

## 2011 Plan Fee Schedule vs Average Retail Fee

New Dental Choice plan fee schedule vs "Average Retail Fee" is based on the regional plan fee against the average 80th percentile of the 2011 "Medicode" fee schedule, a national fee profiling service.

**This report is an average in the following region(s)**

Region 2 includes: Imperial, Riverside, San Bernardino, and San Diego Counties.

### Diagnostic Procedures

ADACode	Description	Plan Fee	Avg Retail Fee
D0120	Periodic oral evaluation	20.00	58.00
D0140	Limited oral evaluation - problem focused	30.00	97.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	32.00	89.00
D0150	Comprehensive oral evaluation - new or established patient	38.00	102.00
D0170	Re-evaluation-limited; problem focused (established patient; not post-operative visit)	31.00	68.00
D0180	Comprehensive periodontal evaluation - new or established patient	58.00	110.00
D0210	Intraoral complete series ( including bitewings)	71.00	148.00
D0220	Intraoral radiograph - periapical first film	19.00	30.00
D0230	Intraoral radiograph - periapical each additional film	10.00	27.00
D0240	Intraoral radiograph - occlusal film	18.00	46.00
D0270	Bitewing radiograph - single film	15.00	31.00
D0272	Bitewings radiograph - two films	25.00	50.00
D0273	Bitewings radiograph; three films	27.00	61.00
D0274	Bitewings radiograph - four films	31.00	70.00
D0277	Vertical bitewings - 7 to 8 films	39.00	106.00
D0290	Posterior-anterior or lateral skull and facial bone survey film	30.00	159.00
D0321	Radiographs - other temporomandibular joint films	47.00	no data available
D0322	Radiographs - tomographic survey	134.00	571.00
D0330	Radiograph - panoramic film	45.00	124.00
D0340	Radiograph - cephalometric film	45.00	140.00
D0350	Oral/facial images	31.00	67.00
D0415	Collection of microorganisms for culture and sensitivity. By report, provide copy of test results	29.00	42.00
D0425	Caries susceptibility tests. By report, provide copy of test results	19.00	36.00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	39.00	58.00
D0460	Pulp vitality tests	23.00	58.00
D0470	Diagnostic casts or study models	48.00	126.00
D0474	Accession of tissue, gross & microscopic examination	77.00	188.00
D0480	Accession of exfoliative cytologic smears,microscopic examination	80.00	115.00
D0486	Accession of brush biopsy sample	74.00	139.00

### Preventive Procedures

ADACode	Description	Plan Fee	Avg Retail Fee
D1110	Prophylaxis - adult age 12 & older	70.00	102.00
D1120	Prophylaxis - child	43.00	70.00
D1203	Topical application of fluoride - child (prophylaxis not included)	24.00	39.00
D1204	Topical application of fluoride – adult (prophylaxis not included) age 12 & older	28.00	37.00
D1206	Topical fluoride varnish - by report	30.00	58.00
D1330	Oral Hygiene instructions	35.00	71.00

## Preventive Procedures

Continued...

ADACode	Description	Plan Fee	Avg Retail Fee
D1351	Sealant - per tooth - under age 16 on permanent molars only	27.00	58.00
D1510	Space maintainer - fixed - unilateral	131.00	330.00
D1515	Space maintainer - fixed - bilateral	166.00	462.00
D1520	Space maintainer - removable - unilateral	131.00	364.00
D1525	Space maintainer - removable - bilateral	191.00	562.00
D1550	Re-cementation of space maintainer	20.00	71.00
D1555	Removal of fixed space maintainer	42.00	69.00

## Restorative Procedures

ADACode	Description	Plan Fee	Avg Retail Fee
D2140	Amalgam - one surface - primary or permanent	67.00	139.00
D2150	Amalgam - two surfaces - primary or permanent	88.00	180.00
D2160	Amalgam - three surfaces - primary or permanent	110.00	217.00
D2161	Amalgam - four or more surfaces - primary or permanent	121.00	265.00
D2330	Resin-based composite - one surface - anterior	94.00	162.00
D2331	Resin-based composite - two surfaces - anterior	112.00	206.00
D2332	Resin-based composite - three surfaces - anterior	149.00	252.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle - anterior	152.00	299.00
D2390	Resin-based composite crown - anterior	170.00	330.00
D2391	Resin-based composite - one surface - posterior	96.00	189.00
D2392	Resin-based composite - two surfaces - posterior	138.00	248.00
D2393	Resin-based composite - three surfaces - posterior	171.00	308.00
D2394	Resin-based composite - four or more surfaces - posterior	199.00	377.00
D2510	Metallic inlay - one surface	287.00	884.00
D2520	Metallic inlay - two surfaces	374.00	1003.00
D2530	Metallic inlay - three or more surfaces	425.00	1156.00
D2542	Metallic onlay - two surfaces	454.00	1133.00
D2543	Metallic onlay - three surfaces	497.00	1186.00
D2544	Metallic onlay - four or more surfaces	623.00	1233.00
D2610	Porcelain/ceramic inlay - one surface	301.00	1040.00
D2620	Porcelain/ceramic inlay - two surfaces	393.00	1098.00
D2630	Porcelain/ceramic inlay - three or more surfaces	447.00	1169.00
D2642	Porcelain/ceramic onlay - two surfaces	435.00	1136.00
D2643	Porcelain/ceramic onlay - three surfaces	522.00	1225.00
D2644	Porcelain/ceramic onlay - four or more surfaces	654.00	1299.00
D2650	Resin-based composite inlay - 1 surface (lab)	259.00	683.00
D2651	Resin-based composite inlay - 2 surfaces (lab)	341.00	814.00
D2652	Resin-based composite inlay - 3 or more surfaces (lab)	387.00	856.00
D2662	Resin-based composite onlay - 2 surfaces (lab)	391.00	743.00
D2663	Resin-based composite onlay - 3 surfaces (lab)	452.00	873.00
D2664	Resin-based composite onlay - 4 or more surfaces (lab)	566.00	936.00
D2710	Crown - resin based composite (indirect)	240.00	446.00
D2720	Crown - resin with high noble metal	629.00	1098.00
D2721	Crown - resin with predominantly base metal	504.00	1029.00
D2722	Crown - resin with noble metal	555.00	1051.00
D2740	Crown - porcelain/ceramic substrate	722.00	1127.00
D2750	Crown - porcelain fused to high noble metal	763.00	1112.00
D2751	Crown - porcelain fused to predominantly base metal	625.00	1035.00
D2752	Crown - porcelain fused to noble metal	665.00	1060.00

## Restorative Procedures

Continued...

ADA Code	Description	Plan Fee	Avg Retail Fee
D2780	Crown - ¾ cast high noble metal	715.00	1067.00
D2781	Crown - ¾ cast predominantly base metal	596.00	1004.00
D2782	Crown - ¾ cast noble metal	634.00	1037.00
D2783	Crown - ¾ cast porcelain /ceramic	687.00	1097.00
D2790	Crown - full cast high noble metal	715.00	1073.00
D2791	Crown - full cast predominantly base metal	596.00	1017.00
D2792	Crown - full cast noble metal	634.00	1035.00
D2794	Crown - titanium	634.00	1098.00
D2799	Provisional crown	152.00	446.00
D2910	Recement inlay, onlay, or partial coverage restoration	39.00	101.00
D2915	Recement cast or prefabricated post and core	39.00	101.00
D2920	Recement crown	39.00	103.00
D2930	Prefabricated stainless steel crown - primary tooth	114.00	280.00
D2931	Prefabricated stainless steel crown - permanent tooth	125.00	317.00
D2932	Prefabricated resin crown	96.00	338.00
D2933	Prefabricated stainless steel crown with resin window	136.00	387.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	114.00	387.00
D2940	Sedative filling	38.00	107.00
D2950	Core buildup - including pins	114.00	267.00
D2951	Pin retention - per tooth - in addition to restoration	31.00	61.00
D2952	Post and core in addition to crown, indirectly fabricated	177.00	422.00
D2954	Prefabricated post and core in addition to crown	120.00	338.00
D2960	Labial veneer (resin laminate) - chairside	229.00	816.00
D2961	Labial veneer (resin laminate) - laboratory	431.00	925.00
D2962	Labial veneer (porcelain laminate) - laboratory	600.00	1006.00
D2970	Temporary crown (fractured tooth) - by report	141.00	253.00
D2971	Additional procedures to construct new crown under existing partial denture framework	39.00	162.00

## Endodontics

ADA Code	Description	Plan Fee	Avg Retail Fee
D3110	Pulp cap - direct	33.00	97.00
D3120	Pulp cap - indirect	29.00	77.00
D3220	Therapeutic pulpotomy	82.00	198.00
D3221	Pulpal debridement - primary and permanent teeth	71.00	217.00
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	171.00	201.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) Primary incisors and cuspids.	96.00	186.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) Primary first and second molars.	108.00	228.00
D3310	Root canal therapy - anterior - traditional	477.00	727.00
D3320	Root canal therapy - bicuspid - traditional	561.00	891.00
D3330	Root canal therapy - molar - traditional	845.00	1104.00
D3331	Treatment of root canal obstruction; non-surgical access	102.00	285.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	276.00	541.00
D3333	Internal root repair of perforation defects	160.00	249.00
D3346	Retreatment of root canal - anterior	601.00	969.00
D3347	Retreatment of root canal - bicuspid	702.00	1140.00
D3348	Retreatment of root canal - molar	898.00	1411.00
D3410	Apicoectomy/Periradicular surgery - anterior - performed as separate surgical procedure	492.00	889.00
D3421	Apicoectomy/Periradicular surgery - bicuspid - first root	632.00	989.00

**Endodontics**

Continued...

ADACode	Description	Plan Fee	Avg Retail Fee
D3425	Apicoectomy/Periradicular surgery - molar - first root	632.00	1121.00
D3426	Apicoectomy/Periradicular surgery - each additional root	212.00	379.00
D3430	Retrograde filling - per root - in addition to apicoectomy	93.00	278.00
D3450	Root amputation - per root	281.00	580.00
D3920	Hemisection (including any root removal)	281.00	440.00
D3950	Canal preparation and fitting of preformed dowel or post	62.00	201.00

**Periodontics**

ADACode	Description	Plan Fee	Avg Retail Fee
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or bounded teeth spaces per quadrant	239.00	781.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous or bounded teeth spaces per quadrant	118.00	347.00
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	667.00	1093.00
D4231	Anatomical crown exposure - one to three teeth per quadrant	346.00	521.00
D4240	Gingival flap procedure - includes root planing - 4 plus contiguous teeth or bounded teeth spaces per quadrant	344.00	989.00
D4241	Gingival flap procedure, including root planing - 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	173.00	573.00
D4249	Crown lengthening - hard tissue - by report	482.00	1085.00
D4260	Osseous surgery - four or more contiguous teeth or bounded teeth spaces per quadrant	786.00	1649.00
D4261	Osseous surgery (including flap entry and closure)- 1 to 3 contiguous or bounded teeth spaces per quadrant	429.00	885.00
D4263	Bone replacement graft - first site in quadrant	257.00	590.00
D4264	Bone replacement graft - each additional site in quadrant	153.00	503.00
D4266	Guided tissue regeneration - resorbable barrier - per site	275.00	608.00
D4267	Guided tissue regeneration - nonresorbable barrier - per site (includes membrane removal)	275.00	781.00
D4270	Pedicle soft tissue graft procedure	521.00	1171.00
D4271	Free soft tissue graft procedure (including donor site surgery)	521.00	1215.00
D4273	Subepithelial connective tissue graft procedures - per tooth (includes donor site surgery)	645.00	1432.00
D4274	Distal or proximal wedge procedure	280.00	812.00
D4275	Soft tissue allograft	552.00	1076.00
D4276	Combined connective tissue and double pedicle graft - per tooth	700.00	1605.00
D4320	Provisional splinting - intracoronal - by report	158.00	451.00
D4321	Provisional splinting - extracoronal - by report	158.00	410.00
D4341	Periodontal scaling & root planing - four or more teeth - per quadrant	135.00	260.00
D4342	Periodontal scaling & root planing - one to three teeth - per quadrant	92.00	150.00
D4355	Full mouth debridement	71.00	178.00
D4910	Periodontal maintenance procedures following active therapy	91.00	160.00

**Prosthodontics (Removable)**

ADACode	Description	Plan Fee	Avg Retail Fee
D5110	Complete maxillary denture	898.00	1615.00
D5120	Complete mandibular denture	898.00	1615.00
D5130	Immediate maxillary denture	945.00	1762.00
D5140	Immediate mandibular denture	945.00	1762.00
D5211	Maxillary partial denture - resin base	469.00	1364.00
D5212	Mandibular partial denture - resin base	469.00	1585.00
D5213	Maxillary partial denture - cast metal framework with resin denture base	1022.00	1785.00
D5214	Mandibular partial denture - cast metal framework with resin denture base	1022.00	1785.00

## Prosthodontics (Removable)

Continued...

ADACode	Description	Plan Fee	Avg Retail Fee
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	702.00	1364.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	702.00	1585.00
D5281	Removable unilateral partial denture - one piece cast metal	425.00	1041.00
D5410	Adjust complete denture - maxillary	32.00	89.00
D5411	Adjust complete denture - mandibular	32.00	89.00
D5421	Adjust partial denture - maxillary	32.00	89.00
D5422	Adjust partial denture - mandibular	32.00	89.00
D5510	Repair broken complete denture base	93.00	177.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	79.00	148.00
D5610	Repair resin denture base	79.00	192.00
D5620	Repair cast framework	94.00	207.00
D5630	Repair or replace broken clasp	119.00	250.00
D5640	Replace broken teeth - per tooth	93.00	162.00
D5650	Add tooth to existing partial denture	93.00	221.00
D5660	Add clasp to existing partial denture	119.00	265.00
D5710	Rebase complete denture - maxillary	247.00	656.00
D5711	Rebase complete denture - mandibular	247.00	627.00
D5720	Rebase partial denture - maxillary	227.00	619.00
D5721	Rebase partial denture - mandibular	227.00	619.00
D5730	Reline complete denture - maxillary - chairside	133.00	370.00
D5731	Reline complete denture - mandibular - chairside	133.00	370.00
D5740	Reline partial denture - maxillary - chairside	133.00	339.00
D5741	Reline partial denture - mandibular - chairside	133.00	339.00
D5750	Reline complete denture - maxillary - laboratory	227.00	494.00
D5751	Reline complete denture - mandibular - laboratory	227.00	494.00
D5760	Reline partial denture - maxillary - laboratory	213.00	486.00
D5761	Reline partial denture - mandibular - laboratory	213.00	486.00
D5810	Interim complete denture - maxillary	415.00	781.00
D5811	Interim complete denture - mandibular	415.00	841.00
D5820	Interim partial denture - maxillary	315.00	604.00
D5821	Interim partial denture - mandibular	315.00	641.00
D5850	Tissue conditioning - maxillary	64.00	155.00
D5851	Tissue conditioning - mandibular	64.00	155.00
D5860	Overdenture - complete - by report	945.00	no data available
D5861	Overdenture - partial - by report	945.00	no data available
D5862	Precision attachment - by report	244.00	no data available
D5982	Surgical stent - by report	247.00	656.00

## Implant Services

ADACode	Description	Plan Fee	Avg Retail Fee
D6010	Surgical placement of implant body - endosteal implant	1545.00	2699.00
D6056	Prefabricated abutment - includes placement	359.00	561.00
D6058	Abutment supported crown - porcelain/ceramic	1022.00	1554.00
D6059	Abutment supported crown - porcelain fused to high noble metal	1009.00	1534.00
D6060	Abutment supported crown - porcelain fused to predominantly base metal	953.00	1449.00
D6061	Abutment supported crown - porcelain fused to noble metal	974.00	1479.00
D6062	Abutment supported crown - cast high noble metal	923.00	1473.00
D6063	Abutment supported crown - cast predominantly base metal	794.00	1283.00
D6064	Abutment supported crown - cast noble metal	840.00	1341.00

## Implant Services

Continued...

ADACode	Description	Plan Fee	Avg Retail Fee
D6065	Implant supported crown - porcelain/ceramic	957.00	1529.00
D6066	Implant supported crown - porcelain fused to high noble metal or titanium	933.00	1489.00
D6067	Implant supported crown - high noble metal or titanium	906.00	1445.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	1022.00	1541.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1009.00	1534.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	953.00	1449.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	974.00	1479.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	946.00	1497.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	858.00	1367.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	924.00	1452.00
D6075	Implant supported retainer for ceramic FPD	1006.00	1529.00
D6076	Implant supported retainer for porcelain fused to metal FPD (high noble metal or titanium)	979.00	1489.00
D6077	Implant supported retainer for cast metal FPD (high noble metal or titanium)	906.00	1445.00
D6078	Implant/Abutment supported fixed denture for completely edentulous arch	998.00	no data available
D6079	Implant/Abutment supported fixed denture for partially edentulous arch	998.00	no data available
D6092	Recent implant/abutment supported crown	42.00	119.00
D6093	Recent implant/abutment supported fixed partial denture	61.00	187.00
D6094	Abutment supported crown - (titanium)	622.00	1216.00
D6190	Radiographic/surgical implant index - by report	165.00	273.00
D6194	Abutment supported retainer crown for FPD - (titanium)	622.00	1253.00

## Prosthodontics (Fixed)

ADACode	Description	Plan Fee	Avg Retail Fee
D6210	Bridge pontic - cast high noble metal	684.00	1066.00
D6211	Bridge pontic - cast predominantly base metal	571.00	999.00
D6212	Bridge pontic - cast noble metal	634.00	1039.00
D6214	Bridge pontic - titanium	634.00	1072.00
D6240	Bridge pontic - porcelain fused to high noble metal	719.00	1052.00
D6241	Bridge pontic - porcelain fused to predominantly base metal	599.00	972.00
D6242	Bridge pontic - porcelain fused to noble metal	637.00	1025.00
D6245	Bridge pontic - porcelain/ceramic	689.00	1086.00
D6250	Bridge pontic - resin with high noble metal	614.00	1039.00
D6251	Bridge pontic - resin with predominantly base metal	492.00	958.00
D6252	Bridge pontic - resin with noble metal	541.00	989.00
D6253	Provisional pontic	136.00	448.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	173.00	396.00
D6600	Bridge retainer inlay - porcelain/ceramic - two surfaces	401.00	786.00
D6601	Bridge retainer inlay - porcelain/ceramic - three or more surfaces	455.00	824.00
D6602	Bridge retainer inlay - cast high noble metal - two surfaces	402.00	840.00
D6603	Bridge retainer inlay - cast high noble metal - three or more surfaces	457.00	924.00
D6604	Bridge retainer inlay - cast predominantly base metal - two surfaces	354.00	823.00
D6605	Bridge retainer inlay - cast predominantly base metal - three or more surfaces	415.00	872.00
D6606	Bridge retainer inlay - cast noble metal - two surfaces	382.00	810.00
D6607	Bridge retainer inlay - cast noble metal - three or more surfaces	433.00	899.00
D6608	Bridge retainer onlay - porcelain/ceramic - two surfaces	444.00	854.00
D6609	Bridge retainer onlay - porcelain/ceramic - three or more surfaces	532.00	892.00
D6610	Bridge retainer onlay - cast high noble metal - two surfaces	524.00	906.00
D6611	Bridge retainer onlay - cast high noble metal - three or more surfaces	684.00	991.00
D6612	Bridge retainer onlay - cast predominantly base metal - two surfaces	415.00	901.00

## Prosthodontics (Fixed)

Continued...

ADA Code	Description	Plan Fee	Avg Retail Fee
D6613	Bridge retainer onlay - cast predominantly base metal - three or more surfaces	564.00	942.00
D6614	Bridge retainer onlay - cast noble metal - two surfaces	463.00	882.00
D6615	Bridge retainer onlay - cast noble metal - three or more surfaces	635.00	917.00
D6720	Bridge retainer crown - resin with high noble metal	641.00	1050.00
D6721	Bridge retainer crown - resin with predominantly base metal	514.00	996.00
D6722	Bridge retainer crown - resin with noble metal	566.00	1014.00
D6740	Bridge retainer crown - porcelain/ceramic	687.00	1104.00
D6750	Bridge retainer crown - porcelain fused to high noble metal	763.00	1075.00
D6751	Bridge retainer crown - porcelain fused to predominantly base metal	625.00	1003.00
D6752	Bridge retainer crown - porcelain fused to noble metal	665.00	1027.00
D6780	Bridge retainer crown - ¾ cast high noble metal	715.00	1014.00
D6781	Bridge retainer crown - ¾ cast predominantly base metal	596.00	1014.00
D6782	Bridge retainer crown - ¾ cast noble metal	634.00	942.00
D6783	Bridge retainer crown - ¾ porcelain/ceramic	687.00	1044.00
D6790	Bridge retainer crown - full cast high noble metal	715.00	1038.00
D6791	Bridge retainer crown - full cast predominantly base metal	596.00	984.00
D6792	Bridge retainer crown - full cast noble metal	634.00	1020.00
D6793	Provisional retainer crown	152.00	426.00
D6794	Bridge retainer crown - titanium	634.00	1020.00
D6930	Recement fixed partial denture	61.00	151.00
D6940	Stress breaker - by report	174.00	341.00
D6950	Precision attachment - by report	288.00	660.00
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	177.00	416.00
D6972	Prefabricated post & core in addition to FPD retainer	120.00	338.00
D6973	Core build up for retainer - including any pins	114.00	273.00

## Oral and Maxillofacial Surgery

ADA Code	Description	Plan Fee	Avg Retail Fee
D7111	Extraction - coronal remnants - deciduous tooth	63.00	124.00
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	79.00	164.00
D7210	Surgical removal of erupted tooth	146.00	302.00
D7220	Removal of impacted tooth - soft tissue	192.00	379.00
D7230	Removal of impacted tooth - partially bony	272.00	503.00
D7240	Removal of impacted tooth - completely bony	348.00	591.00
D7241	Removal of impacted tooth - completely bony - with unusual surgical complications - by report	386.00	743.00
D7250	Surgical removal of residual tooth roots - cutting procedure	157.00	319.00
D7260	Oroantral fistula closure	444.00	1871.00
D7261	Primary closure of a sinus perforation	393.00	780.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth - by report	325.00	585.00
D7272	Tooth transplantation (includes reimplantation from one site to another & splinting &/or stabilization) - by report	325.00	780.00
D7280	Surgical access of an erupted tooth	336.00	546.00
D7283	Placement of device to facilitate eruption of impacted tooth	110.00	234.00
D7285	Biopsy of oral tissue - hard (bone, tooth) - by report	117.00	1091.00
D7286	Biopsy of oral tissue - soft (all others) - by report	117.00	468.00
D7287	Exfoliative cytological sample collection - by report	107.00	187.00
D7288	Brush biopsy - transepithelial sample collection - by report	50.00	187.00
D7291	Transseptal fiberotomy/supra crestal fiberotomy - by report	32.00	no data available
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	141.00	445.00

## Oral and Maxillofacial Surgery

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ADACode	Description	Plan Fee	Avg Retail Fee
D7311	Alveoloplasty - in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	71.00	388.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	200.00	722.00
D7321	Alveoloplasty - not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	100.00	611.00
D7340	Vestibuloplasty - ridge extension - secondary epithelialization	708.00	3054.00
D7350	Vestibuloplasty - ridge extension	1181.00	8886.00
D7410	Excision of benign lesion up to 1.25 cm	177.00	1333.00
D7411	Excision of benign lesion greater than 1.25 cm	236.00	2110.00
D7412	Excision of benign lesion - complicated - by report	337.00	2332.00
D7413	Excision of malignant lesion up to 1.25 cm	202.00	1555.00
D7414	Excision of malignant lesion greater than 1.25 cm	263.00	2332.00
D7415	Excision of malignant lesion - complicated - by report	365.00	2610.00
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	224.00	2110.00
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	303.00	3110.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	194.00	1333.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	278.00	1822.00
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	194.00	1333.00
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	278.00	1822.00
D7471	Removal of lateral exostosis (maxilla or mandible)	319.00	1651.00
D7472	Removal of torus palatinus	393.00	1962.00
D7473	Removal of torus mandibularis	393.00	1850.00
D7485	Surgical reduction of osseous tuberosity	262.00	1651.00
D7510	Incision and drainage of abscess - intraoral soft tissue	94.00	477.00
D7530	Removal of a foreign body from mucosa, skin, or subcutaneous alveolar tissue	88.00	820.00
D7880	Occlusal orthotic device (TMJ treatment appliance) - by report	480.00	1226.00
D7910	Suture of recent small wounds up to 5 cm	59.00	729.00
D7911	Complicated suture - up to 5 cm	79.00	1820.00
D7912	Complicated suture - greater than 5 cm	65.00	3274.00
D7953	Bone replacement graft for ridge preservation - per site	247.00	378.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	213.00	611.00
D7970	Excision of hyperplastic tissue - per arch	166.00	888.00
D7971	Excision of pericoronal gingiva	69.00	333.00
D7972	Surgical reduction of fibrous tuberosity	288.00	1244.00

## Orthodontics

ADACode	Description	Plan Fee	Avg Retail Fee
D8010	Limited orthodontic treatment of the primary dentition	566.00	no data available
D8020	Limited orthodontic treatment of the transitional dentition	1987.00	no data available
D8030	Limited orthodontic treatment of the adolescent dentition	1987.00	no data available
D8040	Limited orthodontic treatment of the adult dentition	1987.00	no data available
D8050	Interceptive orthodontic treatment of the primary dentition	594.00	no data available
D8060	Interceptive orthodontic treatment of the transitional dentition	632.00	no data available
D8070	Comprehensive orthodontic treatment of the transitional dentition	3973.00	no data available
D8080	Comprehensive orthodontic treatment of the adolescent dentition	3973.00	no data available
D8090	Comprehensive orthodontic treatment of the adult dentition	3973.00	no data available
D8210	Removable appliance therapy - by report	339.00	no data available
D8220	Fixed appliance therapy - by report	270.00	no data available
D8660	Pre-orthodontic treatment visit	30.00	no data available

**Orthodontics**

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<b>ADA Code</b>	<b>Description</b>	<b>Plan Fee</b>	<b>Avg Retail Fee</b>
D8680	Orthodontic retention - removal of appliances, construction/placement of retainer(s)	134.00	no data available
D8691	Repair of orthodontic appliance	70.00	no data available
D8692	Replacement of lost or broken retainer	144.00	no data available
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	55.00	no data available

**Adjunctive General Services**

<b>ADA Code</b>	<b>Description</b>	<b>Plan Fee</b>	<b>Avg Retail Fee</b>
D9110	Palliative emergency treatment of dental pain - minor procedure - by report	49.00	151.00
D9120	Fixed partial denture sectioning - by report	50.00	171.00
D9220	Deep sedation/general anesthesia - first 30 minutes	223.00	517.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	103.00	232.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide - per visit	42.00	86.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	120.00	401.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	62.00	196.00
D9248	Non-intravenous conscious sedation	75.00	125.00
D9310	Consultation - per session	54.00	225.00
D9420	Hospital call	185.00	415.00
D9430	Office visit - for observation during office hours, no other services performed	29.00	no data available
D9440	Office visit - after regularly scheduled office hours	70.00	140.00
D9610	Therapeutic parenteral drug, single administration	21.00	no data available
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	34.00	no data available
D9910	Application of desensitizing medicament, per visit	23.00	63.00
D9920	Behavior management - by report	39.00	no data available
D9940	Occlusal guard - by report	224.00	523.00
D9942	Repair and/or reline of occlusal guard. Provide placement date of nightguard	91.00	216.00
D9950	Occlusion analysis - mounted case - by report	212.00	343.00
D9951	Limited occlusal adjustment - per visit	73.00	153.00
D9952	Complete occlusal adjustment - by report	193.00	721.00
D9972	External bleaching - per arch	197.00	360.00
D9973	External bleaching - per tooth	51.00	60.00
D9974	Internal bleaching - per tooth	131.00	315.00