1,155	1,200	1,250	1,332	57
D2751	crown - porcelain fused to predominantly base metal	949.21	172.00	805	858	939	1,060	1,075	1,100	1,120	1,139	37
D2752	crown - porcelain fused to noble metal	1,013.54	170.24	855	898	995	1,104	1,125	1,127	1,150	1,200	40
D2790	crown - full cast high noble metal	1,053.88	177.70	900	950	1,018	1,139	1,155	1,218	1,250	1,300	49
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	268.87	196.47	0	135	270	410	410	460	484	500	50
D2920	re-cement or re-bond crown	95.60	28.12	70	82	95	105	107	112	125	141	69
D2930	prefabricated stainless steel crown - primary tooth	237.37	63.63	180	205	230	260	262	280	305	327	41
D2931	prefabricated stainless steel crown - permanent tooth	305.52	99.84	240	250	294	346	346	350	376	506	41
D2940	protective restoration	106.97	34.93	74	85	100	125	130	150	150	150	52
D2950	core buildup, including any pins when required	241.78	70.94	180	200	228	275	287	298	305	395	61
D2952	post and core in addition to crown, indirectly fabricated	374.06	108.67	275	315	360	425	448	450	456	507	44
D2954	prefabricated post and core in addition to crown	302.92	54.63	238	276	305	331	346	357	361	380	55
D2961	labial veneer (resin laminate) - laboratory	879.46	308.34	469	580	947	1,100	1,105	1,105	1,125	1,240	35
D2962	labial veneer (porcelain laminate) - laboratory	1,069.91	231.77	864	947	1,019	1,200	1,200	1,250	1,288	1,386	59
D2980	crown repair necessitated by restorative material failure	219.08	77.63	125	150	220	270	278	298	298	325	35

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3110	pulp cap - direct (excluding final restoration)	72.24	21.71	53	63	68	78	84	90	95	102	50
D3120	pulp cap - indirect (excluding final restoration)	65.31	17.48	50	54	63	75	77	84	88	90	48
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	159.04	58.90	100	123	158	190	206	210	230	240	57
D3221	pulpal debridement, primary and permanent teeth	179.67	90.50	75	171	195	222	226	233	252	277	44
D3310	endodontic therapy, anterior tooth (excluding final restoration)	699.16	148.75	575	590	679	772	825	840	865	922	61
D3320	endodontic therapy, premolar tooth (excluding final restoration)	808.41	156.46	680	700	787	882	929	950	970	1,082	56
D3330	endodontic therapy, molar tooth (excluding final restoration)	944.39	176.49	785	840	935	1,028	1,056	1,100	1,150	1,220	53
D3346	retreatment of previous root canal therapy - anterior	780.21	156.82	668	685	778	839	850	850	938	1,000	31
D3347	retreatment of previous root canal therapy - premolar	881.43	176.09	730	768	880	954	956	956	1,102	1,265	33
D3348	retreatment of previous root canal therapy - molar	1,051.33	234.24	878	900	1,060	1,106	1,114	1,150	1,273	1,600	32
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	503.26	201.04	300	350	478	614	620	676	730	780	46
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	253.77	133.72	120	150	250	301	315	400	447	478	46
D4249	clinical crown lengthening – hard tissue	603.32	229.76	375	400	600	750	765	765	861	1,002	30
D4321	provisional splinting - extracoronal	326.99	136.52	199	220	315	397	437	450	492	505	41
D4341	periodontal scaling and root planing - four or more teeth per quadrant	227.91	49.62	185	195	225	244	250	258	261	298	57

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D4342	periodontal scaling and root planing - one to three teeth per quadrant	161.30	60.86	123	138	149	165	173	190	205	244	56
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	158.34	47.17	125	131	150	175	182	188	214	250	60
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	84.68	62.05	38	50	66	118	118	125	170	175	47
D4910	periodontal maintenance	125.73	24.24	100	108	122	143	143	150	160	165	55
D5110	complete denture - maxillary	1,471.10	421.14	1,050	1,200	1,453	1,600	1,659	1,709	1,853	2,000	61
D5120	complete denture - mandibular	1,474.40	417.88	1,050	1,200	1,453	1,600	1,659	1,709	1,883	2,000	61
D5130	immediate denture - maxillary	1,546.69	486.72	1,180	1,200	1,543	1,665	1,677	1,810	1,897	2,200	63
D5140	immediate denture - mandibular	1,547.76	497.15	1,180	1,200	1,543	1,665	1,760	1,850	1,897	2,200	63
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,083.30	393.74	715	875	1,000	1,249	1,285	1,303	1,440	1,650	63
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,096.31	392.76	715	875	1,015	1,250	1,296	1,350	1,442	1,600	62
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,553.61	381.68	1,200	1,300	1,479	1,700	1,763	1,800	1,850	2,200	61
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,551.97	381.69	1,200	1,300	1,479	1,700	1,763	1,800	1,850	2,200	61
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,394.20	443.72	1,015	1,189	1,322	1,590	1,650	1,650	1,843	1,962	53
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,371.16	443.70	1,015	1,189	1,287	1,500	1,650	1,650	1,843	1,962	53
D5520	replace missing or broken teeth - complete denture (each tooth)	170.09	50.91	125	140	155	200	201	218	250	250	59

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D5640	replace broken teeth - per tooth	163.75	45.23	113	134	167	188	197	201	206	226	63
D5650	add tooth to existing partial denture	190.68	47.58	140	165	188	220	226	232	250	255	62
D5660	add clasp to existing partial denture - per tooth	217.45	50.05	175	188	208	237	263	265	283	298	56
D5710	rebase complete maxillary denture	575.02	199.86	395	450	550	625	674	856	863	863	46
D5711	rebase complete mandibular denture	568.18	198.19	395	450	500	595	674	800	863	863	47
D5720	rebase maxillary partial denture	551.43	187.08	385	435	530	591	612	650	800	856	40
D5721	rebase mandibular partial denture	547.57	189.44	385	435	530	591	612	649	800	856	41
D5730	reline complete maxillary denture (chairside)	279.97	120.89	150	206	285	330	355	368	387	451	64
D5731	reline complete mandibular denture (chairside)	276.81	116.45	150	206	285	319	350	368	387	438	62
D5750	reline complete maxillary denture (laboratory)	407.12	130.94	285	315	410	465	474	516	566	610	70
D5751	reline complete mandibular denture (laboratory)	406.72	134.70	285	315	410	465	474	516	566	610	69
D6010	surgical placement of implant body: endosteal implant	1,722.74	355.18	1,440	1,542	1,650	1,850	1,900	2,000	2,205	2,250	30
D6056	prefabricated abutment – includes modification and placement	650.96	244.45	425	500	609	765	770	811	850	1,000	45
D6057	custom fabricated abutment – includes placement	784.86	271.18	500	603	764	875	964	1,035	1,200	1,288	51
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,236.89	259.64	962	1,088	1,200	1,349	1,395	1,500	1,506	1,620	49
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,268.89	222.81	979	1,200	1,250	1,350	1,390	1,495	1,582	1,600	31
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,308.27	345.17	1,050	1,088	1,200	1,395	1,493	1,600	1,715	2,055	37
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,239.07	245.45	1,000	1,088	1,200	1,349	1,350	1,395	1,552	1,650	31

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D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	164.06	134.09	0	60	145	273	299	310	350	350	37
D6210	pontic - cast high noble metal	1,040.52	197.26	875	900	999	1,139	1,152	1,208	1,275	1,332	46
D6240	pontic - porcelain fused to high noble metal	1,022.85	182.50	883	902	942	1,125	1,139	1,155	1,208	1,275	51
D6241	pontic - porcelain fused to predominantly base metal	944.12	185.89	759	831	925	1,075	1,088	1,120	1,125	1,190	41
D6245	pontic - porcelain/ceramic	1,071.66	186.03	907	939	1,035	1,183	1,201	1,219	1,275	1,350	58
D6545	retainer - cast metal for resin bonded fixed prosthesis	807.92	419.91	438	596	784	925	991	1,050	1,175	1,395	41
D6750	retainer crown - porcelain fused to high noble metal	1,050.58	202.81	898	925	995	1,150	1,200	1,240	1,300	1,332	48
D6751	retainer crown - porcelain fused to predominantly base metal	953.32	186.20	759	805	935	1,075	1,088	1,100	1,125	1,200	37
D6790	retainer crown - full cast high noble metal	1,076.72	206.99	880	935	1,041	1,200	1,250	1,300	1,332	1,395	43
D6930	re-cement or re-bond fixed partial denture	138.16	57.78	93	100	138	150	156	170	181	197	56
D7111	extraction, coronal remnants – primary tooth	116.41	50.56	75	89	109	127	133	140	155	220	52
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	160.82	73.31	125	130	140	168	175	188	200	289	65
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	236.85	49.45	195	210	220	268	278	280	300	314	63
D7220	removal of impacted tooth - soft tissue	284.98	51.70	235	250	280	321	325	325	346	355	44
D7230	removal of impacted tooth - partially bony	341.92	59.14	290	300	339	359	380	406	416	442	39
D7240	removal of impacted tooth - completely bony	407.66	85.49	325	355	395	451	480	503	504	548	38
D7250	removal of residual tooth roots (cutting procedure)	249.20	57.22	191	210	240	284	295	309	317	345	45

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D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	259.55	93.23	172	213	240	302	315	339	345	380	47
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	348.01	150.09	195	250	339	437	450	473	500	548	44
D7880	occlusal orthotic device, by report	675.45	382.28	200	386	655	890	1,004	1,086	1,127	1,250	37
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	390.47	95.37	284	334	412	451	456	494	495	495	39
D7970	excision of hyperplastic tissue - per arch	366.59	184.70	192	210	400	495	510	516	517	566	31
D9110	palliative (emergency) treatment of dental pain - minor procedure	91.93	34.38	53	70	90	116	120	120	128	135	63
D9120	fixed partial denture sectioning	162.86	70.09	71	126	150	215	215	236	250	250	35
D9215	local anesthesia in conjunction with operative or surgical procedures	27.71	27.59	0	0	31	45	46	48	59	66	30
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	53.53	28.17	31	42	51	63	67	75	84	91	57
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	71.26	54.15	0	55	75	102	110	113	125	140	46
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	51.65	39.59	0	22	59	75	79	83	95	100	41
D9440	office visit - after regularly scheduled hours	139.28	47.23	100	110	140	157	170	184	190	200	51
D9630	drugs or medicaments dispensed in the office for home use	29.37	20.56	5	20	23	40	45	49	54	61	38
D9910	application of desensitizing medicament	45.11	18.10	26	31	44	57	60	64	64	72	52
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	45.38	30.93	14	24	46	65	70	75	77	82	43
D9940	occlusal guard, by report	455.86	191.84	275	347	450	530	550	580	638	825	63
D9941	fabrication of athletic mouthguard	193.50	133.77	75	130	152	230	275	275	300	500	49

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D9951	occlusal adjustment - limited	109.52	61.48	55	68	100	153	156	170	180	194	47
D9952	occlusal adjustment - complete	380.09	235.55	171	200	306	542	610	628	681	725	35
D9972	external bleaching - per arch - performed in office	243.14	113.43	150	165	248	303	309	316	350	350	46
D9974	internal bleaching - per tooth	213.73	103.61	111	150	200	265	273	300	306	399	35
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	211.09	110.01	100	138	199	300	300	300	350	350	41



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D0120	periodic oral evaluation - established patient	51.38	11.91	39	45	53	58	60	62	63	65	79
D0140	limited oral evaluation - problem focused	71.54	19.54	50	60	75	81	83	84	84	92	79
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	66.36	29.58	43	50	64	73	73	75	80	143	44
D0150	comprehensive oral evaluation - new or established patient	82.51	21.09	55	73	85	95	95	97	100	105	78
D0160	detailed and extensive oral evaluation - problem focused, by report	113.38	69.60	34	70	134	159	165	165	170	176	53
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	61.25	33.94	25	49	64	78	80	80	84	86	52
D0171	re-evaluation – post-operative office visit	27.50	42.00	0	0	0	50	60	69	71	84	39
D0180	comprehensive periodontal evaluation - new or established patient	87.77	25.74	57	75	87	103	103	106	108	125	56
D0210	intraoral - complete series of radiographic images	131.98	19.60	112	120	131	143	145	150	158	165	67
D0220	intraoral - periapical first radiographic image	29.02	6.07	24	27	30	32	32	33	34	35	78
D0230	intraoral - periapical each additional radiographic image	24.36	6.45	16	22	26	28	28	28	29	33	77
D0272	bitewings - two radiographic images	45.33	8.16	35	41	46	49	50	52	53	58	71
D0273	bitewings - three radiographic images	54.96	7.39	47	51	55	59	60	60	60	64	45
D0274	bitewings - four radiographic images	64.65	10.28	52	59	65	70	72	73	76	77	69
D0277	vertical bitewings - 7 to 8 radiographic images	98.56	15.44	85	90	101	106	107	111	112	126	44
D0330	panoramic radiographic image	113.85	20.61	90	104	113	123	124	134	139	147	60
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	55.00	42.16	0	45	60	75	76	80	88	99	37
D0470	diagnostic casts	113.31	48.09	60	90	111	127	148	154	170	200	60
D1110	prophylaxis - adult	90.17	16.09	70	84	91	98	99	105	105	113	80
D1120	prophylaxis - child	67.13	13.96	55	61	67	75	75	78	81	83	79

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D1206	topical application of fluoride varnish	38.55	11.09	26	30	40	46	47	47	48	53	57
D1208	topical application of fluoride – excluding varnish	36.55	9.09	25	30	37	43	44	45	45	48	61
D1320	tobacco counseling for the control and prevention of oral disease	37.82	50.27	0	0	35	77	80	82	83	87	32
D1330	oral hygiene instructions	32.45	31.85	0	0	40	52	56	58	59	65	45
D1351	sealant - per tooth	53.12	8.07	45	48	52	60	60	60	61	62	68
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	98.69	41.68	48	60	110	118	123	134	136	136	32
D1510	space maintainer - fixed - unilateral	320.18	71.91	250	289	310	335	342	359	372	500	50
D1515	space maintainer - fixed - bilateral	417.66	75.64	330	395	423	457	464	484	500	503	48
D2140	amalgam - one surface, primary or permanent	140.05	26.32	117	126	140	153	155	156	161	169	54
D2150	amalgam - two surfaces, primary or permanent	173.64	32.78	149	155	168	195	195	196	199	202	54
D2160	amalgam - three surfaces, primary or permanent	209.19	41.70	168	183	210	237	238	238	240	262	52
D2161	amalgam - four or more surfaces, primary or permanent	247.23	50.44	201	218	243	275	284	284	288	310	51
D2330	resin-based composite - one surface, anterior	167.73	30.90	143	150	163	180	183	189	200	212	69
D2331	resin-based composite - two surfaces, anterior	201.62	38.12	168	177	199	220	220	225	239	263	71
D2332	resin-based composite - three surfaces, anterior	243.48	51.57	192	215	235	268	269	274	288	322	71
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	302.85	70.71	240	272	294	332	335	351	398	425	70
D2390	resin-based composite crown, anterior	441.14	123.88	362	390	435	500	500	510	510	540	39
D2391	resin-based composite - one surface, posterior	181.71	33.63	148	165	181	197	205	207	207	237	68

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D2392	resin-based composite - two surfaces, posterior	230.13	43.18	179	210	235	250	252	265	265	306	71
D2393	resin-based composite - three surfaces, posterior	285.85	60.46	215	257	291	309	322	325	350	370	70
D2394	resin-based composite - four or more surfaces, posterior	334.63	66.42	262	306	337	363	376	380	410	438	68
D2520	inlay - metallic - two surfaces	894.58	204.83	680	763	894	1,011	1,014	1,050	1,081	1,158	34
D2543	onlay - metallic - three surfaces	969.19	237.06	675	884	948	1,118	1,118	1,121	1,160	1,199	34
D2620	inlay - porcelain/ceramic - two surfaces	976.96	163.46	769	877	996	1,048	1,050	1,100	1,123	1,165	36
D2642	onlay - porcelain/ceramic - two surfaces	1,013.26	162.99	849	905	1,020	1,090	1,091	1,126	1,156	1,293	37
D2643	onlay - porcelain/ceramic - three surfaces	1,042.75	164.64	900	926	1,050	1,127	1,147	1,161	1,201	1,293	40
D2644	onlay - porcelain/ceramic - four or more surfaces	1,066.54	188.11	871	949	1,064	1,175	1,178	1,210	1,249	1,313	42
D2740	crown - porcelain/ceramic	1,185.32	264.09	985	1,056	1,110	1,271	1,293	1,340	1,400	1,500	73
D2750	crown - porcelain fused to high noble metal	1,157.45	184.74	979	1,040	1,169	1,240	1,265	1,298	1,300	1,500	64
D2751	crown - porcelain fused to predominantly base metal	1,073.89	167.89	910	970	1,065	1,175	1,185	1,218	1,293	1,300	50
D2752	crown - porcelain fused to noble metal	1,092.47	152.46	952	985	1,065	1,180	1,195	1,250	1,282	1,347	56
D2783	crown - 3/4 porcelain/ceramic	1,119.90	147.55	965	1,049	1,137	1,200	1,209	1,244	1,254	1,262	32
D2790	crown - full cast high noble metal	1,159.30	218.34	979	1,017	1,165	1,244	1,251	1,275	1,356	1,600	62
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	358.38	207.87	110	300	400	463	509	510	518	549	51
D2920	re-cement or re-bond crown	106.59	20.26	87	96	107	120	122	125	125	134	68
D2930	prefabricated stainless steel crown - primary tooth	267.90	63.83	198	244	259	291	292	304	305	405	55
D2931	prefabricated stainless steel crown - permanent tooth	317.74	60.55	260	291	318	346	350	355	375	405	51
D2940	protective restoration	115.09	28.54	82	100	110	134	135	135	138	158	54
D2950	core buildup, including any pins when required	266.61	53.44	209	244	264	288	295	300	322	352	67

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D2952	post and core in addition to crown, indirectly fabricated	415.89	85.56	359	383	417	445	445	451	473	500	52
D2954	prefabricated post and core in addition to crown	339.44	71.04	260	303	340	370	384	400	420	460	65
D2961	labial veneer (resin laminate) - laboratory	926.05	237.99	696	841	950	1,078	1,087	1,105	1,158	1,200	42
D2962	labial veneer (porcelain laminate) - laboratory	1,228.54	307.03	960	1,073	1,200	1,334	1,334	1,363	1,452	1,800	62
D2980	crown repair necessitated by restorative material failure	275.95	51.46	238	255	275	307	310	315	315	318	35
D3110	pulp cap - direct (excluding final restoration)	77.55	19.04	57	66	77	90	91	91	95	100	53
D3120	pulp cap - indirect (excluding final restoration)	76.11	22.19	47	66	77	90	93	93	98	104	54
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	189.82	58.55	127	163	183	218	220	225	225	248	60
D3221	pulpal debridement, primary and permanent teeth	207.61	63.05	125	177	224	244	254	255	255	285	45
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	242.79	88.70	145	209	250	287	295	299	299	331	34
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	273.43	96.08	165	205	285	322	327	327	347	368	38
D3310	endodontic therapy, anterior tooth (excluding final restoration)	763.53	129.76	650	714	737	805	820	845	856	912	66
D3320	endodontic therapy, premolar tooth (excluding final restoration)	877.57	140.68	758	815	850	921	935	968	990	1,028	63
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,053.31	149.53	908	965	1,050	1,118	1,127	1,170	1,200	1,270	65

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	353.64	225.68	0	226	415	480	480	487	500	528	33
D3346	retreatment of previous root canal therapy - anterior	860.12	160.43	690	780	891	938	938	940	979	1,050	45
D3347	retreatment of previous root canal therapy - premolar	979.73	179.90	839	903	1,015	1,056	1,065	1,098	1,109	1,140	41
D3348	retreatment of previous root canal therapy - molar	1,181.85	187.37	1,000	1,083	1,212	1,267	1,271	1,309	1,361	1,470	42
D3410	apicoectomy - anterior	664.22	182.29	454	555	644	760	760	826	838	875	30
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	597.69	188.74	385	565	600	682	684	708	742	784	46
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	281.28	102.18	160	230	285	345	351	351	358	396	51
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	252.46	136.89	112	191	260	301	311	311	338	550	31
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	663.18	213.46	450	605	690	769	787	793	796	843	36
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	531.97	192.86	380	446	580	648	670	675	675	675	31
D4249	clinical crown lengthening – hard tissue	681.99	293.10	350	500	678	830	836	864	955	1,042	39
D4263	bone replacement graft – retained natural tooth – first site in quadrant	540.96	221.59	313	406	500	700	716	731	740	767	30
D4321	provisional splinting - extracoronal	417.96	145.64	180	362	435	510	515	519	528	550	41
D4341	periodontal scaling and root planing - four or more teeth per quadrant	258.32	45.90	212	240	250	280	287	297	300	309	68
D4342	periodontal scaling and root planing - one to three teeth per quadrant	195.97	61.01	145	167	185	207	219	229	250	297	58

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D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	178.45	40.73	145	163	170	193	195	198	199	211	64
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	86.36	62.23	21	48	72	124	134	144	146	160	49
D4910	periodontal maintenance	142.09	26.19	118	130	140	150	165	168	177	180	57
D5110	complete denture - maxillary	1,674.70	424.04	1,300	1,500	1,651	1,861	1,889	1,890	1,970	2,250	71
D5120	complete denture - mandibular	1,675.77	425.08	1,300	1,500	1,650	1,861	1,890	1,907	1,970	2,250	71
D5130	immediate denture - maxillary	1,866.41	453.46	1,426	1,650	1,800	2,000	2,100	2,228	2,266	2,598	66
D5140	immediate denture - mandibular	1,867.26	455.24	1,426	1,650	1,800	2,022	2,100	2,228	2,266	2,598	66
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,297.76	412.38	851	1,130	1,288	1,498	1,530	1,567	1,715	1,900	63
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,267.22	440.28	710	1,100	1,235	1,480	1,499	1,567	1,622	1,900	64
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,753.54	348.60	1,426	1,600	1,749	1,925	1,936	1,941	1,950	2,105	68
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,760.66	361.34	1,426	1,600	1,750	1,925	1,947	1,947	2,000	2,184	69
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,454.64	394.96	980	1,313	1,444	1,680	1,701	1,774	1,774	1,848	49
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,482.82	363.04	1,004	1,355	1,444	1,677	1,680	1,774	1,774	1,848	49
D5520	replace missing or broken teeth - complete denture (each tooth)	179.23	61.03	111	133	186	207	208	220	229	255	55
D5640	replace broken teeth - per tooth	182.46	53.73	120	164	176	206	215	216	228	270	56
D5650	add tooth to existing partial denture	219.05	56.75	140	199	225	248	250	250	268	304	63

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D5660	add clasp to existing partial denture - per tooth	254.52	48.95	200	240	252	281	285	291	293	309	57
D5710	rebase complete maxillary denture	591.11	226.92	392	500	546	650	653	718	800	1,144	48
D5711	rebase complete mandibular denture	571.55	231.54	310	485	545	633	644	678	730	1,112	47
D5720	rebase maxillary partial denture	526.04	120.45	392	465	522	604	610	615	625	650	47
D5721	rebase mandibular partial denture	530.66	120.35	388	505	522	598	612	615	625	650	45
D5730	reline complete maxillary denture (chairside)	319.27	113.42	164	247	345	398	400	400	411	412	66
D5731	reline complete mandibular denture (chairside)	319.66	109.37	166	250	341	398	400	405	408	410	64
D5750	reline complete maxillary denture (laboratory)	439.70	123.69	310	379	442	495	501	507	515	600	69
D5751	reline complete mandibular denture (laboratory)	439.78	126.70	310	379	442	495	506	509	515	600	69
D5986	fluoride gel carrier	188.94	81.75	104	140	197	229	239	242	261	261	31
D6010	surgical placement of implant body: endosteal implant	2,050.87	372.88	1,710	1,786	2,058	2,224	2,259	2,400	2,500	2,500	34
D6055	connecting bar – implant supported or abutment supported	2,506.74	1,319.18	1,100	2,190	2,571	3,195	3,358	3,358	3,500	3,520	30
D6056	prefabricated abutment – includes modification and placement	643.42	214.09	436	500	660	781	804	805	850	950	53
D6057	custom fabricated abutment – includes placement	845.75	287.57	551	689	850	941	950	990	1,050	1,415	53
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,377.57	295.23	1,100	1,200	1,349	1,508	1,515	1,540	1,675	2,000	53
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,443.29	293.75	1,100	1,249	1,500	1,600	1,608	1,650	1,670	1,750	54
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,383.34	182.67	1,242	1,282	1,373	1,520	1,524	1,540	1,573	1,600	43
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,456.70	245.86	1,249	1,352	1,430	1,600	1,610	1,632	1,697	1,705	31



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D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	222.79	124.56	106	130	264	322	323	326	335	345	39
D6210	pontic - cast high noble metal	1,137.17	230.60	925	1,020	1,158	1,207	1,211	1,239	1,293	1,620	53
D6240	pontic - porcelain fused to high noble metal	1,136.78	164.63	978	1,027	1,149	1,227	1,245	1,249	1,300	1,397	61
D6241	pontic - porcelain fused to predominantly base metal	1,050.08	153.12	897	952	1,040	1,150	1,150	1,150	1,187	1,249	48
D6245	pontic - porcelain/ceramic	1,158.11	170.41	980	1,065	1,158	1,250	1,271	1,295	1,300	1,462	56
D6545	retainer - cast metal for resin bonded fixed prosthesis	812.44	245.58	550	723	908	950	950	952	953	1,100	34
D6750	retainer crown - porcelain fused to high noble metal	1,142.65	160.21	979	1,035	1,158	1,218	1,250	1,271	1,293	1,300	59
D6751	retainer crown - porcelain fused to predominantly base metal	1,064.64	152.79	892	950	1,100	1,158	1,180	1,195	1,220	1,249	42
D6790	retainer crown - full cast high noble metal	1,172.72	217.24	964	1,038	1,195	1,209	1,245	1,251	1,300	1,620	46
D6930	re-cement or re-bond fixed partial denture	162.83	36.67	123	142	175	185	185	197	200	200	55
D7111	extraction, coronal remnants – primary tooth	124.38	42.76	75	100	127	148	149	150	152	178	61
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	183.73	66.18	130	150	172	200	201	224	250	281	77
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	288.55	66.82	222	258	280	323	335	342	350	380	68
D7220	removal of impacted tooth - soft tissue	335.24	87.35	292	297	324	350	350	360	476	480	52
D7230	removal of impacted tooth - partially bony	405.94	92.07	330	367	394	426	446	450	544	550	45
D7240	removal of impacted tooth - completely bony	497.34	88.38	445	455	486	520	522	548	582	650	41
D7250	removal of residual tooth roots (cutting procedure)	303.93	87.28	249	273	292	330	333	333	360	397	50
D7286	incisional biopsy of oral tissue-soft	310.67	109.57	145	272	322	368	395	400	409	444	39



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D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	286.92	71.18	215	260	281	322	325	336	348	385	42
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	391.02	150.45	218	350	397	465	470	478	522	529	41
D7410	excision of benign lesion up to 1.25 cm	382.54	202.69	152	248	385	455	461	500	542	723	31
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	422.40	117.01	300	364	460	475	482	499	500	507	38
D7970	excision of hyperplastic tissue - per arch	457.30	199.09	203	359	507	551	552	613	650	689	30
D9110	palliative (emergency) treatment of dental pain - minor procedure	102.35	40.10	62	68	107	132	135	140	140	145	69
D9120	fixed partial denture sectioning	193.95	83.17	86	130	220	243	246	246	250	258	38
D9210	local anesthesia not in conjunction with operative or surgical procedures	67.35	23.98	39	52	70	80	81	83	88	95	34
D9215	local anesthesia in conjunction with operative or surgical procedures	44.36	34.39	0	30	50	67	68	69	70	71	34
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	59.70	36.66	29	42	51	72	84	86	95	110	62
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	91.38	66.62	0	65	100	133	144	150	150	160	46
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	59.04	41.00	0	39	67	82	84	87	87	98	50
D9440	office visit - after regularly scheduled hours	149.48	58.57	70	100	165	183	192	197	197	224	50
D9610	therapeutic parenteral drug, single administration	78.59	63.77	4	40	90	115	115	119	123	170	31
D9630	drugs or medicaments dispensed in the office for home use	35.53	20.43	15	25	40	46	50	52	56	58	36
D9910	application of desensitizing medicament	60.97	33.48	27	48	60	68	68	70	72	150	53

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D9911	application of desensitizing resin for cervical and/or root surface, per tooth	62.82	35.32	10	46	74	82	85	85	86	90	47
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	111.59	46.47	55	75	122	136	138	144	144	155	30
D9940	occlusal guard, by report	543.95	181.58	335	459	540	631	650	658	684	737	67
D9941	fabrication of athletic mouthguard	241.33	119.38	135	172	224	297	304	310	340	450	53
D9951	occlusal adjustment - limited	144.77	70.40	63	95	142	193	197	206	207	211	48
D9952	occlusal adjustment - complete	592.68	351.02	243	365	612	730	747	805	805	1,200	41
D9972	external bleaching - per arch - performed in office	271.90	155.02	100	175	278	355	355	411	420	500	37
D9974	internal bleaching - per tooth	261.83	79.18	190	210	260	303	311	311	315	337	40
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	299.65	184.63	150	175	275	380	400	495	499	659	46

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	53.43	13.71	40	46	53	61	63	66	69	75	72
D0140	limited oral evaluation - problem focused	75.52	20.85	55	64	73	82	85	90	98	110	72
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	60.96	19.77	44	50	60	70	74	79	80	99	43
D0150	comprehensive oral evaluation - new or established patient	85.24	22.13	60	72	86	100	100	102	105	116	73
D0160	detailed and extensive oral evaluation - problem focused, by report	122.80	52.86	64	100	131	152	155	161	173	185	50
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	59.65	40.60	0	46	69	81	85	89	95	110	46
D0171	re-evaluation – post-operative office visit	24.82	45.91	0	0	0	50	60	71	110	110	30
D0180	comprehensive periodontal evaluation - new or established patient	95.15	24.86	66	85	97	106	110	111	122	131	49
D0210	intraoral - complete series of radiographic images	140.96	28.80	112	126	136	154	160	165	185	189	68
D0220	intraoral - periapical first radiographic image	29.69	6.55	24	26	29	33	35	36	37	38	72
D0230	intraoral - periapical each additional radiographic image	25.17	6.42	18	22	25	30	30	32	33	33	71
D0272	bitewings - two radiographic images	48.24	11.10	38	41	47	55	55	58	60	64	66
D0273	bitewings - three radiographic images	57.13	11.97	45	48	56	64	67	70	75	75	48
D0274	bitewings - four radiographic images	67.73	14.03	54	60	65	73	75	82	85	86	66
D0277	vertical bitewings - 7 to 8 radiographic images	103.44	35.58	65	85	98	116	123	134	150	170	41
D0330	panoramic radiographic image	114.05	19.18	93	100	112	128	131	134	138	140	60
D0470	diagnostic casts	115.10	55.77	75	85	106	125	132	136	194	194	56
D1110	prophylaxis - adult	96.08	18.11	77	85	95	109	110	116	118	126	73
D1120	prophylaxis - child	71.17	14.74	57	62	70	80	85	85	91	94	73
D1206	topical application of fluoride varnish	41.11	15.28	28	31	39	46	49	54	66	72	59

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D1208	topical application of fluoride – excluding varnish	37.81	14.32	25	30	36	43	43	48	54	72	48
D1330	oral hygiene instructions	35.51	31.54	0	20	32	54	56	60	70	91	40
D1351	sealant - per tooth	53.90	12.82	39	45	54	58	60	66	70	76	62
D1510	space maintainer - fixed - unilateral	319.36	79.11	237	266	320	370	376	398	418	434	50
D1515	space maintainer - fixed - bilateral	419.03	78.68	320	370	418	464	468	492	494	510	48
D2140	amalgam - one surface, primary or permanent	151.57	36.25	111	124	149	180	188	190	190	195	52
D2150	amalgam - two surfaces, primary or permanent	189.44	46.15	137	154	187	225	232	238	238	251	51
D2160	amalgam - three surfaces, primary or permanent	223.91	55.59	166	181	221	254	282	285	287	290	53
D2161	amalgam - four or more surfaces, primary or permanent	263.67	72.13	192	220	262	305	315	339	352	359	52
D2330	resin-based composite - one surface, anterior	171.88	43.85	127	142	165	190	198	217	221	270	70
D2331	resin-based composite - two surfaces, anterior	206.99	51.42	154	177	199	229	243	251	275	313	70
D2332	resin-based composite - three surfaces, anterior	251.70	66.72	195	211	240	281	293	302	325	389	69
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	304.76	80.32	225	260	290	350	362	376	399	411	69
D2390	resin-based composite crown, anterior	433.47	140.31	280	350	447	466	470	538	593	718	40
D2391	resin-based composite - one surface, posterior	188.18	40.40	149	162	183	204	217	220	227	269	69
D2392	resin-based composite - two surfaces, posterior	241.22	56.44	185	210	235	264	280	284	296	371	69
D2393	resin-based composite - three surfaces, posterior	290.20	65.86	228	250	286	321	334	368	370	398	70
D2394	resin-based composite - four or more surfaces, posterior	342.48	80.26	269	294	339	380	390	399	433	498	68
D2520	inlay - metallic - two surfaces	797.20	201.06	565	671	781	899	920	979	1,025	1,188	37

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D2543	onlay - metallic - three surfaces	957.74	194.64	735	895	931	1,072	1,090	1,125	1,252	1,270	36
D2620	inlay - porcelain/ceramic - two surfaces	905.89	229.51	637	777	935	1,025	1,096	1,096	1,212	1,230	36
D2642	onlay - porcelain/ceramic - two surfaces	991.00	213.12	743	889	1,000	1,125	1,141	1,212	1,212	1,270	40
D2643	onlay - porcelain/ceramic - three surfaces	1,044.14	188.53	850	950	1,032	1,125	1,141	1,212	1,269	1,350	39
D2644	onlay - porcelain/ceramic - four or more surfaces	1,083.71	188.55	875	956	1,096	1,141	1,202	1,212	1,272	1,350	39
D2651	inlay - resin-based composite - two surfaces	818.05	248.81	485	694	820	908	1,010	1,138	1,167	1,167	30
D2740	crown - porcelain/ceramic	1,175.07	215.76	945	1,010	1,133	1,307	1,365	1,408	1,471	1,494	66
D2750	crown - porcelain fused to high noble metal	1,152.57	198.29	944	997	1,127	1,300	1,308	1,329	1,349	1,494	65
D2751	crown - porcelain fused to predominantly base metal	1,079.86	226.68	880	937	1,055	1,150	1,218	1,270	1,300	1,494	34
D2752	crown - porcelain fused to noble metal	1,093.21	194.75	927	950	1,100	1,215	1,230	1,277	1,300	1,301	47
D2780	crown - 3/4 cast high noble metal	1,106.64	178.66	880	1,010	1,126	1,212	1,212	1,267	1,307	1,347	38
D2783	crown - 3/4 porcelain/ceramic	1,139.19	216.13	940	1,010	1,127	1,215	1,277	1,350	1,494	1,494	34
D2790	crown - full cast high noble metal	1,184.55	199.77	978	1,050	1,159	1,272	1,347	1,365	1,427	1,526	62
D2799	provisional crown– further treatment or completion of diagnosis necessary prior to final impression	354.25	195.90	126	264	381	447	452	475	481	674	44
D2920	re-cement or re-bond crown	100.08	25.20	75	81	98	112	116	120	134	140	65
D2930	prefabricated stainless steel crown - primary tooth	273.79	63.27	197	242	275	305	314	314	332	403	53
D2931	prefabricated stainless steel crown - permanent tooth	325.39	69.78	260	300	322	342	355	361	405	438	39
D2940	protective restoration	123.99	45.97	86	105	116	135	139	147	150	240	41
D2950	core buildup, including any pins when required	268.74	61.24	202	226	262	300	316	330	344	361	68
D2952	post and core in addition to crown, indirectly fabricated	406.00	108.33	301	347	402	455	468	490	517	550	52
D2954	prefabricated post and core in addition to crown	327.02	71.12	250	284	330	353	381	389	394	446	62
D2961	labial veneer (resin laminate) - laboratory	929.99	346.16	571	711	888	1,024	1,033	1,165	1,450	1,591	34

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2962	labial veneer (porcelain laminate) - laboratory	1,163.12	271.92	880	1,000	1,130	1,299	1,420	1,450	1,560	1,591	67
D2980	crown repair necessitated by restorative material failure	259.53	93.57	150	186	272	299	311	334	360	375	45
D3110	pulp cap - direct (excluding final restoration)	77.98	25.91	52	63	76	86	89	97	104	138	58
D3120	pulp cap - indirect (excluding final restoration)	75.92	27.52	50	61	75	86	90	91	101	138	52
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	199.08	78.91	120	156	198	233	253	261	300	327	64
D3221	pulpal debridement, primary and permanent teeth	203.40	88.28	113	140	216	260	263	285	295	327	51
D3310	endodontic therapy, anterior tooth (excluding final restoration)	770.08	170.76	582	679	736	850	873	950	1,007	1,076	61
D3320	endodontic therapy, premolar tooth (excluding final restoration)	883.54	180.56	697	780	852	969	1,056	1,083	1,099	1,138	65
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,051.05	192.72	851	940	1,028	1,172	1,197	1,220	1,293	1,369	64
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	360.58	170.48	206	315	382	450	475	475	490	549	31
D3348	retreatment of previous root canal therapy - molar	1,130.93	208.44	884	983	1,152	1,272	1,288	1,337	1,430	1,451	31
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	561.84	175.02	350	429	563	700	706	706	710	824	42
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	255.62	106.98	141	181	241	318	344	348	348	357	50
D4249	clinical crown lengthening – hard tissue	775.42	223.09	478	685	796	893	921	938	973	1,117	38
D4321	provisional splinting - extracoronal	432.88	144.84	263	335	435	491	519	561	626	626	48

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D4341	periodontal scaling and root planing - four or more teeth per quadrant	257.48	54.01	195	215	257	296	302	310	324	334	65
D4342	periodontal scaling and root planing - one to three teeth per quadrant	185.07	47.97	132	150	186	209	213	230	250	275	61
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	175.65	38.71	137	150	177	193	200	210	220	252	62
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	79.44	48.90	40	49	75	95	108	113	149	165	51
D4910	periodontal maintenance	143.99	26.30	112	132	145	155	161	167	177	182	62
D5110	complete denture - maxillary	1,761.27	491.99	1,334	1,500	1,650	1,899	2,054	2,243	2,400	2,600	69
D5120	complete denture - mandibular	1,756.78	487.20	1,334	1,500	1,692	1,899	1,961	2,243	2,400	2,600	69
D5130	immediate denture - maxillary	1,824.10	511.01	1,334	1,500	1,777	2,068	2,170	2,284	2,460	2,505	69
D5140	immediate denture - mandibular	1,829.24	543.03	1,334	1,500	1,777	2,081	2,118	2,303	2,444	2,460	68
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,266.21	474.42	843	980	1,260	1,400	1,478	1,643	1,689	2,460	59
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,269.53	468.23	845	995	1,260	1,478	1,581	1,643	1,658	2,460	58
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,734.63	452.01	1,284	1,479	1,662	1,877	2,057	2,131	2,300	2,460	68
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,734.59	452.01	1,284	1,479	1,662	1,883	2,072	2,131	2,300	2,460	68
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,460.61	446.42	1,000	1,182	1,502	1,643	1,648	1,692	1,950	2,397	45
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,462.75	449.97	1,046	1,200	1,502	1,643	1,649	1,765	1,950	2,397	42



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D5520	replace missing or broken teeth - complete denture (each tooth)	182.18	63.90	110	150	180	214	222	249	265	278	54
D5640	replace broken teeth - per tooth	188.86	62.46	120	156	184	209	235	255	275	277	55
D5650	add tooth to existing partial denture	228.49	99.52	156	175	212	263	275	280	313	483	64
D5660	add clasp to existing partial denture - per tooth	240.91	68.61	157	190	240	284	288	306	320	334	61
D5710	rebase complete maxillary denture	590.94	216.16	400	467	582	637	647	660	756	1,168	50
D5711	rebase complete mandibular denture	590.04	216.00	385	473	582	636	637	660	746	1,168	49
D5720	rebase maxillary partial denture	569.88	230.20	365	430	565	605	632	634	713	1,168	45
D5721	rebase mandibular partial denture	571.43	231.80	375	430	565	605	632	634	716	1,168	44
D5730	reline complete maxillary denture (chairside)	318.30	90.26	225	250	325	376	388	395	399	425	53
D5731	reline complete mandibular denture (chairside)	316.22	92.20	218	249	325	376	388	395	398	425	53
D5750	reline complete maxillary denture (laboratory)	451.03	135.96	327	367	460	500	527	538	542	640	69
D5751	reline complete mandibular denture (laboratory)	452.68	133.57	327	380	460	500	527	531	542	640	69
D5986	fluoride gel carrier	207.53	88.31	100	167	196	238	264	300	350	356	36
D6010	surgical placement of implant body: endosteal implant	1,928.38	253.42	1,700	1,778	1,880	2,050	2,137	2,174	2,190	2,190	34
D6055	connecting bar – implant supported or abutment supported	2,511.85	1,852.89	607	1,500	2,509	2,907	3,061	3,504	3,824	5,955	30
D6056	prefabricated abutment – includes modification and placement	727.13	209.76	492	615	773	834	844	914	956	987	42
D6057	custom fabricated abutment – includes placement	829.42	233.54	513	655	870	976	989	1,030	1,048	1,098	56
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,389.49	315.44	1,000	1,200	1,422	1,545	1,567	1,672	1,676	1,773	56
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,422.80	370.30	997	1,200	1,453	1,600	1,660	1,676	1,745	1,810	44



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D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,425.59	302.73	1,007	1,300	1,450	1,545	1,590	1,673	1,676	1,969	36
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	183.03	119.26	85	118	182	263	268	289	300	315	36
D6210	pontic - cast high noble metal	1,149.53	205.14	942	1,027	1,131	1,267	1,282	1,307	1,350	1,526	58
D6240	pontic - porcelain fused to high noble metal	1,133.16	207.41	934	1,025	1,117	1,200	1,277	1,322	1,378	1,494	64
D6241	pontic - porcelain fused to predominantly base metal	1,061.36	235.94	813	934	1,027	1,133	1,133	1,307	1,425	1,494	39
D6245	pontic - porcelain/ceramic	1,166.79	228.48	940	1,025	1,133	1,325	1,360	1,430	1,494	1,494	56
D6545	retainer - cast metal for resin bonded fixed prosthesis	700.10	399.44	280	462	667	965	1,010	1,050	1,080	1,485	45
D6750	retainer crown - porcelain fused to high noble metal	1,165.69	215.96	940	1,025	1,127	1,303	1,329	1,386	1,444	1,494	56
D6751	retainer crown - porcelain fused to predominantly base metal	1,065.10	246.94	875	903	1,036	1,200	1,253	1,270	1,321	1,494	31
D6790	retainer crown - full cast high noble metal	1,169.76	228.77	937	1,025	1,156	1,277	1,347	1,430	1,506	1,526	49
D6930	re-cement or re-bond fixed partial denture	156.38	61.59	92	110	156	176	190	210	210	224	57
D7111	extraction, coronal remnants – primary tooth	128.73	55.45	80	96	127	145	150	159	170	173	60
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	172.23	49.75	118	142	168	190	200	215	230	239	68
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	287.24	69.83	218	250	277	320	352	365	373	380	64
D7220	removal of impacted tooth - soft tissue	306.58	52.76	232	267	315	328	333	357	371	375	48
D7230	removal of impacted tooth - partially bony	368.22	66.66	278	321	385	408	413	415	426	443	43
D7240	removal of impacted tooth - completely bony	446.36	81.71	342	379	462	501	508	510	513	530	38

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D7250	removal of residual tooth roots (cutting procedure)	278.32	75.17	185	240	284	314	321	349	371	381	49
D7286	incisional biopsy of oral tissue-soft	287.33	92.10	175	245	278	323	331	334	385	457	35
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	295.12	109.18	190	216	295	310	330	366	453	527	39
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	463.19	202.05	250	324	448	550	580	694	694	785	33
D7880	occlusal orthotic device, by report	813.98	387.41	399	505	879	1,100	1,199	1,199	1,200	1,376	33
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	380.99	113.84	250	321	376	458	482	498	498	506	38
D8692	replacement of lost or broken retainer	279.37	109.52	150	220	295	351	351	404	420	437	30
D9110	palliative (emergency) treatment of dental pain - minor procedure	131.59	42.58	85	111	130	150	151	165	180	220	64
D9120	fixed partial denture sectioning	191.07	99.62	100	136	166	240	271	271	285	370	31
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	59.46	27.28	28	47	63	74	75	80	93	97	53
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	116.22	64.49	55	84	119	150	175	180	180	211	41
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	68.95	38.08	38	51	71	90	97	100	105	125	44
D9440	office visit - after regularly scheduled hours	162.39	58.16	100	120	170	186	200	200	217	275	57
D9630	drugs or medicaments dispensed in the office for home use	38.32	29.97	13	20	28	57	59	62	85	85	33
D9910	application of desensitizing medicament	53.65	25.37	28	38	50	62	69	71	79	106	49
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	61.20	35.49	25	48	56	76	79	89	106	106	36
D9940	occlusal guard, by report	540.71	209.17	300	409	548	625	648	700	843	867	65

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D9941	fabrication of athletic mouthguard	242.58	148.13	75	169	254	291	329	350	461	470	43
D9951	occlusal adjustment - limited	141.16	69.47	60	95	143	178	180	186	208	230	43
D9952	occlusal adjustment - complete	596.16	266.79	240	448	590	700	705	746	810	1,107	40
D9972	external bleaching - per arch - performed in office	294.27	166.40	125	170	300	400	439	450	450	482	44
D9974	internal bleaching - per tooth	265.26	106.43	150	200	272	318	320	325	335	400	38
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	230.01	124.88	107	150	200	296	300	363	412	439	33

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	59.26	17.55	40	52	63	69	70	72	75	80	152
D0140	limited oral evaluation - problem focused	73.98	21.64	50	60	75	85	86	90	96	106	151
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	60.31	18.69	40	50	59	71	75	79	80	90	107
D0150	comprehensive oral evaluation - new or established patient	88.77	25.55	65	78	89	100	102	106	110	120	152
D0160	detailed and extensive oral evaluation - problem focused, by report	109.25	62.75	51	78	102	143	150	171	189	210	110
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	61.70	27.71	33	50	68	77	79	85	87	91	114
D0171	re-evaluation – post-operative office visit	26.65	38.58	0	0	0	56	59	80	80	86	66
D0180	comprehensive periodontal evaluation - new or established patient	93.77	34.92	65	69	88	108	116	125	133	170	111
D0190	screening of a patient	50.70	26.40	22	34	42	60	65	80	95	100	47
D0191	assessment of a patient	52.76	27.76	30	34	48	65	68	85	95	114	44
D0210	intraoral - complete series of radiographic images	146.74	26.41	120	132	145	161	164	171	175	181	143
D0220	intraoral - periapical first radiographic image	32.61	9.76	25	29	32	37	40	41	44	47	146
D0230	intraoral - periapical each additional radiographic image	23.56	7.76	15	20	24	27	29	30	32	35	148
D0272	bitewings - two radiographic images	53.97	12.32	42	46	52	60	61	63	70	75	142
D0273	bitewings - three radiographic images	63.80	12.80	50	56	62	71	75	77	80	83	112
D0274	bitewings - four radiographic images	74.91	15.21	59	65	75	82	84	90	95	98	148
D0277	vertical bitewings - 7 to 8 radiographic images	115.03	29.35	87	99	110	128	135	140	145	176	90
D0330	panoramic radiographic image	124.53	21.89	98	113	126	135	140	145	148	150	102
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	54.18	41.34	0	25	59	75	80	98	100	105	67
D0470	diagnostic casts	118.84	54.32	59	89	116	139	145	152	180	200	121

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D1110	prophylaxis - adult	108.99	19.38	90	99	108	120	125	128	131	135	155
D1120	prophylaxis - child	83.03	15.29	65	75	83	92	95	99	100	104	151
D1206	topical application of fluoride varnish	44.62	14.32	30	35	45	52	53	55	58	62	123
D1208	topical application of fluoride – excluding varnish	40.80	11.05	27	35	40	48	49	50	53	55	117
D1320	tobacco counseling for the control and prevention of oral disease	45.82	42.31	0	0	48	70	83	83	90	112	58
D1330	oral hygiene instructions	28.50	31.05	0	0	30	50	63	63	71	75	75
D1351	sealant - per tooth	60.19	13.28	46	52	60	66	68	72	77	80	146
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	98.53	56.31	50	60	80	120	128	150	165	230	73
D1510	space maintainer - fixed - unilateral	329.61	77.61	250	290	322	380	385	400	410	441	105
D1515	space maintainer - fixed - bilateral	433.59	97.95	334	385	422	491	500	509	530	546	94
D2140	amalgam - one surface, primary or permanent	157.64	34.33	115	136	158	177	185	190	200	210	122
D2150	amalgam - two surfaces, primary or permanent	193.37	43.47	140	167	190	225	228	240	240	254	122
D2160	amalgam - three surfaces, primary or permanent	228.54	48.10	165	195	228	258	260	272	280	300	117
D2161	amalgam - four or more surfaces, primary or permanent	262.64	59.77	184	226	268	295	300	311	323	345	117
D2330	resin-based composite - one surface, anterior	192.76	44.34	154	167	185	207	217	225	240	260	150
D2331	resin-based composite - two surfaces, anterior	228.18	50.75	175	198	222	250	260	270	280	289	149
D2332	resin-based composite - three surfaces, anterior	268.41	55.40	209	239	268	295	307	315	325	355	149
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	312.54	64.14	237	275	310	348	358	375	394	415	147
D2390	resin-based composite crown, anterior	451.13	180.76	300	361	433	491	500	557	577	800	91

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D2391	resin-based composite - one surface, posterior	208.00	42.03	169	183	200	226	235	240	250	263	142
D2392	resin-based composite - two surfaces, posterior	259.82	50.02	212	227	258	284	293	300	308	335	141
D2393	resin-based composite - three surfaces, posterior	310.61	58.25	255	275	310	340	345	360	371	410	142
D2394	resin-based composite - four or more surfaces, posterior	352.54	63.26	287	314	350	380	395	405	420	439	139
D2520	inlay - metallic - two surfaces	853.79	193.78	640	762	851	930	960	1,029	1,036	1,130	96
D2543	onlay - metallic - three surfaces	1,006.37	191.21	805	900	1,004	1,083	1,100	1,175	1,236	1,303	102
D2620	inlay - porcelain/ceramic - two surfaces	945.77	184.92	701	862	958	1,034	1,050	1,060	1,166	1,233	87
D2642	onlay - porcelain/ceramic - two surfaces	1,044.54	215.76	822	925	1,025	1,129	1,134	1,200	1,252	1,496	93
D2643	onlay - porcelain/ceramic - three surfaces	1,104.91	200.01	920	970	1,077	1,200	1,235	1,265	1,347	1,440	100
D2644	onlay - porcelain/ceramic - four or more surfaces	1,156.14	186.37	985	1,030	1,114	1,256	1,275	1,300	1,370	1,526	97
D2651	inlay - resin-based composite - two surfaces	788.25	220.54	525	610	770	947	965	987	1,000	1,170	78
D2662	onlay - resin-based composite - two surfaces	855.73	206.25	600	749	833	996	1,026	1,049	1,054	1,200	70
D2663	onlay - resin-based composite - three surfaces	912.03	186.76	675	835	896	1,032	1,049	1,061	1,117	1,200	70
D2664	onlay - resin-based composite - four or more surfaces	958.04	205.04	675	845	933	1,072	1,113	1,113	1,192	1,325	66
D2710	crown - resin-based composite (indirect)	680.51	263.44	400	525	650	819	865	957	1,006	1,113	84
D2740	crown - porcelain/ceramic	1,239.59	217.46	989	1,100	1,200	1,386	1,400	1,435	1,487	1,509	144
D2750	crown - porcelain fused to high noble metal	1,216.13	203.70	1,004	1,095	1,190	1,300	1,350	1,420	1,455	1,500	144
D2751	crown - porcelain fused to predominantly base metal	1,080.60	199.84	904	942	1,050	1,198	1,208	1,278	1,300	1,325	99
D2752	crown - porcelain fused to noble metal	1,144.71	194.82	925	1,021	1,122	1,237	1,295	1,325	1,400	1,450	112
D2780	crown - 3/4 cast high noble metal	1,164.01	248.95	907	1,012	1,145	1,258	1,325	1,388	1,500	1,645	106
D2783	crown - 3/4 porcelain/ceramic	1,148.86	163.07	975	1,035	1,144	1,250	1,275	1,300	1,331	1,440	82
D2790	crown - full cast high noble metal	1,258.56	233.27	993	1,125	1,237	1,358	1,429	1,500	1,600	1,638	131

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D2794	crown - titanium	1,114.47	223.58	886	994	1,100	1,200	1,251	1,284	1,331	1,429	68
D2799	provisional crown– further treatment or completion of diagnosis necessary prior to final impression	329.98	167.13	120	250	309	403	444	500	550	595	100
D2920	re-cement or re-bond crown	115.35	37.35	75	95	110	125	136	146	158	189	141
D2929	prefabricated porcelain/ceramic crown – primary tooth	357.33	164.61	215	250	310	400	420	495	700	700	40
D2930	prefabricated stainless steel crown - primary tooth	272.35	55.61	213	240	269	301	305	319	329	343	100
D2931	prefabricated stainless steel crown - permanent tooth	328.95	97.08	224	279	318	360	364	400	420	475	106
D2940	protective restoration	124.15	36.21	85	100	120	135	140	154	170	210	94
D2950	core buildup, including any pins when required	276.52	52.72	215	250	272	300	312	321	350	350	137
D2952	post and core in addition to crown, indirectly fabricated	413.37	86.53	320	360	420	454	462	494	500	530	119
D2954	prefabricated post and core in addition to crown	346.69	67.55	265	312	345	376	390	400	425	473	126
D2961	labial veneer (resin laminate) - laboratory	913.54	242.91	658	800	900	1,001	1,056	1,113	1,196	1,295	93
D2962	labial veneer (porcelain laminate) - laboratory	1,207.56	235.06	978	1,061	1,166	1,377	1,400	1,455	1,500	1,575	131
D2980	crown repair necessitated by restorative material failure	269.03	82.85	185	217	260	311	328	341	368	400	69
D3110	pulp cap - direct (excluding final restoration)	91.29	35.60	50	72	93	105	107	112	115	150	94
D3120	pulp cap - indirect (excluding final restoration)	94.99	40.57	55	75	90	102	110	124	135	196	87
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	186.26	58.79	120	150	192	216	220	230	240	275	114
D3221	pulpal debridement, primary and permanent teeth	187.78	79.11	109	149	180	242	250	267	274	295	107

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D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	231.37	101.14	125	165	210	300	325	338	338	388	43
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	220.92	70.19	143	170	212	268	275	276	298	335	74
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	246.47	82.86	145	198	253	298	307	309	328	385	73
D3310	endodontic therapy, anterior tooth (excluding final restoration)	796.36	165.08	633	700	775	875	906	951	1,000	1,100	124
D3320	endodontic therapy, premolar tooth (excluding final restoration)	931.32	186.94	768	810	900	1,000	1,069	1,097	1,145	1,300	121
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,116.78	213.55	897	965	1,100	1,213	1,256	1,300	1,335	1,500	121
D3331	treatment of root canal obstruction; non-surgical access	392.97	220.73	180	200	330	515	515	650	677	725	36
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	285.66	224.70	0	0	327	450	468	469	500	600	45
D3346	retreatment of previous root canal therapy - anterior	907.60	220.19	735	778	853	1,005	1,058	1,097	1,145	1,350	87
D3347	retreatment of previous root canal therapy - premolar	1,024.66	237.91	840	886	975	1,106	1,200	1,213	1,289	1,495	88
D3348	retreatment of previous root canal therapy - molar	1,227.20	262.90	984	1,073	1,145	1,341	1,400	1,444	1,519	1,750	82
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	321.44	105.13	205	247	327	383	394	424	458	495	52
D3352	apexification/recalcification – interim medication replacement	253.49	85.40	150	205	256	289	298	300	347	359	53



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D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	492.82	221.96	254	285	524	626	648	700	785	825	50
D3410	apicoectomy - anterior	682.08	250.36	417	500	687	800	842	875	950	1,050	64
D3421	apicoectomy - premolar (first root)	784.82	243.80	494	675	800	900	930	976	1,050	1,050	57
D3425	apicoectomy - molar (first root)	873.72	279.87	540	730	869	1,031	1,040	1,050	1,100	1,377	55
D3426	apicoectomy (each additional root)	336.66	129.93	150	287	344	381	390	421	450	582	39
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	582.21	209.06	308	450	590	686	712	751	806	900	97
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	313.20	133.36	160	214	310	391	399	416	459	493	99
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	209.54	115.21	80	142	189	295	326	350	375	393	52
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	697.34	267.08	420	525	684	804	825	890	1,011	1,155	73
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	492.81	201.38	300	350	478	589	630	686	700	756	66
D4249	clinical crown lengthening – hard tissue	677.58	280.97	324	506	650	800	927	993	1,058	1,075	77
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1,098.55	397.07	615	907	985	1,300	1,345	1,500	1,722	1,785	65
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	817.59	261.22	530	650	800	954	980	1,100	1,200	1,350	49

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D4263	bone replacement graft – retained natural tooth – first site in quadrant	598.59	193.28	374	500	575	713	713	790	832	879	62
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	440.89	181.29	238	350	415	518	550	578	601	795	60
D4266	guided tissue regeneration - resorbable barrier, per site	616.30	268.09	285	460	620	793	800	890	892	995	51
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	758.48	299.15	364	550	779	931	943	1,042	1,080	1,202	42
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	1,063.74	251.19	885	935	1,021	1,133	1,200	1,280	1,300	1,400	38
D4321	provisional splinting - extracoronal	423.33	145.02	250	368	406	475	500	575	602	656	65
D4341	periodontal scaling and root planing - four or more teeth per quadrant	266.30	61.32	203	230	260	295	300	321	350	379	137
D4342	periodontal scaling and root planing - one to three teeth per quadrant	184.53	49.84	129	150	180	206	218	234	238	250	131
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	174.55	44.69	116	144	175	205	215	218	225	233	110
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	76.16	45.74	40	45	72	85	95	102	140	166	96
D4910	periodontal maintenance	162.90	35.84	124	135	160	189	195	200	205	215	131
D5110	complete denture - maxillary	1,757.68	537.54	1,201	1,439	1,650	1,960	2,000	2,100	2,310	2,667	143
D5120	complete denture - mandibular	1,753.66	538.29	1,201	1,439	1,650	1,960	2,000	2,100	2,310	2,667	143
D5130	immediate denture - maxillary	1,816.54	467.38	1,354	1,550	1,774	2,000	2,100	2,150	2,354	2,667	134
D5140	immediate denture - mandibular	1,817.13	466.22	1,354	1,550	1,774	2,000	2,100	2,150	2,350	2,667	133
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,336.77	353.98	900	1,050	1,355	1,581	1,600	1,621	1,700	1,775	121

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D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,342.51	352.80	910	1,050	1,355	1,581	1,600	1,628	1,700	1,775	121
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,839.81	442.36	1,429	1,582	1,800	2,000	2,009	2,128	2,255	2,745	138
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,845.95	450.49	1,429	1,584	1,800	2,000	2,011	2,154	2,300	2,800	138
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	1,358.58	458.97	1,000	1,110	1,340	1,525	1,645	1,677	1,800	2,000	51
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	1,403.57	488.67	1,000	1,100	1,340	1,550	1,645	1,800	2,000	2,051	50
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,768.70	457.01	1,300	1,500	1,687	2,000	2,051	2,051	2,350	2,544	39
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,773.52	462.14	1,300	1,500	1,697	2,000	2,035	2,052	2,350	2,544	38
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,493.74	327.95	1,089	1,311	1,495	1,700	1,800	1,800	1,855	1,968	93
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,509.72	343.82	1,089	1,325	1,498	1,725	1,800	1,824	1,865	2,000	93
D5520	replace missing or broken teeth - complete denture (each tooth)	208.41	73.51	147	170	191	230	240	275	300	358	115
D5640	replace broken teeth - per tooth	199.19	55.61	135	160	200	221	236	249	260	300	130
D5650	add tooth to existing partial denture	235.79	73.09	158	195	236	269	278	300	323	358	129

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D5660	add clasp to existing partial denture - per tooth	271.30	77.94	190	222	272	313	324	325	349	401	124
D5710	rebase complete maxillary denture	587.65	164.25	417	486	584	673	682	690	750	823	108
D5711	rebase complete mandibular denture	568.32	169.53	400	470	570	651	670	680	742	810	109
D5720	rebase maxillary partial denture	540.97	147.48	395	460	525	615	646	650	683	742	107
D5721	rebase mandibular partial denture	540.17	145.71	400	460	525	611	638	650	683	742	108
D5730	reline complete maxillary denture (chairside)	356.82	127.09	200	277	360	414	432	433	490	646	126
D5731	reline complete mandibular denture (chairside)	359.64	125.92	200	291	360	414	432	440	490	646	125
D5750	reline complete maxillary denture (laboratory)	471.29	127.78	341	425	480	522	535	555	595	650	135
D5751	reline complete mandibular denture (laboratory)	471.84	128.69	360	423	480	525	535	550	595	650	134
D5986	fluoride gel carrier	179.40	81.77	82	142	174	200	220	239	295	300	40
D6010	surgical placement of implant body: endosteal implant	2,165.33	382.88	1,751	1,875	2,172	2,431	2,432	2,488	2,523	2,672	64
D6055	connecting bar – implant supported or abutment supported	1,973.69	1,445.21	660	876	1,648	2,637	3,000	3,500	4,000	4,793	70
D6056	prefabricated abutment – includes modification and placement	684.24	244.32	450	525	653	765	800	884	927	1,132	98
D6057	custom fabricated abutment – includes placement	807.95	230.36	525	700	800	895	946	1,000	1,067	1,150	114
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,518.01	296.68	1,200	1,350	1,475	1,650	1,720	1,800	1,850	2,015	108
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,626.24	398.89	1,275	1,400	1,508	1,840	1,925	2,000	2,200	2,405	114
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,517.70	306.83	1,200	1,340	1,450	1,725	1,775	1,800	1,800	1,995	89
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,704.82	504.23	1,287	1,403	1,600	1,800	1,893	2,095	2,500	2,970	75

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D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	192.03	130.66	85	130	175	239	265	300	315	425	68
D6100	implant removal, by report	681.28	342.31	385	420	655	793	975	1,000	1,029	1,241	33
D6205	pontic - indirect resin based composite	962.17	281.78	649	773	970	1,067	1,100	1,190	1,200	1,400	40
D6210	pontic - cast high noble metal	1,203.00	253.42	945	1,050	1,163	1,344	1,395	1,400	1,455	1,645	122
D6240	pontic - porcelain fused to high noble metal	1,198.41	221.60	966	1,050	1,181	1,344	1,390	1,400	1,455	1,500	128
D6241	pontic - porcelain fused to predominantly base metal	1,061.77	221.82	840	920	1,021	1,200	1,250	1,295	1,300	1,390	95
D6245	pontic - porcelain/ceramic	1,196.07	227.19	982	1,021	1,155	1,354	1,389	1,400	1,500	1,546	114
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	443.91	296.13	180	263	365	649	674	717	750	920	62
D6545	retainer - cast metal for resin bonded fixed prosthesis	749.16	449.20	359	485	652	888	916	1,080	1,132	1,650	93
D6710	retainer crown - indirect resin based composite	868.43	291.76	578	620	800	1,067	1,109	1,109	1,159	1,355	37
D6750	retainer crown - porcelain fused to high noble metal	1,219.36	212.69	1,000	1,065	1,191	1,300	1,389	1,400	1,495	1,638	118
D6751	retainer crown - porcelain fused to predominantly base metal	1,051.43	220.66	850	904	1,023	1,188	1,200	1,281	1,300	1,350	87
D6790	retainer crown - full cast high noble metal	1,189.91	236.33	970	1,041	1,150	1,300	1,351	1,400	1,500	1,600	106
D6930	re-cement or re-bond fixed partial denture	174.63	56.45	105	153	175	194	200	209	239	300	119
D7111	extraction, coronal remnants – primary tooth	132.24	47.06	85	100	135	150	158	175	181	200	112
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	201.35	55.21	150	170	194	220	235	250	263	300	134
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	298.10	62.09	236	255	293	325	350	358	373	399	126

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D7220	removal of impacted tooth - soft tissue	340.59	69.11	250	300	345	370	385	400	420	450	110
D7230	removal of impacted tooth - partially bony	410.20	89.37	283	350	422	450	456	477	499	550	106
D7240	removal of impacted tooth - completely bony	491.87	103.73	350	429	505	548	562	569	593	650	99
D7250	removal of residual tooth roots (cutting procedure)	318.14	88.33	197	268	310	368	375	385	430	445	95
D7286	incisional biopsy of oral tissue-soft	296.87	120.38	152	220	270	368	371	400	450	505	84
D7288	brush biopsy - transepithelial sample collection	176.96	81.18	106	130	180	190	200	214	275	299	40
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	307.17	102.09	185	244	305	356	375	380	450	473	76
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	395.21	169.75	207	307	400	450	467	473	495	600	72
D7410	excision of benign lesion up to 1.25 cm	372.92	213.26	124	230	382	497	525	531	600	734	59
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	356.22	229.76	143	200	275	557	557	621	650	700	46
D7880	occlusal orthotic device, by report	790.74	376.45	435	525	720	1,050	1,095	1,123	1,160	1,320	68
D7910	suture of recent small wounds up to 5 cm	233.27	136.87	52	146	248	304	327	363	382	400	33
D7953	bone replacement graft for ridge preservation - per site	554.99	345.47	290	350	491	630	739	812	1,000	1,230	43
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	420.98	153.60	236	295	422	500	510	547	600	736	74
D7970	excision of hyperplastic tissue - per arch	420.19	170.78	195	315	450	494	525	550	625	647	66
D8020	limited orthodontic treatment of the transitional dentition	2,567.57	1,202.47	750	1,900	2,675	3,144	3,200	3,350	3,999	4,300	43
D8030	limited orthodontic treatment of the adolescent dentition	2,988.47	1,201.96	1,900	2,175	3,080	3,750	3,840	4,200	4,200	4,386	48
D8040	limited orthodontic treatment of the adult dentition	3,464.47	1,369.25	1,900	2,575	3,500	4,200	4,274	4,386	5,000	5,800	57

**2018 Survey of Dental Fees**  
**General Practitioners - Pacific Division**  
**(Alaska, California, Hawaii, Oregon, Washington)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D8050	interceptive orthodontic treatment of the primary dentition	2,548.33	1,398.93	800	1,555	2,510	3,200	3,298	3,999	4,000	4,600	38
D8060	interceptive orthodontic treatment of the transitional dentition	2,692.61	1,401.80	1,016	2,074	2,559	3,600	3,610	3,999	4,120	4,730	41
D8070	comprehensive orthodontic treatment of the transitional dentition	5,065.22	810.73	4,028	4,330	4,987	5,633	5,675	5,700	6,100	6,600	32
D8080	comprehensive orthodontic treatment of the adolescent dentition	5,336.79	684.36	4,500	4,950	5,200	5,800	5,840	5,900	5,974	6,500	46
D8090	comprehensive orthodontic treatment of the adult dentition	5,730.89	773.53	4,800	5,300	5,820	6,169	6,273	6,600	6,600	6,600	57
D8660	pre-orthodontic treatment examination to monitor growth and development	178.54	150.36	58	72	100	313	355	355	375	415	49
D8692	replacement of lost or broken retainer	325.03	161.00	135	250	310	423	450	474	499	525	55
D9110	palliative (emergency) treatment of dental pain - minor procedure	153.65	62.13	86	114	158	185	200	210	228	250	137
D9120	fixed partial denture sectioning	179.19	69.65	100	126	180	215	225	240	259	294	75
D9210	local anesthesia not in conjunction with operative or surgical procedures	71.35	34.42	36	50	63	78	100	120	126	126	46
D9215	local anesthesia in conjunction with operative or surgical procedures	32.87	34.22	0	0	32	56	63	63	71	90	49
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	69.15	32.19	30	50	70	89	99	100	105	120	83
D9248	non-intravenous conscious sedation	176.09	160.09	0	0	172	326	326	330	350	375	37
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	97.76	68.43	0	74	100	135	149	160	180	195	84
D9410	house/extended care facility call	236.07	107.97	145	168	224	296	296	345	360	371	35
D9420	hospital or ambulatory surgical center call	255.88	122.67	124	179	250	300	330	381	396	400	35
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	70.53	34.19	35	51	71	88	89	91	101	125	106
D9440	office visit - after regularly scheduled hours	165.84	57.98	90	130	165	200	204	211	217	250	114



**2018 Survey of Dental Fees**  
**General Practitioners - Pacific Division**  
**(Alaska, California, Hawaii, Oregon, Washington)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9610	therapeutic parenteral drug, single administration	53.40	56.24	0	24	45	80	93	100	125	165	43
D9630	drugs or medicaments dispensed in the office for home use	33.06	42.85	0	0	20	47	49	74	99	127	48
D9910	application of desensitizing medicament	57.19	25.34	36	42	53	71	75	79	82	95	90
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	58.13	30.82	25	42	53	77	83	85	91	100	72
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	115.46	43.21	68	89	106	134	150	153	175	178	67
D9940	occlusal guard, by report	520.28	121.08	360	450	520	580	597	629	663	700	133
D9941	fabrication of athletic mouthguard	244.56	119.83	110	175	227	300	334	350	390	456	88
D9951	occlusal adjustment - limited	141.27	60.34	73	108	142	175	176	190	203	225	112
D9952	occlusal adjustment - complete	546.47	333.36	200	346	525	663	700	750	887	900	102
D9972	external bleaching - per arch - performed in office	290.82	126.03	175	200	275	350	350	395	419	600	76
D9974	internal bleaching - per tooth	261.53	98.55	152	200	266	311	316	320	336	406	91
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	233.49	96.28	137	165	211	275	315	350	366	400	83



**2018 Survey of Dental Fees**  
**Oral and Maxillofacial Surgeons - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	75.24	26.35	40	50	66	88	100	110	150	165	44
D0140	limited oral evaluation - problem focused	86.49	16.41	65	75	80	98	100	107	116	125	100
D0150	comprehensive oral evaluation - new or established patient	111.54	27.82	70	85	105	125	140	150	160	190	77
D0160	detailed and extensive oral evaluation - problem focused, by report	153.48	58.92	64	120	150	189	200	210	225	318	60
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	68.43	23.36	0	60	73	82	85	90	106	115	44
D0220	intraoral - periapical first radiographic image	32.99	7.12	20	27	31	40	40	45	47	51	87
D0230	intraoral - periapical each additional radiographic image	26.58	5.39	19	21	26	30	33	35	37	39	70
D0330	panoramic radiographic image	124.04	19.90	95	105	120	138	146	150	157	175	113
D0364	cone beam CT capture and interpretation with limited field of view – less than one whole jaw	332.27	136.55	169	200	258	385	500	500	650	709	46
D0365	cone beam CT capture and interpretation with field of view of one full dental arch – mandible	351.34	139.96	200	225	300	420	500	500	709	850	36
D0366	cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	353.90	138.68	200	250	300	420	500	500	709	850	36
D0367	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	360.11	109.88	200	258	320	420	450	500	530	709	67
D0470	diagnostic casts	150.72	51.85	89	110	136	175	185	232	285	290	34
D3410	apicoectomy - anterior	781.63	160.52	565	630	740	900	910	923	993	1,200	54
D3421	apicoectomy - premolar (first root)	855.65	197.39	625	670	815	973	1,000	1,029	1,100	1,450	53
D3425	apicoectomy - molar (first root)	918.83	157.28	675	750	925	1,020	1,076	1,087	1,185	1,217	53
D3426	apicoectomy (each additional root)	358.81	117.30	200	250	323	420	423	475	660	750	48

**2018 Survey of Dental Fees**  
**Oral and Maxillofacial Surgeons - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	711.91	144.79	457	601	695	830	876	890	995	1,000	38
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	357.43	84.57	226	279	341	396	448	471	500	607	36
D4249	clinical crown lengthening – hard tissue	799.00	208.90	409	583	794	960	1,040	1,055	1,092	1,220	46
D4263	bone replacement graft – retained natural tooth – first site in quadrant	618.69	132.70	400	450	600	727	770	825	825	963	38
D4266	guided tissue regeneration - resorbable barrier, per site	550.54	189.69	288	395	500	660	700	831	895	945	53
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	689.61	203.84	300	500	710	800	984	993	1,070	1,111	35
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	1,147.02	173.21	850	1,000	1,123	1,250	1,330	1,405	1,500	1,500	35
D6010	surgical placement of implant body: endosteal implant	2,180.14	228.93	1,800	1,895	2,150	2,400	2,450	2,500	2,613	2,700	115
D6056	prefabricated abutment – includes modification and placement	614.14	146.09	410	475	550	650	790	800	887	926	53
D6057	custom fabricated abutment – includes placement	850.06	144.79	650	741	800	980	1,015	1,030	1,100	1,300	34
D6100	implant removal, by report	599.48	226.45	275	351	505	757	814	865	920	1,489	74
D6104	bone graft at time of implant placement	523.02	168.07	300	379	500	600	685	715	875	956	69
D7111	extraction, coronal remnants – primary tooth	144.74	34.72	83	110	140	179	182	194	218	227	73
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	195.11	33.22	141	160	190	217	225	230	262	285	115

**2018 Survey of Dental Fees**  
**Oral and Maxillofacial Surgeons - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	303.65	42.47	227	250	295	345	355	375	385	403	124
D7220	removal of impacted tooth - soft tissue	357.13	50.20	280	300	350	400	415	432	450	479	121
D7230	removal of impacted tooth - partially bony	443.26	60.64	350	375	430	497	510	528	550	605	124
D7240	removal of impacted tooth - completely bony	524.00	71.60	402	450	510	575	605	620	675	725	124
D7250	removal of residual tooth roots (cutting procedure)	332.17	55.70	248	280	317	375	385	395	425	470	114
D7251	coronectomy – intentional partial tooth removal	535.77	97.84	371	463	500	600	610	650	730	790	75
D7286	incisional biopsy of oral tissue-soft	401.34	84.13	261	317	385	454	472	495	583	620	97
D7295	harvest of bone for use in autogenous grafting procedure	1,348.62	666.04	500	650	1,192	1,500	2,000	2,423	2,500	3,500	31
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	350.57	95.51	220	260	331	390	413	440	487	675	109
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	480.26	128.52	275	348	450	600	640	650	684	814	100
D7410	excision of benign lesion up to 1.25 cm	571.17	227.35	261	350	487	725	755	800	1,000	1,250	88
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	1,298.65	654.15	495	695	1,115	1,800	1,800	1,978	2,800	2,800	37
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	785.91	283.86	439	537	718	859	955	1,000	1,351	1,800	79
D7630	mandible - open reduction (teeth immobilized, if present)	4,249.87	1,267.61	2,000	2,900	4,071	5,494	5,665	6,500	6,590	7,470	58
D7640	mandible - closed reduction (teeth immobilized, if present)	3,178.35	901.22	1,500	2,300	3,348	3,750	3,990	4,397	4,807	5,494	61
D7730	mandible - open reduction	5,061.29	1,418.69	2,500	3,500	4,932	6,536	7,101	7,512	8,033	8,500	55
D7740	mandible - closed reduction	3,463.00	820.77	2,300	2,500	3,500	3,899	4,000	4,527	4,807	6,294	50
D7880	occlusal orthotic device, by report	922.40	321.56	286	650	840	1,156	1,283	1,382	1,525	1,800	32

**2018 Survey of Dental Fees**  
**Oral and Maxillofacial Surgeons - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7910	suture of recent small wounds up to 5 cm	498.68	195.33	200	320	435	600	617	750	800	1,141	51
D7953	bone replacement graft for ridge preservation - per site	498.47	136.93	295	371	472	575	595	667	750	827	100
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	518.95	146.65	300	379	475	600	655	734	871	950	102
D7970	excision of hyperplastic tissue - per arch	666.85	237.22	351	469	550	727	838	975	1,250	1,411	82
D9110	palliative (emergency) treatment of dental pain - minor procedure	148.53	58.90	57	95	144	195	207	250	265	350	38
D9120	fixed partial denture sectioning	146.19	41.02	75	109	137	175	187	195	250	250	36
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	231.96	47.44	156	195	220	250	260	280	334	350	91
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	115.14	42.94	60	77	95	140	150	175	225	255	91
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	220.87	56.42	150	170	200	250	260	275	350	395	70
D9248	non-intravenous conscious sedation	242.95	99.26	84	150	225	350	350	373	432	450	49
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	155.87	40.90	90	107	154	185	200	204	225	270	55
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	92.70	52.76	0	60	85	115	125	134	166	252	30
D9440	office visit - after regularly scheduled hours	185.03	48.27	100	126	192	234	248	250	262	348	35
D9610	therapeutic parenteral drug, single administration	77.74	30.71	30	45	69	100	105	115	150	162	49

**2018 Survey of Dental Fees  
Endodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0140	limited oral evaluation - problem focused	111.95	26.26	75	85	100	140	150	154	160	185	87
D0220	intraoral - periapical first radiographic image	32.78	9.47	20	25	30	37	40	46	53	57	77
D0230	intraoral - periapical each additional radiographic image	24.98	5.45	15	20	25	30	30	30	34	36	55
D0364	cone beam CT capture and interpretation with limited field of view – less than one whole jaw	226.87	51.73	146	175	200	255	275	325	360	375	38
D2330	resin-based composite - one surface, anterior	167.36	28.33	118	141	160	200	200	206	230	243	42
D2331	resin-based composite - two surfaces, anterior	196.15	33.71	144	160	200	230	245	248	270	290	33
D2391	resin-based composite - one surface, posterior	185.15	29.79	125	155	179	217	221	240	244	272	37
D2950	core buildup, including any pins when required	294.59	57.73	180	250	300	333	347	360	385	405	41
D2954	prefabricated post and core in addition to crown	363.95	60.58	273	295	350	401	438	459	500	540	37
D3110	pulp cap - direct (excluding final restoration)	168.77	71.54	55	100	150	200	225	250	347	375	45
D3120	pulp cap - indirect (excluding final restoration)	146.40	60.36	49	90	128	200	210	220	250	374	30
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	297.89	80.19	160	201	274	394	400	445	450	500	60
D3221	pulpal debridement, primary and permanent teeth	330.43	81.58	200	247	295	400	430	450	515	549	60
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	420.58	131.67	250	290	392	447	450	600	750	880	38
D3310	endodontic therapy, anterior tooth (excluding final restoration)	1,037.29	180.39	783	862	975	1,170	1,210	1,260	1,334	1,595	105

**2018 Survey of Dental Fees  
Endodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	1,155.82	186.04	895	970	1,099	1,295	1,325	1,360	1,450	1,745	105
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,345.76	192.79	1,070	1,195	1,293	1,450	1,520	1,550	1,650	1,895	101
D3331	treatment of root canal obstruction; non-surgical access	355.60	140.72	150	228	309	445	450	500	613	795	65
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	410.42	95.60	250	300	415	500	509	550	600	610	92
D3346	retreatment of previous root canal therapy - anterior	1,174.80	188.36	895	990	1,150	1,300	1,350	1,414	1,450	1,795	105
D3347	retreatment of previous root canal therapy - premolar	1,298.97	193.96	995	1,100	1,256	1,450	1,475	1,512	1,560	1,910	104
D3348	retreatment of previous root canal therapy - molar	1,502.42	197.10	1,200	1,312	1,450	1,649	1,675	1,700	1,815	2,110	101
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	431.41	150.03	226	300	389	500	520	570	650	1,000	73
D3352	apexification/recalcification – interim medication replacement	244.79	79.84	120	150	227	330	350	368	413	481	70
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	551.93	221.31	226	345	490	700	773	801	950	1,100	60
D3355	pulpal regeneration - initial visit	501.45	162.65	250	350	450	567	575	919	963	1,000	30
D3410	apicoectomy - anterior	1,109.69	196.71	800	900	1,054	1,288	1,325	1,375	1,450	1,650	91
D3421	apicoectomy - premolar (first root)	1,209.15	208.29	880	970	1,181	1,395	1,440	1,488	1,525	1,750	91
D3425	apicoectomy - molar (first root)	1,330.06	211.70	970	1,100	1,345	1,500	1,522	1,584	1,675	1,910	90
D3426	apicoectomy (each additional root)	332.60	108.60	200	236	292	400	409	453	525	600	74
D9110	palliative (emergency) treatment of dental pain - minor procedure	257.75	93.90	111	150	206	386	393	400	410	510	42
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	112.01	34.54	55	78	100	150	165	166	175	200	39

**2018 Survey of Dental Fees  
Endodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	149.38	36.02	85	110	150	190	198	200	223	246	44
D9974	internal bleaching - per tooth	314.46	78.37	179	242	295	362	381	400	400	529	42

**2018 Survey of Dental Fees**  
**Orthodontists and Dentofacial Orthopedists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0150	comprehensive oral evaluation - new or established patient	73.55	42.55	0	30	75	100	100	150	175	185	30
D0330	panoramic radiographic image	96.65	22.59	63	72	95	108	115	140	150	150	77
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	52.80	23.96	15	35	45	70	75	85	100	125	50
D0470	diagnostic casts	93.65	35.99	47	63	80	110	125	140	150	200	60
D1515	space maintainer - fixed - bilateral	497.55	158.33	300	325	450	580	650	680	840	980	40
D8020	limited orthodontic treatment of the transitional dentition	2,634.40	625.14	1,650	2,080	2,500	3,200	3,280	3,500	3,800	4,000	120
D8030	limited orthodontic treatment of the adolescent dentition	2,900.25	714.84	1,750	2,185	2,880	3,500	3,690	3,880	4,080	4,400	130
D8040	limited orthodontic treatment of the adult dentition	3,573.59	693.22	2,500	3,000	3,550	4,180	4,300	4,500	4,800	4,818	126
D8050	interceptive orthodontic treatment of the primary dentition	2,531.72	748.13	1,200	1,650	2,500	3,200	3,380	3,580	3,885	4,269	113
D8060	interceptive orthodontic treatment of the transitional dentition	2,820.61	626.71	1,780	2,230	2,800	3,380	3,500	3,750	4,000	4,269	145
D8070	comprehensive orthodontic treatment of the transitional dentition	5,458.14	663.82	4,405	4,950	5,499	6,010	6,200	6,300	6,430	6,700	126
D8080	comprehensive orthodontic treatment of the adolescent dentition	5,748.17	521.97	4,880	5,280	5,700	6,150	6,200	6,350	6,500	7,000	168
D8090	comprehensive orthodontic treatment of the adult dentition	6,100.21	513.22	5,400	5,600	6,000	6,480	6,500	6,715	6,950	7,500	163
D8660	pre-orthodontic treatment examination to monitor growth and development	141.78	98.58	36	45	80	195	265	300	350	375	41
D8670	periodic orthodontic treatment visit	165.62	52.30	75	120	175	200	205	225	250	280	68
D8681	removable orthodontic retainer adjustment	82.68	36.50	40	50	75	95	100	125	125	200	73
D8692	replacement of lost or broken retainer	229.00	62.01	135	165	230	255	282	300	345	360	167



**2018 Survey of Dental Fees  
Pediatric Dentists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	59.76	13.09	43	48	60	68	75	75	82	86	84
D0140	limited oral evaluation - problem focused	79.82	18.25	55	70	80	89	94	100	102	119	83
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	77.38	25.97	43	58	74	90	101	107	114	145	76
D0150	comprehensive oral evaluation - new or established patient	85.04	17.20	61	71	86	98	103	106	111	119	81
D0160	detailed and extensive oral evaluation - problem focused, by report	117.27	49.98	40	73	101	175	180	189	190	223	44
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	65.26	28.04	0	54	71	84	88	94	100	124	56
D0171	re-evaluation – post-operative office visit	16.50	23.45	0	0	0	38	45	50	56	86	30
D0210	intraoral - complete series of radiographic images	143.89	30.81	97	110	150	161	166	176	180	227	58
D0220	intraoral - periapical first radiographic image	32.90	7.35	23	28	31	36	38	41	45	51	81
D0230	intraoral - periapical each additional radiographic image	27.18	5.84	19	22	28	30	31	33	36	40	79
D0272	bitewings - two radiographic images	51.75	8.95	38	45	50	56	58	64	70	70	76
D0273	bitewings - three radiographic images	64.39	13.09	43	50	64	76	79	82	89	89	38
D0274	bitewings - four radiographic images	76.00	13.97	56	64	75	86	90	92	100	107	72
D0330	panoramic radiographic image	118.57	19.34	85	104	120	132	135	140	150	165	75
D0470	diagnostic casts	112.43	28.37	60	90	120	135	138	144	151	156	37
D1110	prophylaxis - adult	93.99	17.62	70	79	95	105	110	116	125	133	83
D1120	prophylaxis - child	73.72	15.11	55	60	72	84	84	90	96	114	84
D1206	topical application of fluoride varnish	44.33	9.96	29	35	45	50	52	56	60	62	73
D1208	topical application of fluoride – excluding varnish	40.73	9.20	28	32	40	48	50	50	54	62	65
D1330	oral hygiene instructions	31.04	24.32	0	0	35	57	57	60	64	67	45
D1351	sealant - per tooth	62.11	13.63	39	54	62	69	70	76	90	95	79

**2018 Survey of Dental Fees  
Pediatric Dentists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	114.81	30.66	75	77	120	146	148	150	177	177	37
D1354	interim caries arresting medicament application – per tooth	60.43	19.88	27	42	58	75	84	95	98	100	36
D1510	space maintainer - fixed - unilateral	358.09	63.19	260	299	355	399	425	435	457	506	71
D1515	space maintainer - fixed - bilateral	518.89	104.54	378	430	499	580	600	656	685	721	72
D2140	amalgam - one surface, primary or permanent	156.05	36.88	105	122	160	187	196	196	217	242	48
D2150	amalgam - two surfaces, primary or permanent	193.38	42.27	125	147	195	227	227	240	274	288	48
D2160	amalgam - three surfaces, primary or permanent	238.12	56.62	150	180	226	285	306	306	347	357	48
D2161	amalgam - four or more surfaces, primary or permanent	272.93	69.42	168	186	280	330	334	342	400	428	46
D2330	resin-based composite - one surface, anterior	176.74	28.68	134	159	175	195	200	204	236	242	76
D2331	resin-based composite - two surfaces, anterior	210.55	39.33	140	180	205	237	239	253	281	299	79
D2332	resin-based composite - three surfaces, anterior	256.27	51.34	179	210	253	295	300	326	350	371	81
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	320.80	67.58	190	270	325	375	393	401	420	471	77
D2390	resin-based composite crown, anterior	384.30	99.02	215	292	359	493	509	513	548	557	69
D2391	resin-based composite - one surface, posterior	193.47	29.63	152	165	195	212	215	225	248	265	76
D2392	resin-based composite - two surfaces, posterior	239.41	43.55	175	200	239	271	275	283	302	342	78
D2393	resin-based composite - three surfaces, posterior	291.76	52.26	199	254	294	322	328	341	374	414	77

**2018 Survey of Dental Fees  
Pediatric Dentists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2394	resin-based composite - four or more surfaces, posterior	342.98	63.43	250	294	344	380	389	414	447	498	72
D2920	re-cement or re-bond crown	93.45	27.02	56	67	88	117	124	128	134	145	57
D2930	prefabricated stainless steel crown - primary tooth	304.29	51.15	226	261	300	340	341	366	385	420	72
D2931	prefabricated stainless steel crown - permanent tooth	351.40	63.22	267	285	350	400	400	407	428	507	66
D2940	protective restoration	116.68	26.86	70	95	122	137	143	143	147	159	61
D2950	core buildup, including any pins when required	257.23	49.64	177	210	269	300	302	321	325	359	32
D3110	pulp cap - direct (excluding final restoration)	91.07	25.75	59	74	83	100	105	115	147	147	60
D3120	pulp cap - indirect (excluding final restoration)	83.22	25.94	44	66	82	100	100	108	112	121	64
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	203.23	46.31	134	163	205	240	248	277	282	290	81
D3221	pulpal debridement, primary and permanent teeth	213.72	64.80	119	150	229	260	284	300	316	340	42
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	280.76	55.71	181	250	284	327	331	331	358	373	49
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	302.24	59.88	187	264	300	357	366	382	382	419	49
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	170.98	45.64	95	138	175	199	205	213	215	259	36
D7111	extraction, coronal remnants – primary tooth	135.46	34.69	90	100	134	152	158	177	200	238	69
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	173.15	36.57	116	141	175	198	200	219	232	238	77

**2018 Survey of Dental Fees  
Pediatric Dentists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	286.65	59.79	210	230	287	315	340	380	391	391	49
D7220	removal of impacted tooth - soft tissue	337.94	71.14	212	289	334	387	423	429	429	439	31
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	437.31	111.38	300	330	383	526	591	620	648	673	39
D8060	interceptive orthodontic treatment of the transitional dentition	2,011.49	993.92	517	899	1,750	2,812	3,000	3,305	3,442	3,603	35
D9110	palliative (emergency) treatment of dental pain - minor procedure	127.02	34.39	76	95	125	150	156	165	186	192	58
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	71.34	22.70	39	47	75	88	95	99	100	108	73
D9248	non-intravenous conscious sedation	256.30	101.04	92	140	255	337	388	399	400	400	43
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	97.96	40.21	50	70	85	117	125	130	168	185	39
D9420	hospital or ambulatory surgical center call	351.83	163.37	105	194	332	525	532	540	560	643	39
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	63.45	30.98	0	34	75	86	92	99	103	125	42
D9440	office visit - after regularly scheduled hours	183.23	75.82	76	110	175	228	250	261	280	399	60
D9920	behavior management, by report	123.55	69.26	39	59	95	185	190	235	250	269	37
D9940	occlusal guard, by report	501.61	150.27	225	424	502	659	692	703	750	800	45
D9941	fabrication of athletic mouthguard	196.63	88.02	59	110	195	251	280	313	325	400	50

**2018 Survey of Dental Fees  
Periodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	78.95	30.22	40	50	69	95	118	135	142	150	73
D0140	limited oral evaluation - problem focused	93.41	20.87	63	75	86	112	120	125	138	150	79
D0150	comprehensive oral evaluation - new or established patient	121.52	26.53	80	92	121	150	150	157	165	184	69
D0160	detailed and extensive oral evaluation - problem focused, by report	139.33	37.33	70	105	149	165	175	187	199	215	41
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	86.25	39.76	0	65	80	97	120	130	140	161	53
D0171	re-evaluation – post-operative office visit	24.31	31.42	0	0	0	40	48	77	88	120	42
D0180	comprehensive periodontal evaluation - new or established patient	132.64	27.35	88	100	135	160	160	161	178	195	86
D0210	intraoral - complete series of radiographic images	156.07	24.64	118	135	153	175	180	185	185	225	77
D0220	intraoral - periapical first radiographic image	30.36	4.73	23	26	30	35	35	36	39	40	85
D0230	intraoral - periapical each additional radiographic image	23.05	4.78	15	18	25	26	28	29	30	34	83
D0272	bitewings - two radiographic images	47.13	9.36	30	37	49	54	55	57	60	61	36
D0274	bitewings - four radiographic images	73.30	12.34	52	62	74	83	85	86	90	95	58
D0277	vertical bitewings - 7 to 8 radiographic images	98.59	19.87	63	82	98	113	118	120	148	150	31
D0330	panoramic radiographic image	124.70	21.43	86	109	125	145	150	160	160	175	48
D0367	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	342.10	80.76	250	265	350	400	425	425	485	520	36
D0470	diagnostic casts	115.09	34.95	66	75	100	150	151	178	182	200	38
D1110	prophylaxis - adult	127.02	21.11	90	105	126	150	150	153	157	170	67
D1120	prophylaxis - child	86.03	16.61	69	70	89	101	101	105	105	115	35
D1206	topical application of fluoride varnish	41.81	14.21	25	28	40	50	53	55	60	65	38
D1330	oral hygiene instructions	25.85	19.78	0	0	25	49	54	59	65	75	36

**2018 Survey of Dental Fees  
Periodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	905.90	262.05	570	672	844	1,050	1,163	1,300	1,349	1,520	86
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	548.06	208.65	250	337	490	685	800	810	950	1,100	81
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	511.38	272.08	125	322	412	641	650	800	1,100	1,456	39
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	1,085.64	260.28	699	850	1,070	1,224	1,271	1,350	1,520	1,700	75
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	821.91	271.98	465	625	700	937	1,000	1,085	1,200	1,500	74
D4249	clinical crown lengthening – hard tissue	1,086.68	222.38	800	870	1,049	1,200	1,250	1,334	1,470	1,560	90
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1,496.14	270.36	1,100	1,255	1,495	1,700	1,785	1,832	1,853	2,035	94
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	1,111.67	212.10	822	925	1,050	1,250	1,286	1,338	1,470	1,550	91
D4263	bone replacement graft – retained natural tooth – first site in quadrant	580.31	153.15	350	438	575	686	710	757	849	936	89
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	428.82	115.75	193	343	438	505	520	565	622	700	74
D4266	guided tissue regeneration - resorbable barrier, per site	639.82	173.04	390	465	625	750	795	847	950	1,013	83
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	708.81	204.46	400	480	657	900	950	1,058	1,100	1,190	70

**2018 Survey of Dental Fees  
Periodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	1,279.20	195.78	990	1,124	1,219	1,411	1,470	1,500	1,550	1,680	85
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	1,270.97	236.87	923	1,049	1,200	1,475	1,500	1,575	1,600	1,775	74
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	1,158.33	163.57	900	995	1,135	1,270	1,300	1,350	1,450	1,600	82
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	725.01	273.26	312	536	620	945	997	1,113	1,290	1,400	73
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	782.07	269.84	400	592	755	900	1,000	1,113	1,200	1,500	64
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	753.23	270.84	400	515	757	850	950	1,150	1,200	1,300	47
D4321	provisional splinting - extracoronal	455.14	92.41	325	375	475	529	529	535	554	595	39
D4341	periodontal scaling and root planing - four or more teeth per quadrant	325.28	46.90	250	288	306	371	385	386	400	424	90
D4342	periodontal scaling and root planing - one to three teeth per quadrant	232.47	42.97	165	194	225	264	267	280	300	350	88

**2018 Survey of Dental Fees  
Periodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	235.90	61.23	144	175	225	305	325	350	350	350	67
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	94.49	42.02	40	50	80	121	130	160	165	220	75
D4910	periodontal maintenance	155.37	24.59	117	132	150	175	185	189	203	215	85
D6010	surgical placement of implant body: endosteal implant	2,320.23	252.57	1,950	2,095	2,230	2,550	2,608	2,650	2,800	2,875	81
D6056	prefabricated abutment – includes modification and placement	640.10	165.51	400	500	613	725	750	817	900	954	43
D6057	custom fabricated abutment – includes placement	824.77	149.43	600	722	800	905	925	950	1,050	1,090	32
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	214.16	78.34	65	144	246	300	315	315	315	369	31
D6100	implant removal, by report	666.15	251.87	325	390	633	850	875	925	1,040	1,250	57
D6104	bone graft at time of implant placement	604.26	143.95	438	475	558	695	730	750	800	950	61
D7111	extraction, coronal remnants – primary tooth	146.86	39.27	95	110	141	172	175	195	230	250	30
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	243.55	71.44	157	175	205	285	310	350	372	412	80
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	381.00	85.18	285	300	347	443	450	500	529	585	80
D7220	removal of impacted tooth - soft tissue	395.56	82.57	305	328	354	460	464	510	550	550	40
D7230	removal of impacted tooth - partially bony	449.89	88.80	325	375	432	490	500	516	566	750	39
D7240	removal of impacted tooth - completely bony	536.71	108.80	340	460	531	577	602	650	664	900	31
D7250	removal of residual tooth roots (cutting procedure)	361.11	75.80	250	310	333	433	450	452	500	550	54



**2018 Survey of Dental Fees  
Periodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7286	incisional biopsy of oral tissue-soft	438.48	83.15	308	350	427	475	500	535	596	650	62
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	533.56	207.70	305	360	497	650	685	803	848	950	40
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	683.11	229.46	413	476	575	850	897	1,122	1,185	1,200	39
D7410	excision of benign lesion up to 1.25 cm	464.69	112.53	306	394	435	480	550	592	744	750	40
D7953	bone replacement graft for ridge preservation - per site	675.28	198.80	407	485	600	800	923	975	1,085	1,198	58
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	527.23	105.85	375	426	475	612	650	691	708	819	67
D9110	palliative (emergency) treatment of dental pain - minor procedure	118.50	37.82	51	90	122	155	155	182	185	195	43
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	83.90	28.89	40	58	79	105	116	120	131	170	51
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	138.62	27.81	90	116	131	153	161	180	200	205	42
D9940	occlusal guard, by report	601.88	87.05	456	495	600	685	687	706	773	832	47
D9951	occlusal adjustment - limited	185.79	55.55	76	130	181	222	225	230	280	350	52
D9952	occlusal adjustment - complete	565.69	167.96	240	348	520	740	810	810	844	950	45

**2018 Survey of Dental Fees  
Prosthodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0150	comprehensive oral evaluation - new or established patient	137.84	58.54	85	111	119	150	159	219	219	250	30
D0274	bitewings - four radiographic images	79.92	15.62	60	65	81	85	85	88	100	125	30
D5110	complete denture - maxillary	2,792.91	867.43	1,950	2,400	2,500	3,024	3,225	3,500	4,000	5,000	30
D5120	complete denture - mandibular	2,814.64	938.32	1,950	2,000	2,500	3,024	3,500	3,989	4,500	5,000	30
D5130	immediate denture - maxillary	2,581.85	1,098.08	900	1,890	2,500	2,998	3,200	3,700	4,500	5,000	30

## 2018 Survey of Dental Fees Methodology

In accordance with a directive from the 1976 House of Delegates, the Health Policy Institute is responsible for periodically gathering and disseminating information regarding dental fees in the United States. The American Dental Association's (ADA) survey of fees charged by general practitioners and specialists is limited to the publication of statistics gathered from a nationwide random sample of dentists, who were asked to record the fee most often charged for each of 269 different dental procedures. **The survey data should not be interpreted as constituting a fee schedule in any way, and should not be used for that purpose. Dentists must establish their own fees based on their individual practice and market considerations.**

The procedure codes on the 2018 *Survey of Dental Fees* survey instrument and presented in the tables of this report were taken from *CDT 2018*, the reference manual published by the ADA. The previous *Survey of Dental Fees* used codes based on the 2016 edition of the manual; therefore, care should be taken when comparing data in this report with data from previous ADA *Surveys of Dental Fees* or reports from other sources. CDT 2018 contains numerous updates and modifications to procedure codes, descriptors and common dental terms.

In this report, data for general practitioners are presented separately for each of the nine U.S. Census Divisions and for the nation as a whole. Following the general practitioner data, national statistics are presented for six dental specialties. The sample design used to select specialists did not provide a sufficient number of specialists to allow for analysis by specialty at the divisional level. Statistics presented for each procedure include the number of respondents, average, standard deviation and percentiles. The Glossary (separate page) includes definitions of these statistics, all of which help indicate how fee answers varied for a given procedure in our survey. To ensure statistical validity, at least 30 responses must have been received for each reported procedure. In both the general practitioner and specialty sections, only those procedures that received 30 or more responses are included in this report.

### Sampling

The 2018 *Survey of Dental Fees* sample was selected from the ADA's national sampling frame of active private practitioners ("the population"), which includes member and non-member dentists. The sample, representing 11.2% of the population, was a simple random probability sample of 15,000 dentists in private practice, of whom approximately 60% were general practitioners and 40% were specialists. General practitioners from the New England and East South Central divisions were also oversampled to ensure a sufficient number of responses.

Representativeness was determined by checking for statistically significant differences between the sample and population on the following demographic characteristics using chi-square statistics and T-tests: division, primary occupation, secondary occupation, specialty, race, ownership status, age, and graduation year. No statistically significant differences were found between any of the subsamples of general practitioners and specialists and their populations.

### Data collection

The 2018 *Survey of Dental Fees* was initially mailed to 15,000 dentists in private practice in January 2018, and two follow-up mailings to non-respondents were sent in March and May. Data collection was concluded in July 2018 after responses had been received from 1,668 dentists. The final adjusted response rate of 11.6% excludes those individuals who were retired, not in private practice, deceased, or had unknown or foreign addresses.

## Weighting

The proportion of dentists in the sample and among the respondents were inconsistent with the actual population. To be able to make statements about all private practitioners, all general practitioners, or all specialists, the proportion of general practitioners and specialists among the respondents had to match those of the dental population as a whole. If left unbalanced, the statistics presented for all dentists, all general practitioners, or all specialists would have been skewed and would not have been an accurate representation of the dental population being analyzed. In order to account for these inconsistencies, survey weights were developed using the Propensity Cell Method. This method uses logistic regression to determine which categories of dentists were under/over represented in the responses and assigns a weight to each respondent in order to match the actual population.

## 2018 Survey of Dental Fees

### Glossary

#### **AVERAGE**

The arithmetic average of all fees reported by the respondents, obtained by taking the sum of all fees and dividing by the number of responses. It is possible that no dentist reported charging a fee that is exactly equal to the average value. If the distribution of fees is not symmetrical (that is, one half is not the mirror image of the other), the median is a better indicator of the typical fee charged than the average.

#### **CHI-SQUARE STATISTICS**

Chi-square statistics indicate, in the context of this report, whether the demographic characteristics of a random sample occur with a distribution similar to that of the population from which the sample is drawn.

#### **DIVISIONS**

##### ***Nine U.S. Census Divisions:***

New England: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

Middle Atlantic: New Jersey, New York, and Pennsylvania.

East North Central: Illinois, Indiana, Michigan, Ohio, and Wisconsin.

West North Central: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota.

South Atlantic: Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., and West Virginia.

East South Central: Alabama, Kentucky, Mississippi, and Tennessee.

West South Central: Arkansas, Louisiana, Oklahoma, and Texas.

Mountain: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming.

Pacific: Alaska, California, Hawaii, Oregon, and Washington.

<b>MEDIAN</b>	A statistical measure that divides ranked numeric responses into halves. The median is the response that falls at the fifty percent mark. The responses in one half are all smaller than the median and those in the other half are all larger than the median.
<b>PERCENTILE</b>	A percentile represents a fee at which a certain percentage of dentists charge up to the value of that fee. Example: the 75th percentile describes the fee equal to or greater than 75% of the fees for a given procedure.
<b>SIMPLE RANDOM PROBABILITY SAMPLE</b>	A simple random probability sample denotes a sample in which names are drawn at random without replacement.
<b>STANDARD DEVIATION (S.D.)</b>	The typical deviation of sample values from the mean. The size of the standard deviation reflects the accuracy of the sample mean in representing the population. In a normal population, 68.0% of the observations fall within one standard deviation of the mean, 95.5% within two standard deviations, and 99.7% within three standard deviations.
<b>T-TESTS</b>	T-tests indicate, in the context of this report, whether the mean values of numeric demographic characteristics (age, year of graduation) of a random sample are statistically similar to those of the population from which the sample is drawn.

## 2018 Survey of Dental Fees

Please **circle** the number corresponding to the most appropriate response or fill in the blank. **Please do not report ranges.**

1. What is your current occupation? (Please circle only one response).
- a. Private practice (full or part-time) ..... 1
  - b. Other dental occupation ..... 2
  - c. Other non-dental occupation ..... 3

Please complete this questionnaire if you are currently in **private practice**. Otherwise, **stop here** and **return** the questionnaire. Thank you.

2. In your primary practice in 2016, in which of the following ADA-recognized specialty areas were you announcing yourself and practicing as a licensed specialist? (Circle **one** response).
- a. No specialty. I am a general practitioner..... 0
  - b. Oral and maxillofacial surgery..... 1
  - c. Endodontics..... 2
  - d. Orthodontics and dentofacial orthopedics..... 3
  - e. Pediatric dentistry ..... 4
  - f. Periodontics..... 5
  - g. Prosthodontics ..... 6
  - h. Oral and maxillofacial pathology ..... 7
  - i. Public health ..... 8
  - j. Oral and maxillofacial radiology ..... 9
3. Please describe your **primary practice**. You are:
- a. A sole practitioner ..... 1
  - b. In a practice with 2 to 5 dentists..... 2
  - c. In a practice with 6 to 10 dentists..... 3
  - d. In a practice with 11 to 20 dentists..... 4
  - e. In a practice with 21 to 100 dentists..... 5
  - f. In a practice with more than 100 dentists ..... 6
4. What is the zip code of your **primary practice**? .....                       
zip code

5. Approximately what percentage of the patients who currently visit the **entire primary practice** are:
- a. Covered by a private benefit program that pays or partially pays for their dental care?..... %
  - b. Covered by a public assistance program that pays or partially pays for their dental care?..... %
  - c. Not covered by an insurance program?..... %
- Total 100%
6. Please indicate the number of participating provider contracts you have with the following:
- a. PPO plans ..... \_\_\_\_\_
  - b. DHMO plans..... \_\_\_\_\_
  - c. Discount plans..... \_\_\_\_\_
7. In your opinion, how much are your fees discounted by managed care plans on an average percentage basis?
- a. <10%..... 1
  - b. 10 – 20%..... 2
  - c. 21 – 40%..... 3
  - d. >40%..... 4
8. Do you or does your practice management system submit your full fee and all claim submissions to payers?
- Yes ..... 1
  - No..... 2
9. How frequently do you update your fees? (Select the closest time interval).
- a. Less than 6 months between updates..... 1
  - b. Every 6 months ..... 2
  - c. Every year ..... 3
  - d. Every two years..... 4
  - e. More than two years between updates..... 5

**PLEASE READ THESE IMPORTANT INSTRUCTIONS BEFORE CONTINUING:**

For the following procedures, **record your full fee—not the portion that you expect to receive or for which you might be reimbursed**. A full fee is the fee for a service that is set by the dentist, which reflects the costs of providing the procedure and the value of the dentist's professional judgment. A contractual relationship does not change the dentist's full fee. It is always appropriate to report the full fee for each service reported to a third-party payer.

- **Do not report a fee range.**
- Record a single fee for each service.
- If you provide certain services **without charge, write 0 (zero)**.
- If you **do not perform** a certain procedure, **leave the corresponding space blank**.

Procedure codes from the most recent revision of the ADA's *Code on Dental Procedures and Nomenclature* are provided for your assistance in specifying services. All codes and nomenclature are published in the ADA's *CDT 2018: Dental Procedure Codes*.

**DIAGNOSTIC (D0100 - D0999)**

D0120	Periodic oral evaluation — established patient	\$ _____ .00
D0140	Limited oral evaluation - problem focused	\$ _____ .00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$ _____ .00
D0150	Comprehensive oral evaluation — new or established patient	\$ _____ .00
D0160	Detailed and extensive oral evaluation — problem focused, by report	\$ _____ .00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$ _____ .00
D0171	Re-evaluation – post-operative office visit	\$ _____ .00
D0180	Comprehensive periodontal evaluation — new or established patient	\$ _____ .00
D0190	Screening of a patient	\$ _____ .00
D0191	Assessment of a patient	\$ _____ .00
D0210	Intraoral - complete series of radiographic images	\$ _____ .00
D0220	Intraoral - periapical first radiographic image	\$ _____ .00
D0230	Intraoral - periapical each additional radiographic image	\$ _____ .00
D0251	Extra-oral posterior dental radiographic image	\$ _____ .00
D0272	Bitewings - two radiographic images	\$ _____ .00
D0273	Bitewings - three radiographic images	\$ _____ .00
D0274	Bitewings - four radiographic images	\$ _____ .00
D0277	Vertical bitewings - 7 to 8 radiographic images	\$ _____ .00
D0330	Panoramic radiographic image	\$ _____ .00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$ _____ .00
D0364	Cone beam CT capture and interpretation with limited field of view — less than one whole jaw	\$ _____ .00
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch — mandible	\$ _____ .00
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch — maxilla, with or without cranium	\$ _____ .00
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	\$ _____ .00
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	\$ _____ .00
D0418	Analysis of saliva sample	\$ _____ .00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities...	\$ _____ .00

**DIAGNOSTIC (D0100 - D0999) (Continued)**

D0470	Diagnostic casts	\$ _____ .00
D0601	Caries risk assessment and documentation, with a finding of low risk	\$ _____ .00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$ _____ .00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$ _____ .00

**PREVENTIVE (D1000 — D1999)**

D1110	Prophylaxis - adult	\$ _____ .00
D1120	Prophylaxis - child	\$ _____ .00
D1206	Topical application of fluoride varnish	\$ _____ .00
D1208	Topical application of fluoride – excluding varnish	\$ _____ .00
D1320	Tobacco counseling for the control and prevention of oral disease	\$ _____ .00
D1330	Oral hygiene instructions	\$ _____ .00
D1351	Sealant - per tooth	\$ _____ .00
D1352	Preventive resin restoration in a moderate to high caries risk patient — permanent tooth	\$ _____ .00
D1354	Interim caries arresting medicament application – per tooth	\$ _____ .00
D1510	Space maintainer - fixed, unilateral	\$ _____ .00
D1515	Space maintainer - fixed, bilateral	\$ _____ .00

**RESTORATIVE (D2000 — D2999)**

D2140	Amalgam - one surface, primary or permanent	\$ _____ .00
D2150	Amalgam - two surfaces, primary or permanent	\$ _____ .00
D2160	Amalgam - three surfaces, primary or permanent	\$ _____ .00
D2161	Amalgam - four or more surfaces, primary or permanent	\$ _____ .00
D2330	Resin-based composite - one surface, anterior	\$ _____ .00
D2331	Resin-based composite - two surfaces, anterior	\$ _____ .00
D2332	Resin-based composite - three surfaces, anterior	\$ _____ .00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$ _____ .00
D2390	Resin-based composite crown, anterior	\$ _____ .00
D2391	Resin-based composite - one surface, posterior	\$ _____ .00
D2392	Resin-based composite - two surfaces, posterior	\$ _____ .00
D2393	Resin-based composite - three surfaces, posterior	\$ _____ .00



**RESTORATIVE (D2000 — D2999) (Continued)**

D2394	Resin-based composite - four or more surfaces, posterior	\$ _____ .00
D2520	Inlay - metallic - two surfaces	\$ _____ .00
D2543	Onlay - metallic - three surfaces	\$ _____ .00
D2620	Inlay - porcelain/ceramic - two surfaces	\$ _____ .00
D2642	Onlay - porcelain/ceramic - two surfaces	\$ _____ .00
D2643	Onlay - porcelain/ceramic - three surfaces	\$ _____ .00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$ _____ .00
D2651	Inlay - resin-based composite - two surfaces	\$ _____ .00
D2662	Onlay - resin-based composite - two surfaces	\$ _____ .00
D2663	Onlay - resin-based composite - three surfaces	\$ _____ .00
D2664	Onlay - resin-based composite - four or more surfaces	\$ _____ .00
D2710	Crown - resin-based composite (indirect)	\$ _____ .00
D2740	Crown - porcelain/ceramic	\$ _____ .00
D2750	Crown - porcelain fused to high noble metal	\$ _____ .00
D2751	Crown - porcelain fused to predominantly base metal	\$ _____ .00
D2752	Crown - porcelain fused to noble metal	\$ _____ .00
D2780	Crown - ¾ cast high noble metal	\$ _____ .00
D2783	Crown - ¾ porcelain/ceramic	\$ _____ .00
D2790	Crown - full cast high noble metal	\$ _____ .00
D2794	Crown - titanium	\$ _____ .00
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	\$ _____ .00
D2920	Re-cement or re-bond crown	\$ _____ .00
D2929	Prefabricated porcelain/ceramic crown – primary tooth	\$ _____ .00
D2930	Prefabricated stainless steel crown - primary tooth	\$ _____ .00
D2931	Prefabricated stainless steel crown - permanent tooth	\$ _____ .00
D2940	Protective restoration	\$ _____ .00
D2949	Restorative foundation for an indirect restoration	\$ _____ .00
D2950	Core buildup, including any pins when required	\$ _____ .00
D2952	Post and core in addition to crown, indirectly fabricated	\$ _____ .00
D2954	Prefabricated post and core in addition to crown	\$ _____ .00

**RESTORATIVE (D2000 — D2999) (Continued)**

D2961	Labial veneer (resin laminate) - laboratory	\$ _____ .00
D2962	Labial veneer (porcelain laminate) - laboratory	\$ _____ .00
D2980	Crown repair necessitated by restorative material failure	\$ _____ .00
D2981	Inlay repair necessitated by restorative material failure	\$ _____ .00
D2982	Onlay repair necessitated by restorative material failure	\$ _____ .00
D2983	Veneer repair necessitated by restorative material failure	\$ _____ .00
D2990	Resin infiltration of incipient smooth surface lesions	\$ _____ .00

**ENDODONTICS (D3000 — D3999)**

D3110	Pulp cap - direct (excluding final restoration)	\$ _____ .00
D3120	Pulp cap - indirect (excluding final restoration)	\$ _____ .00
D3220	Therapeutic pulpotomy (excluding final restoration)...	\$ _____ .00
D3221	Pulpal debridement, primary and permanent teeth	\$ _____ .00
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	\$ _____ .00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$ _____ .00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$ _____ .00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$ _____ .00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$ _____ .00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$ _____ .00
D3331	Treatment of root canal obstruction; non-surgical access	\$ _____ .00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$ _____ .00
D3346	Retreatment of previous root canal therapy — anterior	\$ _____ .00
D3347	Retreatment of previous root canal therapy — premolar	\$ _____ .00
D3348	Retreatment of previous root canal therapy — molar	\$ _____ .00
D3351	Apexification/recalcification - initial visit...	\$ _____ .00
D3352	Apexification/recalcification - interim medication replacement	\$ _____ .00
D3353	Apexification/recalcification — final visit...	\$ _____ .00
D3355	Pulpal regeneration – initial visit	\$ _____ .00
D3356	Pulpal regeneration – interim medication placement	\$ _____ .00
D3357	Pulpal regeneration – completion of treatment	\$ _____ .00

**ENDODONTICS (D3000 — D3999) (Continued)**

D3410	Apicoectomy - anterior	\$ _____ .00
D3421	Apicoectomy - premolar (first root)	\$ _____ .00
D3425	Apicoectomy - molar (first root)	\$ _____ .00
D3426	Apicoectomy (each additional root)	\$ _____ .00

**PERIODONTICS (D4000 — D4999)**

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$ _____ .00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$ _____ .00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$ _____ .00
D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	\$ _____ .00
D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	\$ _____ .00
D4249	Clinical crown lengthening — hard tissue	\$ _____ .00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$ _____ .00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$ _____ .00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$ _____ .00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$ _____ .00
D4266	Guided tissue regeneration — resorbable barrier, per site	\$ _____ .00
D4267	Guided tissue regeneration — non-resorbable barrier, per site (includes membrane removal)	\$ _____ .00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	\$ _____ .00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft	\$ _____ .00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$ _____ .00

**PERIODONTICS (D4000 — D4999)**

D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ _____ .00
D4283	Autogenous connective tissue graft procedure...each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ _____ .00
D4285	Non-autogenous connective tissue graft procedure...each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ _____ .00
D4321	Provisional splinting - extracoronaral	\$ _____ .00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$ _____ .00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$ _____ .00
D4355	Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit	\$ _____ .00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$ _____ .00
D4910	Periodontal maintenance	\$ _____ .00

**PROSTHODONTICS, REMOVABLE (D5000 — D5899 )**

D5110	Complete denture - maxillary	\$ _____ .00
D5120	Complete denture - mandibular	\$ _____ .00
D5130	Immediate denture - maxillary	\$ _____ .00
D5140	Immediate denture - mandibular	\$ _____ .00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$ _____ .00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$ _____ .00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ _____ .00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ _____ .00
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$ _____ .00
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$ _____ .00

**PROSTHODONTICS, REMOVABLE (D5000 — D5899)  
(Continued)**

D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ .00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ .00
D5225	Maxillary partial denture — flexible base (including any clasps, rests and teeth)	\$ .00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$ .00
D5520	Replace missing or broken teeth — complete denture (each tooth)	\$ .00
D5640	Replace broken teeth - per tooth	\$ .00
D5650	Add tooth to existing partial denture	\$ .00
D5660	Add clasp to existing partial denture – per tooth	\$ .00
D5710	Rebase complete maxillary denture	\$ .00
D5711	Rebase complete mandibular denture	\$ .00
D5720	Rebase maxillary partial denture	\$ .00
D5721	Rebase mandibular partial denture	\$ .00
D5730	Reline complete maxillary denture (chairside)	\$ .00
D5731	Reline complete mandibular denture (chairside)	\$ .00
D5750	Reline complete maxillary denture (laboratory)	\$ .00
D5751	Reline complete mandibular denture (laboratory)	\$ .00

**MAXILLOFACIAL PROSTHETICS (D5900 — D5999)**

D5986	Fluoride gel carrier	\$ .00
D5991	Vesiculobullous disease medicament carrier	\$ .00
D5994	Periodontal medicament carrier with peripheral seal – laboratory processed	\$ .00

**IMPLANT SERVICES (D6000 — D6199)**

D6010	Surgical placement of implant body: endosteal implant	\$ .00
D6011	Second stage implant surgery	\$ .00
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$ .00
D6051	Interim abutment	\$ .00
D6055	Connecting bar - implant supported or abutment supported	\$ .00

**IMPLANT SERVICES (D6000 — D6199) (Continued)**

D6056	Prefabricated abutment — includes modification and placement	\$ .00
D6057	Custom fabricated abutment - includes placement	\$ .00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$ .00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$ .00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$ .00
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$ .00
D6080	Implant maintenance procedures when prostheses are removed and reinserted...	\$ .00
D6100	Implant removal, by report	\$ .00
D6104	Bone graft at time of implant placement	\$ .00

**PROSTHODONTICS, FIXED D6200 — D6999**

D6205	Pontic - indirect resin based composite	\$ .00
D6210	Pontic - cast high noble metal	\$ .00
D6240	Pontic - porcelain fused to high noble metal	\$ .00
D6241	Pontic - porcelain fused to predominantly base metal	\$ .00
D6245	Pontic - porcelain/ceramic	\$ .00
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	\$ .00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$ .00
D6549	Resin retainer – for resin bonded fixed prosthesis	\$ .00
D6710	Retainer crown - indirect resin based composite	\$ .00
D6750	Retainer crown - porcelain fused to high noble metal	\$ .00
D6751	Retainer crown - porcelain fused to predominantly base metal	\$ .00
D6790	Retainer crown - full cast high noble metal	\$ .00
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$ .00
D6930	Re-cement or re-bond fixed partial denture	\$ .00

**ORAL & MAXILLOFACIAL SURGERY (D7000-D7999)**

D7111	Extraction, coronal remnants - primary tooth	\$ _____ .00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ _____ .00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$ _____ .00
D7220	Removal of impacted tooth - soft tissue	\$ _____ .00
D7230	Removal of impacted tooth - partially bony	\$ _____ .00
D7240	Removal of impacted tooth - completely bony	\$ _____ .00
D7250	Removal of residual tooth roots (cutting procedure)	\$ _____ .00
D7251	Coronectomy - intentional partial tooth removal	\$ _____ .00
D7286	Incisional biopsy of oral tissue - soft	\$ _____ .00
D7287	Exfoliative cytological sample collection	\$ _____ .00
D7288	Brush biopsy — transepithelial sample collection	\$ _____ .00
D7295	Harvest of bone for use in autogenous grafting procedure	\$ _____ .00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$ _____ .00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$ _____ .00
D7410	Excision of benign lesion up to 1.25 cm	\$ _____ .00
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$ _____ .00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$ _____ .00
D7630	Mandible - open reduction (teeth immobilized, if present)	\$ _____ .00
D7640	Mandible - closed reduction (teeth immobilized, if present)	\$ _____ .00
D7730	Mandible - open reduction	\$ _____ .00
D7740	Mandible - closed reduction	\$ _____ .00
D7880	Occlusal orthotic device, by report	\$ _____ .00
D7910	Suture of recent small wounds up to 5 cm	\$ _____ .00
D7921	Collection and application of autologous blood concentrate product	\$ _____ .00
D7953	Bone replacement graft for ridge preservation — per site	\$ _____ .00
D7960	Frenulectomy — also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$ _____ .00
D7970	Excision of hyperplastic tissue - per arch	\$ _____ .00

**ORTHODONTICS D8000 — D8999**

D8020	Limited orthodontic treatment of the transitional dentition	\$ _____ .00
D8030	Limited orthodontic treatment of the adolescent dentition	\$ _____ .00
D8040	Limited orthodontic treatment of the adult dentition	\$ _____ .00
D8050	Interceptive orthodontic treatment of the primary dentition	\$ _____ .00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$ _____ .00
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$ _____ .00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$ _____ .00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$ _____ .00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$ _____ .00
D8670	Periodic orthodontic treatment visit	\$ _____ .00
D8681	Removable orthodontic retainer adjustment	\$ _____ .00
D8690	Orthodontic treatment (alternative billing to a contract fee)	\$ _____ .00
D8692	Replacement of lost or broken retainer	\$ _____ .00

**ADJUNCTIVE GENERAL SERVICES (D9000 — D9999)**

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$ _____ .00
D9120	Fixed partial denture sectioning	\$ _____ .00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$ _____ .00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$ _____ .00
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$ _____ .00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$ _____ .00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$ _____ .00
D9248	Non-intravenous conscious sedation	\$ _____ .00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$ _____ .00
D9410	House/extended care facility call	\$ _____ .00
D9420	Hospital or ambulatory surgical center call	\$ _____ .00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$ _____ .00
D9440	Office visit - after regularly scheduled hours	\$ _____ .00

**ADJUNCTIVE GENERAL SERVICES (D9000 — D9999)**  
**(Continued)**

D9450	Case presentation, detailed and extensive treatment planning	\$ _____ .00
D9610	Therapeutic parenteral drug, single administration	\$ _____ .00
D9630	Drugs or medicaments dispensed in the office for home use	\$ _____ .00
D9910	Application of desensitizing medicament	\$ _____ .00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$ _____ .00
D9920	Behavior management, by report	\$ _____ .00
D9930	Treatment of complications (post-surgical) — unusual circumstances, by report	\$ _____ .00
D9932	Cleaning and inspection of removable complete denture, maxillary	\$ _____ .00
D9933	Cleaning and inspection of removable complete denture, mandibular	\$ _____ .00
D9934	Cleaning and inspection of removable partial denture, maxillary	\$ _____ .00
D9935	Cleaning and inspection of removable partial denture, mandibular	\$ _____ .00
D9940	Occlusal guard, by report	\$ _____ .00
D9941	Fabrication of athletic mouthguard	\$ _____ .00
D9943	Occlusal guard adjustment	\$ _____ .00
D9951	Occlusal adjustment - limited	\$ _____ .00
D9952	Occlusal adjustment - complete	\$ _____ .00
D9972	External bleaching - per arch - performed in office	\$ _____ .00
D9974	Internal bleaching - per tooth	\$ _____ .00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$ _____ .00

**Any comments?**

**Thank you very much for your assistance in this important research project. Please return this questionnaire by folding and placing tape as indicated. The postage is already paid.**