

Dental Fees

Results from the 2016
Survey of Dental Fees



ADA Center for
Professional Success™



Health Policy Institute

ADA American Dental Association®

2016 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.

**2016 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	49.94	12.90	35	41	49	57	60	63	67	75	994
D0140	Limited oral evaluation - problem focused	68.74	18.88	45	56	70	80	84	87	91	99	968
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	59.68	19.22	35	45	59	74	75	80	83	90	572
D0150	Comprehensive oral evaluation — new or established patient	79.89	22.46	51	65	80	93	96	100	106	120	969
D0160	Detailed and extensive oral evaluation — problem focused, by report	111.40	54.48	48	73	108	150	160	170	180	203	636
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	58.05	26.70	23	44	62	75	79	82	88	98	611
D0171	Re-evaluation – post-operative office visit	19.62	30.41	0	0	0	45	50	62	72	79	328
D0180	Comprehensive periodontal evaluation — new or established patient	91.05	26.18	59	74	90	103	108	116	125	138	642
D0190	Screening of a patient	61.86	35.79	25	37	52	81	90	95	104	145	131
D0191	Assessment of a patient	59.57	32.44	25	35	50	84	88	95	102	120	131
D0210	Intraoral - complete series of radiographic images	133.12	23.77	102	117	130	148	150	157	163	175	902
D0220	Intraoral - periapical first radiographic image	28.39	7.16	20	24	28	32	34	35	37	40	984
D0230	Intraoral - periapical each additional radiographic image	22.72	6.50	15	19	23	27	28	29	30	33	972
D0251	Extra-oral posterior dental radiographic image	29.50	32.43	0	0	24	50	57	63	75	92	148
D0272	Bitewings - two radiographic images	45.20	9.23	34	39	45	50	52	55	58	63	921
D0273	Bitewings - three radiographic images	54.25	10.88	41	46	53	61	63	65	68	75	589
D0274	Bitewings - four radiographic images	63.59	12.69	48	55	63	72	74	76	80	85	941

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D0277	Vertical bitewings - 7 to 8 radiographic images	96.26	21.88	70	81	95	108	110	118	126	138	448
D0330	Panoramic radiographic image	112.91	20.58	86	99	110	125	129	133	140	150	763
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	50.77	35.32	0	25	55	75	77	81	91	103	366
D0364	Cone beam CT capture and interpretation with limited field of view — less than one whole jaw	279.53	122.84	115	167	275	370	388	411	460	480	57
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch — mandible	311.73	110.61	160	218	320	384	394	426	471	500	52
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch — maxilla, with or without cranium	308.92	101.23	167	225	300	375	386	400	419	480	51
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	339.68	125.05	175	258	345	400	415	450	524	566	65
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	142.15	84.08	50	60	150	208	215	235	260	277	67
D0418	Analysis of saliva sample	137.81	64.14	50	75	158	177	180	184	197	204	62
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities...	61.09	26.80	25	40	65	76	81	85	94	101	167
D0470	Diagnostic casts	102.50	34.16	60	77	100	123	130	139	150	160	686
D0601	Caries risk assessment and documentation, with a finding of low risk	39.47	28.96	10	15	37	59	62	80	85	92	51
D0602	Caries risk assessment and documentation, with a finding of moderate risk	39.45	27.17	10	15	45	56	60	80	80	89	51
D0603	Caries risk assessment and documentation, with a finding of high risk	39.98	28.63	9	15	42	56	62	80	87	90	49
D1110	Prophylaxis - adult	91.09	19.19	69	78	90	100	106	110	117	125	1002

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D1120	Prophylaxis - child	67.90	14.98	50	58	67	76	80	83	88	95	988
D1206	Topical application of fluoride varnish	39.23	11.05	25	30	39	45	48	50	54	60	805
D1208	Topical application of fluoride – excluding varnish	36.48	10.61	25	30	35	43	45	46	50	54	752
D1320	Tobacco counseling for the control and prevention of oral disease	37.45	36.18	0	0	33	70	76	81	87	98	358
D1330	Oral hygiene instructions	27.58	25.99	0	0	30	50	52	56	61	68	549
D1351	Sealant - per tooth	52.72	12.12	38	45	52	60	61	65	68	75	928
D1352	Preventive resin restoration in a moderate to high caries risk patient — permanent tooth	95.99	38.94	50	65	92	116	125	138	150	165	314
D1354	Interim caries arresting medicament application	64.81	41.12	22	35	52	90	96	100	111	129	42
D1510	Space maintainer - fixed -unilateral	306.84	64.68	225	261	305	348	355	371	393	415	634
D1515	Space maintainer - fixed -bilateral	409.44	88.76	293	350	407	464	475	498	519	550	605
D2140	Amalgam - one surface, primary or permanent	136.49	31.32	98	115	134	156	160	167	177	194	762
D2150	Amalgam - two surfaces, primary or permanent	169.09	39.10	121	140	165	193	199	208	220	240	758
D2160	Amalgam - three surfaces, primary or permanent	201.70	48.43	140	167	197	231	240	251	265	286	759
D2161	Amalgam - four or more surfaces, primary or permanent	238.80	57.25	168	198	236	274	285	296	313	345	742
D2330	Resin-based composite - one surface, anterior	160.07	35.65	117	135	156	181	187	196	208	225	958
D2331	Resin-based composite - two surfaces, anterior	194.87	42.56	144	165	190	223	228	240	251	272	961
D2332	Resin-based composite - three surfaces, anterior	234.35	51.55	170	198	230	268	276	289	300	325	955
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	287.07	67.50	200	240	284	329	340	350	375	409	947

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D2390	Resin-based composite crown, anterior	401.85	139.66	229	298	396	491	503	526	563	650	473
D2391	Resin-based composite - one surface, posterior	174.83	37.16	130	148	173	198	203	212	225	241	915
D2392	Resin-based composite - two surfaces, posterior	223.97	47.32	165	190	221	251	260	270	287	305	915
D2393	Resin-based composite - three surfaces, posterior	273.61	61.25	195	230	270	309	320	334	355	386	917
D2394	Resin-based composite - four or more surfaces, posterior	320.35	74.61	225	270	317	365	378	395	415	450	891
D2520	Inlay - metallic - two surfaces	871.71	226.75	586	708	850	987	1,029	1,100	1,189	1,280	444
D2543	Onlay - metallic - three surfaces	1,004.61	215.64	726	855	995	1134	1180	1200	1,298	1,400	439
D2620	Inlay - porcelain/ceramic - two surfaces	956.47	212.34	700	803	942	1,068	1,120	1,176	1,242	1,395	472
D2642	Onlay - porcelain/ceramic - two surfaces	1,015.90	203.00	750	875	1,009	1,126	1,180	1,215	1,300	1,379	457
D2643	Onlay - porcelain/ceramic - three surfaces	1,055.96	206.62	790	913	1050	1,178	1,200	1,257	1,350	1,400	487
D2644	Onlay - porcelain/ceramic - four or more surfaces	1,096.50	212.41	824	950	1099	1,200	1,245	1,311	1,395	1,472	502
D2651	Inlay - resin-based composite - two surfaces	863.60	227.80	577	700	853	997	1,037	1,098	1,180	1,298	299
D2662	Onlay - resin-based composite - two surfaces	906.76	244.09	618	744	879	1,041	1,088	1,161	1,207	1,359	297
D2663	Onlay - resin-based composite - three surfaces	949.29	229.81	662	790	925	1,100	1,148	1,194	1,254	1,350	307
D2664	Onlay - resin-based composite - four or more surfaces	987.04	221.66	720	830	952	1120	1177	1206	1282	1395	312
D2710	Crown - resin-based composite (indirect)	779.03	303.76	358	526	800	986	1029	1091	1158	1298	385
D2740	Crown - porcelain/ceramic substrate	1,135.89	197.44	900	990	1105	1249	1295	1341	1395	1500	875
D2750	Crown - porcelain fused to high noble metal	1,121.27	192.50	900	975	1100	1236	1275	1320	1387	1486	863

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D2751	Crown - porcelain fused to predominantly base metal	1,041.23	180.71	825	914	1008	1160	1199	1236	1297	1377	545
D2752	Crown - porcelain fused to noble metal	1,078.79	185.91	853	945	1050	1200	1231	1284	1350	1400	669
D2780	Crown - ¾ cast high noble metal	1,115.20	189.39	875	977	1100	1226	1260	1326	1375	1450	406
D2783	Crown - ¾ porcelain/ceramic	1,114.27	192.80	877	974	1102	1215	1253	1320	1360	1435	414
D2790	Crown - full cast high noble metal	1,151.15	204.60	905	1000	1121	1273	1320	1365	1405	1516	773
D2794	Crown - titanium	1,120.08	222.79	850	950	1100	1278	1,325	1,365	1,400	1,500	197
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	343.59	160.03	130	250	353	450	472	493	528	587	567
D2920	Re-cement or re-bond crown	104.15	27.42	73	85	100	121	125	130	140	154	895
D2929	Prefabricated porcelain/ceramic crown – primary tooth	315.48	111.36	181	239	310	374	390	405	452	522	127
D2930	Prefabricated stainless steel crown - primary tooth	262.67	62.98	182	218	259	300	310	324	349	371	643
D2931	Prefabricated stainless steel crown - permanent tooth	312.46	70.55	230	262	302	354	368	380	402	441	571
D2940	Protective restoration	112.88	33.35	75	88	109	134	139	149	155	175	687
D2949	Restorative foundation for an indirect restoration	188.53	90.57	70	107	188	258	291	295	307	325	94
D2950	Core buildup, including any pins when required	260.66	58.07	188	220	260	294	301	318	337	360	892
D2952	Post and core in addition to crown, indirectly fabricated	393.33	95.54	271	325	392	450	466	486	511	566	706
D2954	Prefabricated post and core in addition to crown	321.45	67.99	237	275	318	361	375	388	408	440	839
D2961	Labial veneer (resin laminate) - laboratory	929.96	279.47	551	725	905	1100	1182	1208	1285	1400	445
D2962	Labial veneer (porcelain laminate) - laboratory	1,128.44	223.80	851	963	1100	1253	1304	1375	1425	1536	805
D2980	Crown repair necessitated by restorative material failure	247.60	97.22	130	171	245	306	322	350	378	422	502

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D2981	Inlay repair necessitated by restorative material failure	240.82	95.49	127	158	240	305	330	356	375	400	106
D2982	Onlay repair necessitated by restorative material failure	253.29	99.41	139	170	250	315	345	367	390	421	109
D2983	Veneer repair necessitated by restorative material failure	251.82	99.27	145	163	250	312	340	365	386	421	131
D2990	Resin infiltration of incipient smooth surface lesions	130.68	70.66	53	75	125	173	177	188	200	300	99
D3110	Pulp cap - direct (excluding final restoration)	79.08	25.48	50	60	76	93	98	101	110	125	695
D3120	Pulp cap - indirect (excluding final restoration)	75.26	26.03	45	56	75	90	95	100	106	123	644
D3220	Therapeutic pulpotomy (excluding final restoration)...	181.50	57.18	113	143	180	215	225	237	250	276	798
D3221	Pulpal debridement, primary and permanent teeth	192.44	74.07	105	147	191	240	250	260	278	310	630
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	238.03	105.50	100	153	245	306	330	350	361	397	165
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	233.17	76.91	135	179	227	281	296	305	327	356	361
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	255.12	92.67	132	190	258	310	326	350	372	410	378
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	736.96	135.06	565	645	726	816	850	875	906	966	839
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	853.78	147.54	675	750	840	949	975	999	1046	1112	832
D3330	Endodontic therapy, molar (excluding final restoration)	1,033.35	177.28	825	900	1013	1143	1182	1200	1263	1,350	816
D3331	Treatment of root canal obstruction; non-surgical access	454.01	216.72	165	280	460	614	632	672	750	798	175

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D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	348.65	174.14	0	250	385	476	500	525	548	582	351
D3346	Retreatment of previous root canal therapy — anterior	846.60	181.56	606	718	841	952	982	1020	1075	1177	468
D3347	Retreatment of previous root canal therapy — bicuspid	956.59	193.10	700	825	950	1072	1108	1165	1200	1276	454
D3348	Retreatment of previous root canal therapy — molar	1,144.43	228.61	850	995	1143	1295	1326	1380	1438	1517	446
D3351	Apexification/recalcification - initial visit...	331.26	103.53	198	255	330	398	420	432	453	496	260
D3352	Apexification/recalcification - interim medication replacement	220.65	82.71	108	159	220	267	284	320	328	353	253
D3353	Apexification/recalcification — final visit...	489.06	176.55	250	371	495	581	613	656	698	800	237
D3355	Pulpal regeneration – initial visit	344.69	185.90	100	206	359	473	496	504	515	521	36
D3356	Pulpal regeneration – interim medication placement	250.53	117.30	108	175	237	326	338	380	444	450	32
D3410	Apicoectomy/periradicular surgery - anterior	669.02	191.04	400	533	674	792	826	875	930	985	315
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	747.08	194.08	483	625	746	868	913	953	1000	1075	241
D3425	Apicoectomy/periradicular surgery - molar (first root)	843.80	226.61	550	696	831	980	1000	1058	1,109	1,238	227
D3426	Apicoectomy (each additional root)	355.16	135.95	200	265	340	419	439	495	512	600	185
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	558.92	175.74	328	432	560	674	700	750	784	850	570
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	273.83	110.93	145	190	263	339	361	390	425	470	650

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D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	214.84	114.17	79	126	200	285	301	343	372	420	287
D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	671.69	230.45	361	505	675	800	845	900	950	1050	394
D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	529.53	203.62	250	357	531	654	700	734	797	858	329
D4249	Clinical crown lengthening — hard tissue	692.31	235.83	374	525	700	825	866	939	1000	1103	485
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1,040.96	328.14	625	830	1016	1219	1279	1325	1451	1590	327
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	793.15	269.96	400	606	800	987	1011	1050	1137	1200	281
D4263	Bone replacement graft - first site in quadrant	559.52	204.25	300	400	555	693	736	766	816	900	310
D4264	Bone replacement graft — each additional site in quadrant	442.64	163.86	238	304	430	550	584	618	660	705	247
D4266	Guided tissue regeneration — resorbable barrier, per site	602.57	269.94	245	375	600	800	835	893	933	1,025	237
D4267	Guided tissue regeneration — non-resorbable barrier, per site (includes membrane removal)	732.22	309.24	336	468	725	948	1,000	1,049	1,133	1,231	194
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	1,033.68	267.15	700	849	1,004	1,200	1,250	1,323	1,400	1,488	172

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D4275	Non-autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	967.48	242.83	650	789	974	1,132	1,163	1,215	1,300	1,344	126
D4277	Free soft tissue graft procedure (including recipient and donor site surgical sites) first tooth, implant, or edentulous tooth position in graft	938.44	229.11	650	733	940	1,067	1,141	1,185	1,236	1,323	87
D4278	Free soft tissue graft procedure (including recipient and donor site surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	591.88	274.72	250	350	570	780	824	900	986	1,060	83
D4321	Provisional splinting - extracoronal	384.15	146.65	177	275	390	478	495	515	555	627	521
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	249.46	50.63	184	218	250	278	285	296	310	344	863
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	169.85	46.93	110	137	168	199	205	216	230	250	821
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	166.97	42.67	110	136	166	195	200	210	224	240	838
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	81.40	49.43	35	45	67	98	120	140	158	190	598
D4910	Periodontal maintenance	137.13	29.85	100	115	135	154	159	169	175	191	848
D5110	Complete denture - maxillary	1,610.71	390.01	1145	1340	1575	1850	1900	1977	2084	2350	927
D5120	Complete denture - mandibular	1,613.00	393.22	1145	1340	1570	1850	1914	1994	2095	2350	925
D5130	Immediate denture - maxillary	1,711.95	400.53	1225	1430	1690	1942	2000	2095	2208	2450	876
D5140	Immediate denture - mandibular	1,718.22	411.94	1225	1430	1690	1950	2000	2108	2250	2490	878
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1,215.36	408.19	700	907	1185	1449	1544	1650	1795	1975	809

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D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1,220.16	398.83	718	925	1196	1450	1537	1627	1761	1950	800
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,685.30	369.12	1235	1421	1650	1895	1950	2038	2157	2362	905
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,688.00	368.41	1234	1425	1658	1895	1954	2040	2159	2358	900
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1,225.97	486.98	650	880	1145	1535	1650	1750	1850	2000	172
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1,242.47	490.93	650	900	1200	1628	1692	1800	1874	2000	167
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,549.91	432.13	996	1227	1560	1800	1800	1900	2049	2500	146
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,550.53	420.15	996	1227	1577	1800	1800	1911	2050	2500	146
D5225	Maxillary partial denture — flexible base (including any clasps, rests, and teeth)	1,444.41	372.94	980	1200	1437	1694	1750	1822	1933	2050	584
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,444.97	373.85	950	1200	1442	1695	1750	1822	1946	2054	579
D5510	Repair broken complete denture base	207.06	66.46	130	160	200	250	251	271	295	330	798
D5520	Replace missing or broken teeth — complete denture (each tooth)	174.39	50.45	110	140	172	203	215	225	241	257	810

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5610	Repair resin denture base	199.21	59.09	130	157	195	230	248	259	274	303	775
D5640	Replace broken teeth - per tooth	176.71	50.53	112	142	175	205	215	225	242	265	808
D5650	Add tooth to existing partial denture	210.90	58.15	136	170	207	247	256	270	284	310	840
D5660	Add clasp to existing partial denture – per tooth	250.76	69.44	165	200	250	290	300	319	338	372	792
D5710	Rebase complete maxillary denture	537.46	141.41	350	440	546	620	645	670	707	765	621
D5711	Rebase complete mandibular denture	536.32	139.92	350	440	546	618	645	670	709	770	610
D5720	Rebase maxillary partial denture	513.11	136.69	331	414	518	595	618	648	687	745	588
D5721	Rebase mandibular partial denture	513.02	137.26	331	410	515	595	615	648	689	750	590
D5730	Reline complete maxillary denture (chairside)	323.35	108.16	190	250	328	392	403	424	455	495	760
D5731	Reline complete mandibular denture (chairside)	322.87	107.59	189	250	328	393	403	425	453	493	753
D5750	Reline complete maxillary denture (laboratory)	431.88	110.71	296	360	438	500	512	530	563	603	878
D5751	Reline complete mandibular denture (laboratory)	433.34	112.98	300	360	440	500	513	535	570	610	876
D5986	Fluoride gel carrier	169.85	75.70	75	110	170	220	231	250	259	296	360
D5991	Vesiculobullous disease medicament carrier	213.81	111.43	93	142	204	245	283	300	333	537	57
D5994	Periodontal medicament carrier with peripheral seal – laboratory processed	429.64	258.37	125	156	425	660	683	700	790	946	39
D6010	Surgical placement of implant body: endosteal implant	1,919.40	348.02	1500	1668	1900	2174	2206	2295	2409	2500	352
D6011	Second stage implant surgery	660.44	666.80	150	216	436	942	1240	1504	1691	2100	48
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1,481.37	618.23	515	1000	1565	1950	2035	2106	2320	2500	94
D6051	Interim abutment	430.36	184.20	212	300	400	553	600	620	682	750	112
D6055	Connecting bar - implant supported or abutment supported	2,300.84	1,236.40	665	1268	2383	3066	3222	3500	3900	4500	348

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D6056	Prefabricated abutment — includes modification and placement	663.75	186.31	425	523	660	795	812	850	900	992	615
D6057	Custom fabricated abutment - includes placement	816.57	218.48	530	660	800	950	990	1014	1102	1206	672
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,352.04	292.71	998	1144	1325	1511	1575	1625	1735	1875	711
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,449.09	329.75	1037	1200	1411	1638	1701	1800	1899	2022	585
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,377.18	299.73	1000	1166	1350	1557	1605	1662	1785	1917	472
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,448.05	328.39	1037	1200	1425	1648	1688	1770	1863	2045	327
D6080	Implant maintenance procedures when prostheses are removed and reinserted...	198.89	123.57	45	105	190	290	304	325	365	400	408
D6100	Implant removal, by report	599.17	246.96	253	397	640	765	799	836	877	969	150
D6104	Bone graft at time of implant placement	526.41	228.57	265	395	500	610	668	721	848	1000	127
D6205	Pontic - indirect resin based composite	954.77	240.51	650	796	937	1112	1151	1200	1272	1359	171
D6210	Pontic - cast high noble metal	1,094.02	196.39	868	950	1071	1200	1250	1300	1353	1500	694
D6240	Pontic - porcelain fused to high noble metal	1,103.20	196.24	875	957	1082	1213	1258	1300	1375	1475	836
D6241	Pontic - porcelain fused to predominantly base metal	1,023.06	181.11	800	900	998	1133	1171	1200	1257	1357	540
D6245	Pontic - porcelain/ceramic	1,120.32	197.56	890	975	1100	1238	1289	1326	1384	1490	709
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	508.47	280.39	167	284	465	743	793	825	887	961	315
D6545	Retainer - cast metal for resin bonded fixed prosthesis	677.76	300.39	331	445	650	876	938	995	1059	1200	541

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D6549	Resin retainer – for resin bonded fixed prosthesis	645.48	338.08	243	360	581	945	966	1025	1098	1260	80
D6710	Retainer crown - indirect resin based composite	985.08	220.12	680	870	962	1146	1199	1222	1284	1341	147
D6750	Retainer crown - porcelain fused to high noble metal	1,116.88	184.96	895	983	1100	1222	1265	1303	1365	1453	743
D6751	Retainer crown - porcelain fused to predominantly base metal	1,037.08	176.07	825	915	1005	1150	1190	1210	1276	1365	473
D6790	Retainer crown - full cast high noble metal	1,113.38	193.75	891	975	1095	1225	1265	1323	1377	1488	655
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	450.89	246.78	150	266	421	600	635	709	771	900	292
D6930	Re-cement or re-bond fixed partial denture	154.64	47.27	96	120	150	184	190	200	210	238	764
D7111	Extraction, coronal remnants -deciduous tooth	120.85	36.31	77	95	118	144	150	156	170	191	732
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	169.65	41.90	120	140	165	191	200	210	225	250	922
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	271.01	62.20	192	228	266	300	314	334	350	390	848
D7220	Removal of impacted tooth - soft tissue	312.95	64.93	230	267	310	350	360	376	396	421	618
D7230	Removal of impacted tooth -partially bony	386.60	77.06	290	327	390	433	446	461	485	515	551
D7240	Removal of impacted tooth -completely bony	454.33	93.80	334	390	451	510	520	542	575	617	448
D7250	Surgical removal of residual tooth roots (cutting procedure)	287.37	75.47	194	236	280	330	349	366	386	429	600
D7251	Coronectomy - intentional partial tooth removal	408.53	171.71	150	290	419	506	548	565	647	716	100

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7286	Incisional biopsy of oral tissue - soft	298.84	98.95	172	229	297	357	376	397	424	466	414
D7287	Exfoliative cytological sample collection	193.02	66.30	107	150	185	230	245	250	275	320	123
D7288	Brush biopsy — transepithelial sample collection	188.63	62.50	100	150	191	224	238	250	264	300	220
D7295	Harvest of bone for use in autogenous grafting procedure	632.28	446.86	250	338	503	710	800	1134	1172	1601	32
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	277.79	90.58	165	214	272	325	350	365	391	445	488
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	385.34	144.04	201	278	384	470	500	525	572	652	443
D7410	Excision of benign lesion up to 1.25 cm	347.64	162.97	149	225	344	442	462	510	568	675	319
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	627.33	372.24	200	350	588	887	979	1000	1076	1235	88
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	521.58	239.27	219	350	505	655	705	764	861	1000	157
D7640	Mandible - closed reduction (teeth immobilized, if present)	3,472.49	741.71	2406	3108	3420	3855	4025	4140	4316	4709	37
D7880	Occlusal orthotic device, by report	767.74	361.34	375	500	700	948	1010	1148	1289	1480	332
D7910	Suture of recent small wounds up to 5 cm	244.73	103.21	110	161	252	306	321	343	368	425	244
D7921	Collection and application of autologous blood concentrate product	325.32	177.23	150	200	289	420	468	500	552	650	31
D7953	Bone replacement graft for ridge preservation — per site	486.69	218.56	247	326	450	600	632	723	818	900	258
D7960	Frenulectomy — also known as frenectomy or frenotomy - separate procedure not incidental to another	400.35	117.45	243	310	403	475	500	520	554	596	428
D7970	Excision of hyperplastic tissue - per arch	405.52	174.52	175	275	405	519	550	586	625	700	326
D8020	Limited orthodontic treatment of the transitional dentition	2,322.04	1,250.39	525	1500	2257	3000	3220	3720	4100	4500	159

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D8030	Limited orthodontic treatment of the adolescent dentition	2,672.75	1,189.02	815	1984	2738	3474	3689	4147	4339	4500	180
D8040	Limited orthodontic treatment of the adult dentition	2,929.02	1,224.82	1088	2077	3000	3750	4000	4200	4500	4884	265
D8050	Interceptive orthodontic treatment of the primary dentition	2,378.77	1,000.65	800	1911	2372	3060	3164	3373	3550	4000	114
D8060	Interceptive orthodontic treatment of the transitional dentition	2,353.18	1,238.39	500	1438	2536	3062	3350	3520	3994	4550	147
D8070	Comprehensive orthodontic treatment of the transitional dentition	5,149.07	827.51	4000	4600	5005	5610	5879	6012	6250	6500	122
D8080	Comprehensive orthodontic treatment of the adolescent dentition	5,193.99	760.49	4195	4692	5102	5633	5870	6000	6250	6500	196
D8090	Comprehensive orthodontic treatment of the adult dentition	5,278.82	795.89	4250	4762	5200	5821	5990	6000	6291	6613	302
D8660	Pre-orthodontic treatment examination to monitor growth and development	249.08	184.76	55	94	218	350	382	444	500	610	141
D8670	Periodic orthodontic treatment visit	237.85	178.20	50	103	213	312	326	348	435	750	75
D8681	Removable orthodontic retainer adjustment	162.37	137.52	50	60	99	235	250	310	366	400	52
D8690	Orthodontic treatment (alternative billing to a contract fee)	316.39	172.26	150	200	260	376	397	500	615	710	49
D8692	Replacement of lost or broken retainer	285.63	121.85	134	189	289	360	385	411	450	500	331
D9110	Palliative (emergency) treatment of dental pain - minor procedure	118.16	44.88	65	89	115	145	150	159	175	201	851
D9120	Fixed partial denture sectioning	164.69	77.56	72	100	157	225	235	250	265	296	474
D9210	Local anesthesia not in conjunction with operative or surgical procedures	58.65	27.56	25	39	57	75	77	82	93	108	344
D9215	Local anesthesia in conjunction with operative or surgical procedures	35.65	29.21	0	0	38	60	63	66	70	80	327
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	62.28	30.34	27	45	61	78	82	89	100	120	560

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D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	190.69	133.15	85	110	150	200	225	300	450	475	42
D9248	Non-intravenous conscious sedation	203.64	157.09	0	50	215	330	350	364	398	454	209
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	98.27	55.66	20	62	95	131	143	150	170	199	557
D9410	House/extended care facility call	181.50	85.45	75	108	175	240	251	272	294	325	258
D9420	Hospital or ambulatory surgical center call	227.86	111.51	85	143	223	300	324	342	367	403	226
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	60.40	34.82	0	43	63	79	84	89	100	117	517
D9440	Office visit - after regularly scheduled hours	148.83	55.70	75	105	148	185	197	200	219	250	646
D9450	Case presentation, detailed and extensive treatment planning	130.34	59.85	50	85	133	160	170	185	200	245	186
D9610	Therapeutic parenteral drug, single administration	64.47	47.23	0	24	70	98	107	115	125	142	210
D9630	Other drugs and/or medicaments, by report	30.11	23.05	5	15	25	40	45	50	62	80	379
D9910	Application of desensitizing medicament	51.91	19.22	28	38	50	65	68	73	76	84	636
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	56.49	29.31	20	35	55	78	81	87	91	100	463
D9920	Behavior management, by report	111.81	59.39	34	62	113	151	159	169	179	218	182
D9930	Treatment of complications (post-surgical) — unusual circumstances, by report	107.44	44.03	48	75	108	135	140	150	163	180	299
D9932	Cleaning and inspection of removable complete denture, maxillary	62.54	41.16	20	29	50	88	100	100	110	150	84
D9933	Cleaning and inspection of removable complete denture, mandibular	62.47	40.76	20	30	50	87	100	100	110	150	86

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D9934	Cleaning and inspection of removable partial denture, maxillary	64.72	41.45	20	30	53	89	95	100	110	150	86
D9935	Cleaning and inspection of removable partial denture, mandibular	64.35	41.41	20	30	52	89	95	100	110	150	86
D9940	Occlusal guard, by report	508.34	155.73	310	400	500	600	624	650	695	780	855
D9941	Fabrication of athletic mouthguard	221.72	120.91	81	135	210	283	300	330	378	475	661
D9943	Occlusal guard adjustment	97.71	62.42	40	50	85	125	138	150	194	212	104
D9951	Occlusal adjustment - limited	141.56	69.37	55	90	140	180	195	203	220	260	633
D9952	Occlusal adjustment - complete	527.33	263.55	180	313	531	709	742	787	844	917	535
D9972	External bleaching - per arch - performed in office	287.08	127.94	150	199	263	360	388	425	499	550	533
D9974	Internal bleaching - per tooth	248.82	88.69	125	183	250	302	319	334	350	389	546
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	250.96	119.26	125	150	225	312	350	376	402	495	535

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	51.08	9.29	40	45	50	58	59	60	62	67	52
D0140	Limited oral evaluation - problem focused	78.38	23.45	50	73	81	91	94	98	100	103	47
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	69.03	16.65	45	55	71	80	81	85	93	95	30
D0150	Comprehensive oral evaluation — new or established patient	92.92	21.08	71	78	91	102	108	110	117	145	50
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	64.47	28.84	13	57	70	78	82	90	94	113	30
D0180	Comprehensive periodontal evaluation — new or established patient	103.94	21.93	77	90	103	113	120	121	121	150	33
D0210	Intraoral - complete series of radiographic images	150.22	20.16	126	133	150	161	164	166	175	188	50
D0220	Intraoral - periapical first radiographic image	33.27	5.12	28	30	33	37	37	40	40	42	51
D0230	Intraoral - periapical each additional radiographic image	26.65	5.38	20	25	26	29	30	31	35	36	51
D0272	Bitewings - two radiographic images	52.35	9.67	44	45	52	55	58	60	66	72	51
D0274	Bitewings - four radiographic images	72.33	11.66	59	65	72	80	80	80	86	99	49
D0330	Panoramic radiographic image	131.78	19.32	110	119	125	142	150	155	162	175	32
D0470	Diagnostic casts	107.71	35.39	65	80	110	132	138	150	150	158	31
D1110	Prophylaxis - adult	104.04	14.48	89	96	103	111	115	119	120	132	52
D1120	Prophylaxis - child	76.81	11.27	65	70	75	83	84	87	89	95	52
D1206	Topical application of fluoride varnish	44.98	9.58	34	39	44	48	52	52	54	65	43
D1208	Topical application of fluoride – excluding varnish	43.37	9.85	33	37	42	48	49	50	53	69	38
D1351	Sealant - per tooth	58.90	10.88	48	51	57	65	67	70	74	80	48
D2140	Amalgam - one surface, primary or permanent	150.90	26.36	118	133	149	173	175	180	183	200	40

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2150	Amalgam - two surfaces, primary or permanent	183.15	35.97	144	166	179	205	210	225	229	233	41
D2160	Amalgam - three surfaces, primary or permanent	219.37	46.87	173	191	214	245	250	265	286	290	41
D2161	Amalgam - four or more surfaces, primary or permanent	260.15	57.55	195	237	250	283	295	320	341	345	41
D2330	Resin-based composite - one surface, anterior	175.41	30.15	138	148	179	195	199	210	210	225	51
D2331	Resin-based composite - two surfaces, anterior	214.25	40.13	170	180	212	242	245	253	255	295	51
D2332	Resin-based composite - three surfaces, anterior	259.06	44.45	210	224	253	295	295	305	311	328	51
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	325.25	66.96	260	269	319	368	379	387	395	450	51
D2391	Resin-based composite - one surface, posterior	193.64	32.21	156	172	191	215	225	226	229	236	50
D2392	Resin-based composite - two surfaces, posterior	247.36	46.02	194	215	250	265	273	287	295	343	50
D2393	Resin-based composite - three surfaces, posterior	304.22	54.87	238	265	301	330	337	360	374	402	50
D2394	Resin-based composite - four or more surfaces, posterior	359.57	54.13	290	334	357	391	395	415	418	465	46
D2740	Crown - porcelain/ceramic substrate	1,336.16	169.84	1,150	1,200	1,350	1,399	1,425	1,473	1,550	1,600	43
D2750	Crown - porcelain fused to high noble metal	1,328.89	174.07	1,104	1,210	1,350	1,420	1,475	1,525	1,550	1,600	46
D2752	Crown - porcelain fused to noble metal	1,280.00	190.13	1,072	1,170	1,281	1,375	1,390	1,420	1,510	1,637	38
D2790	Crown - full cast high noble metal	1,362.93	215.41	1,099	1,223	1,345	1,505	1,550	1,605	1,651	1,775	40
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	413.73	155.96	213	320	417	541	548	550	596	700	30
D2920	Re-cement or re-bond crown	120.40	27.19	84	98	125	140	140	140	150	160	47

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D2940	Protective restoration	131.92	32.04	92	110	130	153	158	164	175	186	36
D2950	Core buildup, including any pins when required	315.15	52.40	260	275	320	345	360	375	386	395	47
D2952	Post and core in addition to crown, indirectly fabricated	467.97	81.29	365	406	465	510	525	535	595	624	39
D2954	Prefabricated post and core in addition to crown	378.19	65.69	295	342	376	405	420	420	495	505	48
D2962	Labial veneer (porcelain laminate) - laboratory	1,279.13	238.32	960	1,144	1,300	1,416	1,426	1,510	1,596	1,738	39
D3110	Pulp cap - direct (excluding final restoration)	86.14	20.24	50	75	90	100	105	105	110	123	37
D3120	Pulp cap - indirect (excluding final restoration)	84.90	20.29	55	71	87	100	102	105	113	115	30
D3220	Therapeutic pulpotomy (excluding final restoration)...	217.97	48.94	150	190	228	244	249	255	262	326	36
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	852.72	132.48	705	765	850	910	925	963	1,050	1,122	43
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	1,000.79	162.47	840	900	990	1,125	1,134	1,187	1,200	1,285	42
D3330	Endodontic therapy, molar (excluding final restoration)	1,206.44	198.38	988	1,076	1,200	1,350	1,375	1,393	1,400	1,520	41
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	324.36	121.28	162	235	355	399	400	450	455	595	33
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	274.58	40.49	225	250	276	307	318	320	320	325	48
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	198.37	48.44	140	161	196	225	229	250	260	272	41
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	184.45	40.21	135	155	183	215	215	225	229	242	42

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	73.26	39.43	35	40	65	83	90	100	129	165	31
D4910	Periodontal maintenance	147.61	20.43	121	135	148	165	165	170	170	180	44
D5110	Complete denture - maxillary	1,839.94	420.87	1,400	1,588	1,750	2,142	2,150	2,226	2,450	2,600	51
D5120	Complete denture - mandibular	1,841.78	421.54	1,400	1,588	1,750	2,142	2,150	2,226	2,450	2,600	51
D5130	Immediate denture - maxillary	1,890.54	403.67	1,400	1,700	1,828	2,100	2,170	2,322	2,400	2,450	46
D5140	Immediate denture - mandibular	1,915.79	431.74	1,400	1,700	1,850	2,132	2,200	2,322	2,410	2,888	47
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1,433.45	423.12	1,000	1,150	1,357	1,766	1,795	1,875	1,950	2,100	42
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1,441.58	385.45	1,048	1,156	1,357	1,733	1,781	1,838	1,950	2,100	40
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,899.64	390.82	1,495	1,643	1,826	2,150	2,224	2,230	2,459	2,650	47
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,898.26	389.45	1,495	1,633	1,826	2,150	2,185	2,237	2,459	2,650	47
D5225	Maxillary partial denture — flexible base (including any clasps, rests, and teeth)	1,615.21	390.98	1,115	1,300	1,600	1,950	1,970	1,970	2,000	2,450	34
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,619.58	367.04	1,170	1,300	1,600	1,946	1,950	1,990	2,000	2,450	31
D5510	Repair broken complete denture base	228.19	62.36	160	189	220	260	265	271	324	332	42
D5520	Replace missing or broken teeth — complete denture (each tooth)	194.82	43.06	136	161	198	235	235	237	250	265	38
D5610	Repair resin denture base	230.03	63.94	160	185	216	263	265	273	324	400	37
D5640	Replace broken teeth - per tooth	201.73	50.54	138	165	200	235	239	248	256	291	40

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D5650	Add tooth to existing partial denture	227.80	53.14	170	195	232	261	265	275	282	284	44
D5660	Add clasp to existing partial denture – per tooth	283.35	70.96	198	237	269	328	337	344	379	413	40
D5730	Reline complete maxillary denture (chairside)	373.27	99.28	225	317	371	450	458	490	495	540	37
D5731	Reline complete mandibular denture (chairside)	376.67	98.02	225	327	373	454	458	490	495	540	36
D5750	Reline complete maxillary denture (laboratory)	513.48	103.57	375	450	513	570	600	630	642	710	44
D5751	Reline complete mandibular denture (laboratory)	515.63	103.87	375	450	515	590	600	630	642	710	43
D6056	Prefabricated abutment — includes modification and placement	696.29	161.08	450	600	695	825	825	865	918	950	31
D6057	Custom fabricated abutment - includes placement	890.12	259.47	610	728	834	985	1,065	1,139	1,200	1,206	41
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,531.42	268.81	1,255	1,382	1,520	1,643	1,650	1,700	1,800	2,214	36
D6210	Pontic - cast high noble metal	1,298.50	209.01	1,030	1,160	1,299	1,391	1,420	1,550	1,608	1,665	36
D6240	Pontic - porcelain fused to high noble metal	1,306.86	177.77	1,090	1,185	1,324	1,400	1,420	1,500	1,510	1,590	44
D6245	Pontic - porcelain/ceramic	1,297.85	117.26	1,125	1,200	1,340	1,375	1,395	1,400	1,420	1,450	34
D6750	Retainer crown - porcelain fused to high noble metal	1,305.16	189.87	1,082	1,165	1,291	1,419	1,500	1,525	1,550	1,637	38
D6790	Retainer crown - full cast high noble metal	1,296.29	214.64	1,035	1,113	1,300	1,419	1,500	1,550	1,590	1,637	31
D6930	Re-cement or re-bond fixed partial denture	183.70	52.53	115	145	175	210	214	245	258	301	37
D7111	Extraction, coronal remnants -deciduous tooth	138.56	33.11	90	117	139	159	166	170	178	200	36
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	195.12	42.79	148	165	190	221	230	230	254	275	49

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D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	312.68	68.90	250	264	309	350	355	369	405	449	41
D9110	Palliative (emergency) treatment of dental pain - minor procedure	129.38	35.33	90	105	131	150	150	150	165	180	48
D9910	Application of desensitizing medicament	60.91	15.48	40	50	66	72	75	78	78	80	32
D9940	Occlusal guard, by report	521.02	121.33	370	425	510	600	615	650	661	708	45
D9941	Fabrication of athletic mouthguard	257.50	139.49	49	117	280	368	384	384	416	475	34
D9951	Occlusal adjustment - limited	160.84	57.51	85	125	156	200	203	210	214	250	31

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	49.67	16.24	34	38	46	60	64	67	75	85	111
D0140	Limited oral evaluation - problem focused	63.09	21.15	40	48	61	75	81	85	90	100	110
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	56.83	23.10	30	36	50	75	80	85	85	95	52
D0150	Comprehensive oral evaluation — new or established patient	76.35	29.01	50	55	70	90	98	103	113	150	107
D0160	Detailed and extensive oral evaluation — problem focused, by report	96.29	53.92	40	60	92	130	145	150	163	200	62
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	54.46	27.21	0	40	58	75	75	85	90	100	65
D0171	Re-evaluation – post-operative office visit	19.10	26.49	0	0	0	50	50	50	55	65	41
D0180	Comprehensive periodontal evaluation — new or established patient	90.26	29.50	50	70	86	100	118	124	125	150	65
D0210	Intraoral - complete series of radiographic images	132.59	30.25	95	110	130	150	155	168	175	195	99
D0220	Intraoral - periapical first radiographic image	25.18	7.57	16	20	25	30	30	33	35	37	115
D0230	Intraoral - periapical each additional radiographic image	20.19	7.19	11	15	20	25	26	27	30	32	110
D0272	Bitewings - two radiographic images	42.72	10.50	30	35	40	50	50	52	58	65	98
D0273	Bitewings - three radiographic images	53.78	12.32	41	45	50	60	63	68	73	79	60
D0274	Bitewings - four radiographic images	61.54	15.26	44	50	60	75	75	80	80	88	109
D0277	Vertical bitewings - 7 to 8 radiographic images	96.35	22.20	72	85	95	110	110	118	125	150	37
D0330	Panoramic radiographic image	112.60	23.28	85	95	110	130	131	135	143	150	65
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	41.70	33.88	0	0	41	65	68	73	84	107	30

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D0470	Diagnostic casts	93.01	37.49	50	64	90	115	125	125	142	180	70
D1110	Prophylaxis - adult	94.63	24.96	65	75	90	110	120	125	130	145	117
D1120	Prophylaxis - child	70.33	20.47	47	55	66	84	90	95	100	105	116
D1206	Topical application of fluoride varnish	41.70	14.75	25	30	40	54	55	60	61	75	86
D1208	Topical application of fluoride – excluding varnish	39.24	13.29	25	30	36	49	50	52	55	65	87
D1320	Tobacco counseling for the control and prevention of oral disease	35.23	36.47	0	0	32	55	65	79	89	107	30
D1330	Oral hygiene instructions	22.82	25.41	0	0	11	40	50	52	56	73	57
D1351	Sealant - per tooth	50.68	13.46	35	40	50	59	60	65	70	75	106
D1352	Preventive resin restoration in a moderate to high caries risk patient — permanent tooth	90.53	40.37	47	50	88	125	127	142	150	165	30
D1510	Space maintainer - fixed -unilateral	288.77	66.09	204	235	280	347	350	375	395	398	52
D1515	Space maintainer - fixed -bilateral	397.62	103.93	260	310	400	450	475	478	535	578	47
D2140	Amalgam - one surface, primary or permanent	133.47	37.53	90	104	125	150	164	175	185	205	87
D2150	Amalgam - two surfaces, primary or permanent	168.03	43.50	115	132	162	200	200	215	236	249	86
D2160	Amalgam - three surfaces, primary or permanent	199.36	52.79	139	154	193	240	250	262	275	285	86
D2161	Amalgam - four or more surfaces, primary or permanent	235.21	62.63	165	183	225	280	295	300	313	345	84
D2330	Resin-based composite - one surface, anterior	151.85	38.75	106	122	150	175	179	187	200	225	105
D2331	Resin-based composite - two surfaces, anterior	185.54	49.15	126	146	178	215	225	242	260	279	109
D2332	Resin-based composite - three surfaces, anterior	223.93	61.72	150	175	217	262	275	291	300	335	108
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	277.09	80.02	177	209	274	328	350	361	394	425	104

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D2390	Resin-based composite crown, anterior	364.86	152.23	180	245	350	495	525	531	575	600	44
D2391	Resin-based composite - one surface, posterior	167.77	44.87	115	134	160	195	204	214	231	250	96
D2392	Resin-based composite - two surfaces, posterior	219.35	57.65	150	175	210	258	267	285	295	319	96
D2393	Resin-based composite - three surfaces, posterior	265.67	74.61	180	207	250	320	334	351	375	424	97
D2394	Resin-based composite - four or more surfaces, posterior	307.85	95.24	195	231	295	365	385	400	450	480	97
D2520	Inlay - metallic - two surfaces	866.29	273.58	575	650	800	1,000	1,100	1,189	1,200	1,365	41
D2543	Onlay - metallic - three surfaces	1,002.35	255.93	700	794	986	1,198	1,268	1,350	1,400	1,400	48
D2620	Inlay - porcelain/ceramic - two surfaces	942.54	215.98	650	798	950	1,033	1,087	1,200	1,226	1,325	46
D2642	Onlay - porcelain/ceramic - two surfaces	1,006.55	218.83	725	832	1,000	1,200	1,200	1,300	1,325	1,375	47
D2643	Onlay - porcelain/ceramic - three surfaces	1,075.30	248.53	750	894	1,055	1,225	1,353	1,376	1,400	1,500	50
D2644	Onlay - porcelain/ceramic - four or more surfaces	1,107.43	250.82	800	925	1,087	1,300	1,365	1,397	1,472	1,500	49
D2663	Onlay - resin-based composite - three surfaces	946.13	242.09	650	750	920	1,168	1,194	1,250	1,294	1,365	32
D2710	Crown - resin-based composite (indirect)	787.37	356.29	300	500	800	1,195	1,211	1,235	1,250	1,272	35
D2740	Crown - porcelain/ceramic substrate	1,166.22	243.86	900	965	1,125	1,317	1,380	1,440	1,500	1,600	90
D2750	Crown - porcelain fused to high noble metal	1,153.99	217.55	900	1,000	1,102	1,300	1,370	1,410	1,486	1,500	95
D2751	Crown - porcelain fused to predominantly base metal	1,072.14	206.26	800	900	1,055	1,240	1,250	1,338	1,350	1,400	51
D2752	Crown - porcelain fused to noble metal	1,112.17	205.14	895	940	1,079	1,292	1,300	1,367	1,400	1,448	71
D2783	Crown - ¾ porcelain/ceramic	1,127.05	215.91	850	979	1,100	1,250	1,317	1,325	1,382	1,450	37
D2790	Crown - full cast high noble metal	1,201.95	220.11	925	1,015	1,200	1,350	1,385	1,450	1,500	1,558	61

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D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	367.76	187.97	175	228	350	500	528	566	600	650	55
D2920	Re-cement or re-bond crown	101.41	31.88	65	75	100	125	125	132	144	162	93
D2930	Prefabricated stainless steel crown - primary tooth	266.96	71.14	175	211	253	316	340	350	355	375	48
D2931	Prefabricated stainless steel crown - permanent tooth	329.33	79.93	238	250	311	395	400	425	438	465	36
D2940	Protective restoration	106.27	40.06	65	75	90	135	150	154	169	188	60
D2950	Core buildup, including any pins when required	256.84	75.30	170	199	246	299	312	340	350	405	92
D2952	Post and core in addition to crown, indirectly fabricated	405.53	118.34	250	322	400	475	500	538	575	650	77
D2954	Prefabricated post and core in addition to crown	319.63	80.84	225	260	300	375	385	411	430	465	92
D2961	Labial veneer (resin laminate) - laboratory	859.56	305.31	500	600	876	1,048	1,150	1,205	1,300	1,406	45
D2962	Labial veneer (porcelain laminate) - laboratory	1,115.24	244.69	850	927	1,032	1,275	1,300	1,400	1,472	1,500	86
D2980	Crown repair necessitated by restorative material failure	247.98	123.53	105	150	225	350	375	400	420	426	61
D3110	Pulp cap - direct (excluding final restoration)	79.25	34.18	44	51	75	100	108	115	125	150	64
D3120	Pulp cap - indirect (excluding final restoration)	72.52	31.44	38	50	68	90	100	106	111	127	62
D3220	Therapeutic pulpotomy (excluding final restoration)...	176.91	70.67	100	125	160	225	240	250	279	300	81
D3221	Pulpal debridement, primary and permanent teeth	185.58	89.31	78	125	175	250	261	275	296	350	50
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	287.75	103.38	150	206	291	354	390	406	445	450	32

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D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	316.53	96.84	176	257	306	395	400	408	425	500	34
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	749.94	155.70	550	625	750	865	887	900	962	1,010	95
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	872.31	178.44	636	750	843	1,000	1,000	1,056	1,116	1,200	96
D3330	Endodontic therapy, molar (excluding final restoration)	1,038.60	199.58	800	900	1,000	1,200	1,208	1,275	1,300	1,380	95
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	347.80	193.51	0	250	393	470	498	540	563	613	30
D3346	Retreatment of previous root canal therapy — anterior	851.37	236.42	550	684	827	1,000	1,050	1,131	1,150	1,295	46
D3347	Retreatment of previous root canal therapy — bicuspid	969.91	238.16	700	800	950	1,150	1,180	1,200	1,250	1,295	43
D3348	Retreatment of previous root canal therapy — molar	1,142.83	265.40	800	963	1,150	1,311	1,350	1,350	1,472	1,500	41
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	542.39	184.08	300	400	537	683	728	750	800	870	56
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	294.05	135.02	138	199	289	378	395	450	500	550	64
D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	624.17	209.49	341	461	600	777	825	874	956	965	36
D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	490.16	184.84	239	350	515	623	641	650	662	835	31
D4249	Clinical crown lengthening — hard tissue	664.21	214.02	300	600	680	775	816	874	900	1,025	43

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1,015.03	300.74	682	874	1,005	1,160	1,212	1,250	1,341	1,486	30
D4321	Provisional splinting - extracoronal	333.69	166.21	150	181	320	480	495	500	590	624	54
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	241.07	61.22	175	197	234	275	277	300	323	375	86
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	161.89	56.70	95	110	150	195	200	225	250	275	79
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	161.14	50.02	100	117	156	195	210	225	230	250	84
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	79.21	51.92	35	45	57	90	100	150	161	203	57
D4910	Periodontal maintenance	132.69	34.57	95	105	125	154	162	175	178	195	88
D5110	Complete denture - maxillary	1,587.30	431.57	1,050	1,239	1,513	1,864	1,925	2,000	2,000	2,350	108
D5120	Complete denture - mandibular	1,585.94	435.60	1,050	1,223	1,508	1,899	1,950	2,000	2,000	2,350	108
D5130	Immediate denture - maxillary	1,695.24	435.28	1,170	1,350	1,675	2,000	2,100	2,200	2,351	2,500	99
D5140	Immediate denture - mandibular	1,694.31	435.96	1,170	1,350	1,650	2,000	2,100	2,200	2,375	2,500	99
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1,261.93	502.50	682	850	1,200	1,658	1,722	1,853	2,000	2,200	96
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1,293.87	484.17	720	950	1,210	1,658	1,722	1,853	1,925	2,200	92
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,645.36	416.67	1,125	1,320	1,600	1,895	1,900	2,000	2,200	2,500	101

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D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,652.44	417.41	1,113	1,335	1,625	1,898	1,902	2,010	2,246	2,500	100
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1,355.76	493.66	800	975	1,325	1,800	1,850	1,850	1,900	2,000	34
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1,394.37	494.19	800	975	1,375	1,800	1,850	1,875	1,906	2,000	30
D5225	Maxillary partial denture — flexible base (including any clasps, rests, and teeth)	1,516.30	456.11	950	1,195	1,500	1,825	1,900	1,971	2,050	2,400	74
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,512.97	452.10	950	1,195	1,500	1,825	1,900	1,953	2,050	2,400	75
D5510	Repair broken complete denture base	202.10	68.56	120	150	200	250	250	275	282	325	92
D5520	Replace missing or broken teeth — complete denture (each tooth)	173.01	56.05	100	125	175	210	220	250	250	275	89
D5610	Repair resin denture base	197.49	71.78	100	143	195	250	250	275	300	310	88
D5640	Replace broken teeth - per tooth	173.78	59.61	100	125	172	202	223	240	250	275	89
D5650	Add tooth to existing partial denture	195.00	62.46	115	150	195	240	250	250	275	315	92
D5660	Add clasp to existing partial denture – per tooth	235.00	77.52	150	175	225	274	281	300	342	365	89
D5710	Rebase complete maxillary denture	516.15	160.85	300	380	500	648	653	700	750	796	55
D5711	Rebase complete mandibular denture	513.11	159.41	300	380	500	605	655	700	750	788	54
D5720	Rebase maxillary partial denture	482.98	154.65	300	350	495	574	600	650	710	745	49
D5721	Rebase mandibular partial denture	487.41	151.78	300	350	495	574	625	650	713	745	49
D5730	Reline complete maxillary denture (chairside)	306.96	132.35	150	215	306	380	400	448	490	513	89
D5731	Reline complete mandibular denture (chairside)	306.00	132.99	150	215	290	378	420	451	490	500	89

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D5750	Reline complete maxillary denture (laboratory)	396.60	123.07	250	306	400	490	500	500	550	599	98
D5751	Reline complete mandibular denture (laboratory)	400.91	131.16	250	320	400	499	500	512	555	600	95
D5986	Fluoride gel carrier	177.31	82.02	50	98	201	245	250	250	256	300	32
D6056	Prefabricated abutment — includes modification and placement	696.39	213.36	415	550	690	850	875	934	962	1,040	66
D6057	Custom fabricated abutment - includes placement	838.51	224.10	550	660	814	995	1,025	1,125	1,200	1,250	78
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,329.42	303.85	975	1,100	1,267	1,500	1,550	1,620	1,800	1,875	81
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,486.19	361.13	1,060	1,195	1,500	1,800	1,896	1,980	2,000	2,000	63
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,398.96	321.08	1,005	1,159	1,350	1,600	1,695	1,825	1,890	1,971	47
D6080	Implant maintenance procedures when prostheses are removed and reinserted...	217.30	115.49	100	130	200	275	286	345	396	440	43
D6210	Pontic - cast high noble metal	1,129.07	230.83	865	925	1,100	1,250	1,370	1,400	1,500	1,511	55
D6240	Pontic - porcelain fused to high noble metal	1,140.62	250.62	875	957	1,100	1,292	1,395	1,425	1,500	1,625	85
D6241	Pontic - porcelain fused to predominantly base metal	1,022.67	217.52	725	879	998	1,106	1,200	1,250	1,354	1,486	54
D6245	Pontic - porcelain/ceramic	1,176.97	261.85	895	965	1,100	1,415	1,440	1,500	1,500	1,650	59
D6545	Retainer - cast metal for resin bonded fixed prosthesis	582.19	324.75	250	374	500	660	800	1,025	1,100	1,365	53
D6750	Retainer crown - porcelain fused to high noble metal	1,164.10	219.80	900	1,000	1,138	1,350	1,370	1,410	1,500	1,525	70
D6751	Retainer crown - porcelain fused to predominantly base metal	1,060.34	210.93	775	914	1,003	1,218	1,250	1,350	1,365	1,400	44

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D6790	Retainer crown - full cast high noble metal	1,196.13	230.40	927	991	1,132	1,388	1,443	1,500	1,517	1,638	48
D6930	Re-cement or re-bond fixed partial denture	141.68	52.41	84	100	125	175	195	195	200	225	73
D7111	Extraction, coronal remnants -deciduous tooth	128.97	43.96	77	94	123	167	175	180	193	212	74
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	183.51	53.87	120	142	175	225	226	250	260	290	101
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	282.98	85.06	175	225	265	350	350	370	400	475	84
D7220	Removal of impacted tooth - soft tissue	329.37	76.47	237	268	325	375	379	396	400	500	35
D7230	Removal of impacted tooth -partially bony	419.87	105.90	300	335	400	497	500	533	585	600	31
D7250	Surgical removal of residual tooth roots (cutting procedure)	280.60	83.91	170	232	275	332	360	368	395	450	48
D7286	Incisional biopsy of oral tissue - soft	289.64	107.00	150	200	275	375	412	412	442	477	33
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	268.56	108.07	150	195	252	335	350	360	400	500	34
D7960	Frenulectomy — also known as frenectomy or frenotomy - separate procedure not incidental to another	401.97	142.94	234	291	386	470	508	566	603	717	30
D9110	Palliative (emergency) treatment of dental pain - minor procedure	105.99	47.30	59	75	99	129	145	150	170	200	100
D9120	Fixed partial denture sectioning	156.98	71.13	78	100	148	200	227	236	278	300	50
D9210	Local anesthesia not in conjunction with operative or surgical procedures	53.35	24.39	27	35	53	74	74	75	75	96	31
D9215	Local anesthesia in conjunction with operative or surgical procedures	30.39	30.32	0	0	26	57	64	65	65	80	31

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	57.91	39.20	0	40	50	75	78	102	122	150	46
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	97.25	56.66	25	65	95	128	145	150	175	200	61
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	48.98	36.74	0	25	50	65	78	80	90	116	43
D9440	Office visit - after regularly scheduled hours	137.32	69.60	61	85	114	180	185	200	226	300	56
D9910	Application of desensitizing medicament	54.47	21.99	30	35	52	70	75	75	80	100	64
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	54.62	35.25	0	31	50	77	91	95	100	107	47
D9940	Occlusal guard, by report	464.85	155.68	268	350	450	550	588	605	672	764	95
D9941	Fabrication of athletic mouthguard	247.06	136.33	86	150	202	344	380	400	450	500	72
D9951	Occlusal adjustment - limited	130.14	69.25	55	80	108	173	175	200	225	279	58
D9952	Occlusal adjustment - complete	399.02	248.15	150	231	308	573	645	663	730	888	48
D9972	External bleaching - per arch - performed in office	327.54	137.82	165	215	295	450	481	500	550	575	59
D9974	Internal bleaching - per tooth	247.29	101.56	120	161	250	300	338	350	375	425	45
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	307.38	138.33	150	200	290	398	450	450	495	575	64

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D0120	Periodic oral evaluation — established patient	47.69	8.18	38	42	48	52	55	55	59	62	181
D0140	Limited oral evaluation - problem focused	68.30	15.97	45	60	70	78	80	84	86	89	177
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	58.63	17.47	38	45	59	71	72	75	77	88	91
D0150	Comprehensive oral evaluation — new or established patient	78.30	18.31	55	67	78	90	92	96	100	105	176
D0160	Detailed and extensive oral evaluation — problem focused, by report	104.84	57.29	25	66	100	154	162	166	173	185	105
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	54.30	25.49	13	40	60	70	74	77	82	88	100
D0171	Re-evaluation – post-operative office visit	13.37	27.31	0	0	0	0	20	45	64	75	41
D0180	Comprehensive periodontal evaluation — new or established patient	85.40	20.94	60	68	85	100	102	106	115	121	102
D0210	Intraoral - complete series of radiographic images	130.21	19.72	105	119	130	144	148	150	157	165	162
D0220	Intraoral - periapical first radiographic image	27.96	5.61	21	25	28	31	32	34	35	37	178
D0230	Intraoral - periapical each additional radiographic image	23.01	5.71	15	20	24	27	27	29	30	31	176
D0272	Bitewings - two radiographic images	43.65	8.01	34	38	43	48	49	51	54	59	171
D0273	Bitewings - three radiographic images	53.58	9.01	43	47	53	59	61	63	65	70	96
D0274	Bitewings - four radiographic images	61.45	10.19	49	55	61	67	69	72	74	78	172
D0277	Vertical bitewings - 7 to 8 radiographic images	89.92	14.48	73	80	91	100	101	103	105	109	62
D0330	Panoramic radiographic image	113.41	17.65	90	105	112	123	129	130	136	144	152
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	51.13	37.03	0	20	58	75	77	80	85	100	63

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D0470	Diagnostic casts	100.93	29.23	67	79	100	118	124	129	140	152	122
D1110	Prophylaxis - adult	85.16	13.36	70	76	85	93	95	98	103	108	180
D1120	Prophylaxis - child	62.71	9.72	50	57	63	68	71	73	76	79	177
D1206	Topical application of fluoride varnish	37.35	8.24	26	30	38	44	45	46	48	50	146
D1208	Topical application of fluoride – excluding varnish	35.20	7.65	26	30	35	41	42	45	45	48	128
D1320	Tobacco counseling for the control and prevention of oral disease	32.60	35.80	0	0	10	70	75	79	81	89	57
D1330	Oral hygiene instructions	20.80	24.43	0	0	0	44	47	53	56	63	92
D1351	Sealant - per tooth	51.46	10.63	40	45	50	57	58	60	62	68	171
D1352	Preventive resin restoration in a moderate to high caries risk patient — permanent tooth	100.43	37.83	59	75	97	115	120	129	145	170	47
D1510	Space maintainer - fixed -unilateral	310.63	63.95	240	272	310	340	355	366	380	425	118
D1515	Space maintainer - fixed -bilateral	406.85	81.11	303	350	404	461	468	484	512	530	110
D2140	Amalgam - one surface, primary or permanent	130.16	26.79	98	112	128	150	154	159	163	175	141
D2150	Amalgam - two surfaces, primary or permanent	161.87	35.05	122	138	155	185	191	198	204	227	138
D2160	Amalgam - three surfaces, primary or permanent	193.64	41.32	142	165	189	225	232	239	245	261	138
D2161	Amalgam - four or more surfaces, primary or permanent	231.31	52.38	167	191	223	270	279	287	295	325	136
D2330	Resin-based composite - one surface, anterior	151.71	28.66	116	131	150	172	178	184	189	200	178
D2331	Resin-based composite - two surfaces, anterior	186.44	34.58	145	164	183	210	216	225	230	249	177
D2332	Resin-based composite - three surfaces, anterior	225.36	42.83	172	196	223	250	265	272	283	297	177
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	277.91	59.88	200	240	273	324	329	335	354	379	174

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D2390	Resin-based composite crown, anterior	385.18	126.54	225	280	388	482	495	501	530	560	78
D2391	Resin-based composite - one surface, posterior	168.16	29.56	130	146	166	189	194	199	205	215	166
D2392	Resin-based composite - two surfaces, posterior	213.85	39.00	165	185	212	242	248	253	263	279	168
D2393	Resin-based composite - three surfaces, posterior	259.77	49.49	191	225	260	295	303	310	326	342	167
D2394	Resin-based composite - four or more surfaces, posterior	308.96	66.05	220	260	309	353	363	372	391	423	162
D2520	Inlay - metallic - two surfaces	849.98	205.53	580	698	832	988	1,026	1,070	1,160	1,200	64
D2543	Onlay - metallic - three surfaces	968.07	166.99	719	863	993	1,092	1,111	1,163	1,177	1,200	60
D2620	Inlay - porcelain/ceramic - two surfaces	944.04	187.57	705	800	948	1,038	1,099	1,128	1,184	1,300	75
D2642	Onlay - porcelain/ceramic - two surfaces	1,014.50	162.02	784	886	1,028	1,120	1,150	1,170	1,200	1,244	68
D2643	Onlay - porcelain/ceramic - three surfaces	1,061.07	155.65	876	950	1,070	1,165	1,196	1,200	1,236	1,320	73
D2644	Onlay - porcelain/ceramic - four or more surfaces	1,080.85	171.92	850	975	1,100	1,178	1,200	1,205	1,288	1,352	78
D2651	Inlay - resin-based composite - two surfaces	836.44	185.06	594	672	827	948	1,015	1,032	1,059	1,120	34
D2662	Onlay - resin-based composite - two surfaces	896.24	195.22	650	796	896	1,037	1,059	1,120	1,120	1,196	33
D2663	Onlay - resin-based composite - three surfaces	919.11	178.55	631	825	926	1,059	1,069	1,119	1,120	1,239	37
D2664	Onlay - resin-based composite - four or more surfaces	956.13	162.69	693	863	937	1,069	1,120	1,150	1,196	1,264	39
D2710	Crown - resin-based composite (indirect)	820.43	271.12	399	635	879	1,023	1,049	1,091	1,122	1,300	56
D2740	Crown - porcelain/ceramic substrate	1,087.71	159.16	900	950	1,092	1,199	1,217	1,262	1,298	1,346	160
D2750	Crown - porcelain fused to high noble metal	1,085.16	156.48	905	960	1,067	1,200	1,218	1,264	1,295	1,350	157

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D2751	Crown - porcelain fused to predominantly base metal	1,023.03	155.81	833	922	1,000	1,120	1,165	1,189	1,218	1,300	89
D2752	Crown - porcelain fused to noble metal	1,055.41	147.34	885	946	1,030	1,152	1,171	1,200	1,264	1,350	126
D2780	Crown - ¾ cast high noble metal	1,086.21	161.48	900	970	1,061	1,181	1,200	1,260	1,301	1,350	61
D2783	Crown - ¾ porcelain/ceramic	1,100.96	161.69	914	974	1,100	1,198	1,200	1,220	1,286	1,349	67
D2790	Crown - full cast high noble metal	1,106.90	158.88	910	991	1,100	1,204	1,250	1,281	1,350	1,377	144
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	311.86	163.64	99	181	322	440	464	474	483	545	83
D2920	Re-cement or re-bond crown	102.56	19.08	79	90	100	116	120	125	128	135	165
D2930	Prefabricated stainless steel crown - primary tooth	272.68	66.65	184	230	274	310	316	326	350	396	116
D2931	Prefabricated stainless steel crown - permanent tooth	315.01	68.61	234	268	312	364	373	377	396	442	95
D2940	Protective restoration	111.80	27.12	75	95	110	128	129	139	152	158	128
D2950	Core buildup, including any pins when required	261.13	50.46	197	230	262	290	295	309	323	342	169
D2952	Post and core in addition to crown, indirectly fabricated	388.65	80.78	280	338	392	446	469	475	488	510	124
D2954	Prefabricated post and core in addition to crown	327.18	65.45	240	288	320	364	378	394	405	445	158
D2961	Labial veneer (resin laminate) - laboratory	931.60	279.27	567	700	925	1,115	1,165	1,200	1,237	1,379	68
D2962	Labial veneer (porcelain laminate) - laboratory	1,088.44	189.26	835	950	1,100	1,212	1,237	1,295	1,350	1,406	139
D2980	Crown repair necessitated by restorative material failure	241.76	84.64	142	171	235	303	314	325	351	414	87
D3110	Pulp cap - direct (excluding final restoration)	76.09	22.79	49	57	76	89	93	98	103	117	116
D3120	Pulp cap - indirect (excluding final restoration)	71.87	24.15	45	51	73	87	89	94	98	104	104

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D3220	Therapeutic pulpotomy (excluding final restoration)...	185.10	55.41	121	150	184	216	225	237	256	275	139
D3221	Pulpal debridement, primary and permanent teeth	196.09	64.83	130	160	196	234	240	246	258	291	105
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	247.92	72.29	153	210	245	284	288	312	320	421	50
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	278.73	98.60	150	225	275	321	331	346	369	494	55
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	711.16	109.63	550	650	710	795	808	825	850	875	159
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	824.11	119.35	656	748	825	898	925	950	983	1,008	158
D3330	Endodontic therapy, molar (excluding final restoration)	995.92	148.83	800	895	995	1,089	1,100	1,147	1,171	1,218	152
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	326.86	174.05	0	200	382	450	475	500	519	541	63
D3346	Retreatment of previous root canal therapy — anterior	841.34	140.81	643	756	850	918	950	975	1,005	1,070	73
D3347	Retreatment of previous root canal therapy — bicuspid	951.30	153.26	740	866	968	1,066	1,099	1,100	1,146	1,175	71
D3348	Retreatment of previous root canal therapy — molar	1,121.70	206.70	840	1,009	1,142	1,223	1,273	1,316	1,365	1,494	76
D3351	Apexification/recalcification - initial visit...	320.67	83.38	197	250	325	364	413	425	427	459	39
D3352	Apexification/recalcification - interim medication replacement	213.60	64.62	120	175	202	259	275	286	301	312	35
D3353	Apexification/recalcification — final visit...	464.11	135.93	287	355	475	549	573	612	630	685	35
D3410	Apicoectomy/periradicular surgery - anterior	662.20	191.56	390	508	689	778	800	840	930	941	44

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	754.10	158.18	560	621	769	861	871	898	917	1,039	30
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	568.24	179.42	331	432	600	682	714	750	768	850	92
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	266.65	113.99	130	176	254	330	341	389	400	460	112
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	189.79	113.10	48	80	165	255	278	318	364	400	43
D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	623.47	197.72	375	464	692	775	782	794	831	891	53
D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	535.22	180.90	246	400	580	665	689	711	734	782	37
D4249	Clinical crown lengthening — hard tissue	704.96	221.42	376	525	726	830	879	895	975	1,140	77
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	984.74	298.90	550	770	1,010	1,209	1,217	1,272	1,300	1,340	46
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	773.89	232.74	400	608	841	918	957	974	1,019	1,115	38
D4263	Bone replacement graft - first site in quadrant	564.20	181.54	320	461	565	698	714	746	778	863	40
D4321	Provisional splinting - extracoronal	370.95	153.13	175	250	364	460	471	488	501	650	94
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	242.43	40.92	180	220	246	270	278	283	292	302	157

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D4342	Periodontal scaling and root planing - one to three teeth per quadrant	162.01	38.01	109	134	165	192	197	201	210	219	143
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	170.80	36.18	124	148	174	194	199	210	220	227	156
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	82.07	53.54	35	45	62	96	120	150	161	190	97
D4910	Periodontal maintenance	131.03	25.40	95	110	132	150	153	158	162	175	158
D5110	Complete denture - maxillary	1,574.75	345.55	1,180	1,350	1,550	1,800	1,850	1,889	2,013	2,132	169
D5120	Complete denture - mandibular	1,577.61	350.67	1,168	1,350	1,550	1,800	1,850	1,926	2,030	2,132	169
D5130	Immediate denture - maxillary	1,710.03	392.43	1,260	1,445	1,700	1,902	1,974	2,040	2,176	2,407	162
D5140	Immediate denture - mandibular	1,712.29	389.38	1,260	1,450	1,700	1,913	2,000	2,087	2,200	2,400	162
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1,212.56	400.53	750	900	1,172	1,429	1,505	1,596	1,717	1,950	131
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1,208.97	391.71	750	911	1,155	1,423	1,500	1,595	1,717	1,943	129
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,662.50	330.17	1,210	1,425	1,665	1,855	1,918	2,000	2,125	2,236	167
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,663.77	329.65	1,229	1,425	1,669	1,859	1,924	2,000	2,128	2,236	167
D5225	Maxillary partial denture — flexible base (including any clasps, rests, and teeth)	1,437.42	331.14	995	1,200	1,470	1,655	1,675	1,750	1,820	1,961	91
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,442.39	330.46	988	1,208	1,473	1,639	1,685	1,750	1,835	1,979	90
D5510	Repair broken complete denture base	196.28	62.64	128	150	185	230	240	250	260	300	151

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D5520	Replace missing or broken teeth — complete denture (each tooth)	167.34	42.26	105	135	170	198	202	212	220	235	155
D5610	Repair resin denture base	191.48	51.76	132	150	186	226	240	250	260	272	136
D5640	Replace broken teeth - per tooth	169.50	43.83	120	131	171	200	202	215	228	240	141
D5650	Add tooth to existing partial denture	205.23	51.24	135	166	208	240	250	258	275	288	152
D5660	Add clasp to existing partial denture – per tooth	248.98	63.02	170	200	250	284	293	310	325	349	143
D5710	Rebase complete maxillary denture	524.20	128.47	347	430	533	625	641	653	675	725	105
D5711	Rebase complete mandibular denture	524.16	127.65	350	425	533	623	636	653	675	725	103
D5720	Rebase maxillary partial denture	513.17	125.23	350	420	519	597	618	638	658	750	98
D5721	Rebase mandibular partial denture	512.90	126.78	345	400	519	600	618	638	653	750	96
D5730	Reline complete maxillary denture (chairside)	327.13	100.64	193	269	347	396	405	421	439	475	132
D5731	Reline complete mandibular denture (chairside)	326.47	99.90	193	270	347	395	403	418	434	475	132
D5750	Reline complete maxillary denture (laboratory)	434.02	98.21	300	381	441	500	504	525	545	577	162
D5751	Reline complete mandibular denture (laboratory)	436.64	96.88	300	378	443	500	510	525	550	584	163
D5986	Fluoride gel carrier	156.31	64.25	65	100	151	209	225	232	249	265	49
D6010	Surgical placement of implant body: endosteal implant	1,881.38	328.66	1,500	1,565	1,898	2,113	2,200	2,266	2,298	2,419	52
D6055	Connecting bar - implant supported or abutment supported	2,733.94	1,086.35	1,500	2,154	2,643	3,184	3,300	3,400	3,967	4,800	52
D6056	Prefabricated abutment — includes modification and placement	666.00	172.83	450	540	662	800	805	828	870	920	111
D6057	Custom fabricated abutment - includes placement	809.70	203.41	539	648	810	954	993	1,001	1,062	1,175	120
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,297.34	255.55	960	1,127	1,281	1,450	1,479	1,540	1,637	1,815	122

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D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,429.78	298.09	1,063	1,213	1,400	1,592	1,639	1,750	1,850	1,990	90
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,307.85	238.41	1,023	1,122	1,298	1,450	1,496	1,565	1,637	1,720	75
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,413.04	298.01	1,050	1,180	1,404	1,613	1,638	1,660	1,835	1,864	49
D6080	Implant maintenance procedures when prostheses are removed and reinserted...	192.86	119.63	0	89	195	295	304	325	332	365	65
D6210	Pontic - cast high noble metal	1,057.94	156.86	875	940	1,045	1,175	1,197	1,226	1,287	1,320	122
D6240	Pontic - porcelain fused to high noble metal	1,076.33	159.12	850	950	1,069	1,197	1,215	1,250	1,288	1,325	147
D6241	Pontic - porcelain fused to predominantly base metal	1,019.96	164.48	825	905	1,008	1,148	1,160	1,191	1,218	1,315	93
D6245	Pontic - porcelain/ceramic	1,088.54	160.50	886	950	1,100	1,200	1,205	1,267	1,312	1,342	123
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	607.15	278.48	249	380	645	807	818	833	897	1,035	40
D6545	Retainer - cast metal for resin bonded fixed prosthesis	660.71	281.56	300	408	645	875	900	943	998	1,112	87
D6750	Retainer crown - porcelain fused to high noble metal	1,089.32	160.86	890	970	1,074	1,200	1,224	1,264	1,301	1,361	128
D6751	Retainer crown - porcelain fused to predominantly base metal	1,030.64	176.54	789	921	1,016	1,157	1,183	1,203	1,261	1,323	80
D6790	Retainer crown - full cast high noble metal	1,069.32	160.05	875	950	1,070	1,177	1,207	1,230	1,287	1,350	105
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	463.89	221.89	125	290	482	605	619	650	679	770	38

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D6930	Re-cement or re-bond fixed partial denture	155.35	40.02	100	128	155	180	187	195	202	218	144
D7111	Extraction, coronal remnants -deciduous tooth	119.96	34.24	77	95	118	140	144	150	157	180	129
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	162.90	32.93	120	141	160	184	190	195	205	218	172
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	264.04	56.94	185	225	266	292	300	314	337	365	155
D7220	Removal of impacted tooth - soft tissue	304.60	58.53	227	268	304	331	350	361	365	400	105
D7230	Removal of impacted tooth -partially bony	379.06	64.46	298	325	390	414	422	450	465	485	87
D7240	Removal of impacted tooth -completely bony	454.72	90.64	330	383	458	513	540	550	570	612	64
D7250	Surgical removal of residual tooth roots (cutting procedure)	280.27	67.97	187	230	283	324	331	350	362	410	105
D7286	Incisional biopsy of oral tissue - soft	292.12	97.29	165	204	300	345	375	385	400	450	59
D7288	Brush biopsy — transepithelial sample collection	195.32	64.13	100	180	198	220	250	250	277	300	34
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	274.20	73.06	186	221	276	323	343	350	365	410	88
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	400.40	139.08	200	300	403	489	515	559	595	664	73
D7410	Excision of benign lesion up to 1.25 cm	399.14	157.44	217	300	390	475	499	535	626	650	50
D7880	Occlusal orthotic device, by report	757.13	333.64	285	500	705	1,020	1,072	1,124	1,200	1,336	55
D7910	Suture of recent small wounds up to 5 cm	241.61	93.82	130	160	271	300	306	307	323	335	44

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D7953	Bone replacement graft for ridge preservation — per site	481.14	230.49	225	300	448	630	703	731	818	923	37
D7960	Frenulectomy — also known as frenectomy or frenotomy - separate procedure not incidental to another	414.14	102.87	275	350	433	480	489	500	517	600	78
D7970	Excision of hyperplastic tissue - per arch	438.66	171.16	225	310	443	575	599	609	650	717	53
D8040	Limited orthodontic treatment of the adult dentition	2,977.87	1,074.03	1,061	2,325	3,066	3,800	3,900	4,000	4,200	4,500	39
D8080	Comprehensive orthodontic treatment of the adolescent dentition	5,228.62	696.01	4,500	4,762	5,097	5,800	5,950	6,127	6,250	6,365	34
D8090	Comprehensive orthodontic treatment of the adult dentition	5,090.73	716.00	4,000	4,680	5,080	5,500	5,705	5,900	6,127	6,252	55
D8692	Replacement of lost or broken retainer	256.54	113.51	100	153	252	336	350	357	400	480	57
D9110	Palliative (emergency) treatment of dental pain - minor procedure	107.67	35.91	60	86	109	130	134	137	150	170	148
D9120	Fixed partial denture sectioning	159.36	72.85	82	100	145	215	229	246	258	281	75
D9210	Local anesthesia not in conjunction with operative or surgical procedures	49.36	23.15	21	31	50	65	72	75	78	85	53
D9215	Local anesthesia in conjunction with operative or surgical procedures	26.74	24.02	0	0	26	45	47	56	65	68	62
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	58.38	26.20	25	42	61	75	76	80	91	100	99
D9248	Non-intravenous conscious sedation	199.30	177.77	0	0	231	340	365	378	391	490	33
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	81.76	47.17	0	53	77	118	120	138	145	160	98
D9410	House/extended care facility call	173.18	75.59	75	103	167	241	251	259	267	295	40
D9420	Hospital or ambulatory surgical center call	199.39	90.50	100	121	181	265	281	301	324	357	33
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	48.38	29.53	0	35	51	69	72	77	84	91	76

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D9440	Office visit - after regularly scheduled hours	135.79	44.59	75	100	135	162	184	189	198	204	121
D9450	Case presentation, detailed and extensive treatment planning	118.80	45.04	61	82	131	149	150	164	175	192	30
D9610	Therapeutic parenteral drug, single administration	51.69	47.70	0	0	50	85	100	109	125	126	36
D9630	Other drugs and/or medicaments, by report	29.57	25.71	0	13	22	38	47	54	74	80	65
D9910	Application of desensitizing medicament	52.62	17.69	29	41	52	65	67	70	75	82	113
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	53.63	27.56	13	35	59	76	79	81	84	92	70
D9930	Treatment of complications (post-surgical) — unusual circumstances, by report	100.88	35.90	48	77	99	125	137	140	148	150	49
D9940	Occlusal guard, by report	530.31	146.37	350	440	515	619	634	659	695	781	147
D9941	Fabrication of athletic mouthguard	189.21	112.26	75	106	175	250	270	276	285	400	121
D9951	Occlusal adjustment - limited	138.24	56.76	68	95	135	183	193	199	206	225	95
D9952	Occlusal adjustment - complete	555.55	267.16	250	350	583	702	740	784	844	900	82
D9972	External bleaching - per arch - performed in office	286.35	134.83	150	200	250	358	400	415	500	600	78
D9974	Internal bleaching - per tooth	229.72	87.80	109	159	238	293	300	306	322	351	101
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	244.76	103.42	125	175	225	300	343	350	400	450	89

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D0120	Periodic oral evaluation — established patient	47.46	7.63	38	42	48	52	54	54	56	60	94
D0140	Limited oral evaluation - problem focused	64.10	14.16	49	55	65	76	76	79	81	83	92
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	54.61	16.39	36	42	51	69	73	75	77	80	61
D0150	Comprehensive oral evaluation — new or established patient	73.73	15.01	55	65	73	84	86	91	93	96	91
D0160	Detailed and extensive oral evaluation — problem focused, by report	101.25	42.36	54	68	95	137	147	155	158	172	52
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	55.15	20.32	30	43	59	71	74	75	77	79	55
D0180	Comprehensive periodontal evaluation — new or established patient	84.66	24.58	53	66	85	101	103	104	110	125	65
D0210	Intraoral - complete series of radiographic images	132.23	18.09	110	120	132	144	146	149	155	164	88
D0220	Intraoral - periapical first radiographic image	27.31	4.15	22	25	28	30	31	32	33	34	93
D0230	Intraoral - periapical each additional radiographic image	23.63	4.92	18	21	24	27	27	29	29	31	93
D0272	Bitewings - two radiographic images	43.77	6.17	36	39	45	48	49	49	50	54	92
D0273	Bitewings - three radiographic images	51.68	8.04	40	45	53	59	59	60	60	61	65
D0274	Bitewings - four radiographic images	59.34	8.24	50	53	60	65	66	67	69	71	89
D0277	Vertical bitewings - 7 to 8 radiographic images	87.76	14.06	70	76	89	98	102	103	105	107	42
D0330	Panoramic radiographic image	110.64	15.63	90	101	111	120	122	125	128	139	80
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	51.29	38.02	0	28	53	68	69	75	76	134	31
D0470	Diagnostic casts	95.66	23.52	65	80	96	111	114	120	122	135	62
D1110	Prophylaxis - adult	83.53	11.96	70	75	85	92	95	96	96	98	94

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D1120	Prophylaxis - child	59.82	9.51	47	55	61	68	69	70	72	73	94
D1206	Topical application of fluoride varnish	36.65	8.28	25	30	36	43	44	46	47	51	83
D1208	Topical application of fluoride – excluding varnish	34.89	8.38	25	30	35	40	41	42	45	49	66
D1320	Tobacco counseling for the control and prevention of oral disease	38.53	32.34	0	0	37	56	76	85	85	94	38
D1330	Oral hygiene instructions	30.77	23.07	0	0	35	50	52	54	59	62	62
D1351	Sealant - per tooth	49.68	8.37	41	45	49	54	56	58	60	62	91
D1352	Preventive resin restoration in a moderate to high caries risk patient — permanent tooth	84.39	24.38	48	65	85	104	109	112	118	123	31
D1510	Space maintainer - fixed -unilateral	297.46	54.88	232	254	300	336	346	353	360	368	71
D1515	Space maintainer - fixed -bilateral	396.84	68.29	311	352	386	447	453	463	480	514	68
D2140	Amalgam - one surface, primary or permanent	131.44	23.67	108	114	127	147	156	158	162	175	73
D2150	Amalgam - two surfaces, primary or permanent	165.08	31.12	130	141	160	186	195	197	204	217	73
D2160	Amalgam - three surfaces, primary or permanent	198.01	39.46	152	169	195	220	229	239	253	267	73
D2161	Amalgam - four or more surfaces, primary or permanent	238.46	47.17	182	201	234	267	271	279	291	348	72
D2330	Resin-based composite - one surface, anterior	150.23	23.59	120	135	146	165	169	175	179	187	91
D2331	Resin-based composite - two surfaces, anterior	185.63	30.56	150	162	181	205	217	222	226	235	91
D2332	Resin-based composite - three surfaces, anterior	224.37	36.50	178	195	225	251	263	270	273	276	90
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	273.90	55.43	205	238	274	302	320	335	344	353	90
D2390	Resin-based composite crown, anterior	390.40	119.86	260	319	373	457	484	502	512	650	48

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D2391	Resin-based composite - one surface, posterior	162.62	25.82	130	146	162	180	183	189	197	201	90
D2392	Resin-based composite - two surfaces, posterior	211.61	34.25	165	188	212	235	246	251	256	265	89
D2393	Resin-based composite - three surfaces, posterior	262.12	50.26	199	229	260	290	309	320	322	332	90
D2394	Resin-based composite - four or more surfaces, posterior	309.26	63.96	230	271	305	348	368	370	377	399	89
D2520	Inlay - metallic - two surfaces	868.42	155.78	683	761	898	980	1,004	1,028	1,046	1,077	36
D2543	Onlay - metallic - three surfaces	989.79	162.34	788	906	1,020	1,068	1,094	1,123	1,154	1,200	33
D2620	Inlay - porcelain/ceramic - two surfaces	923.34	168.51	700	831	928	1,029	1,046	1,089	1,130	1,200	41
D2642	Onlay - porcelain/ceramic - two surfaces	991.83	150.21	795	898	1,020	1,082	1,092	1,108	1,170	1,261	36
D2643	Onlay - porcelain/ceramic -three surfaces	993.68	166.37	767	879	985	1,100	1,108	1,143	1,190	1,261	41
D2644	Onlay - porcelain/ceramic - four or more surfaces	1,023.73	167.02	823	900	1,020	1,159	1,170	1,180	1,198	1,261	41
D2710	Crown - resin-based composite (indirect)	749.29	257.22	412	527	759	1,007	1,011	1,036	1,042	1,108	31
D2740	Crown - porcelain/ceramic substrate	1,048.19	148.05	874	936	1,043	1,160	1,190	1,200	1,244	1,260	89
D2750	Crown - porcelain fused to high noble metal	1,049.33	142.52	901	936	1,021	1,153	1,190	1,200	1,205	1,225	81
D2751	Crown - porcelain fused to predominantly base metal	1,001.87	130.34	841	910	1,003	1,113	1,125	1,160	1,200	1,200	53
D2752	Crown - porcelain fused to noble metal	1,026.45	143.64	855	918	1,008	1,150	1,160	1,169	1,200	1,205	62
D2780	Crown - ¾ cast high noble metal	1,040.63	137.92	869	920	1,003	1,187	1,194	1,200	1,200	1,257	35
D2783	Crown - ¾ porcelain/ceramic	1,048.88	144.66	853	925	1,084	1,180	1,194	1,199	1,200	1,231	40
D2790	Crown - full cast high noble metal	1,071.35	168.85	901	941	1,045	1,170	1,199	1,237	1,263	1,367	80
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	311.96	153.62	100	216	340	442	456	463	472	475	53
D2920	Re-cement or re-bond crown	98.29	24.39	72	80	95	110	115	119	123	130	87

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2930	Prefabricated stainless steel crown - primary tooth	264.12	56.26	195	210	264	285	305	310	323	361	69
D2931	Prefabricated stainless steel crown - permanent tooth	308.66	71.07	235	250	312	357	361	364	384	421	74
D2940	Protective restoration	110.23	31.98	80	87	105	126	130	136	150	173	73
D2950	Core buildup, including any pins when required	242.09	39.71	190	214	246	275	282	290	295	297	89
D2952	Post and core in addition to crown, indirectly fabricated	368.52	63.36	275	327	372	421	425	437	446	461	62
D2954	Prefabricated post and core in addition to crown	303.83	51.63	240	265	297	347	352	360	366	384	81
D2961	Labial veneer (resin laminate) - laboratory	884.26	242.82	601	689	865	1,075	1,088	1,160	1,198	1,214	43
D2962	Labial veneer (porcelain laminate) - laboratory	1,069.53	188.31	850	931	1,035	1,198	1,202	1,245	1,310	1,470	78
D2980	Crown repair necessitated by restorative material failure	249.02	99.78	131	164	248	308	321	325	400	450	44
D3110	Pulp cap - direct (excluding final restoration)	75.61	23.37	50	59	72	89	92	95	97	117	71
D3120	Pulp cap - indirect (excluding final restoration)	72.62	22.23	50	55	71	87	90	92	98	106	63
D3220	Therapeutic pulpotomy (excluding final restoration)...	166.13	42.83	123	138	172	198	205	216	219	224	82
D3221	Pulpal debridement, primary and permanent teeth	173.73	59.36	91	138	185	220	227	235	245	250	70
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	200.26	68.67	122	146	182	266	281	293	299	301	38
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	222.63	78.63	127	155	213	298	303	325	326	337	38

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	701.33	110.77	550	637	696	775	792	800	840	882	78
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	805.29	108.55	650	724	793	896	910	914	936	978	78
D3330	Endodontic therapy, molar (excluding final restoration)	978.55	120.84	811	889	978	1,065	1,090	1,097	1,140	1,177	78
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	330.08	137.21	150	220	332	442	450	483	511	531	38
D3346	Retreatment of previous root canal therapy — anterior	798.20	153.05	645	683	772	903	928	950	968	1,038	44
D3347	Retreatment of previous root canal therapy — bicuspid	909.26	162.48	750	779	894	1,029	1,043	1,100	1,119	1,177	43
D3348	Retreatment of previous root canal therapy — molar	1,101.67	174.51	890	950	1,075	1,222	1,235	1,275	1,384	1,472	39
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	564.09	173.60	392	457	551	640	668	700	750	966	57
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	256.46	93.18	158	186	252	314	327	352	378	425	65
D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	693.29	250.23	297	561	697	796	835	950	996	1,185	38
D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	528.45	198.13	287	400	507	644	651	658	708	850	31
D4249	Clinical crown lengthening — hard tissue	626.28	215.16	347	435	657	777	789	809	839	843	46
D4321	Provisional splinting - extracoronal	376.25	132.94	209	264	387	473	500	508	510	642	52
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	252.71	39.17	200	228	250	277	285	290	300	315	85

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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	172.26	38.31	124	150	170	198	200	204	221	241	82
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	171.55	34.39	125	147	172	193	200	204	215	230	82
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	77.26	42.38	37	45	67	92	120	138	147	164	61
D4910	Periodontal maintenance	131.55	20.43	105	119	130	147	150	151	155	160	82
D5110	Complete denture - maxillary	1,558.51	275.31	1,200	1,365	1,569	1,760	1,828	1,881	1,900	1,968	86
D5120	Complete denture - mandibular	1,566.51	272.57	1,200	1,373	1,574	1,786	1,829	1,881	1,900	1,968	86
D5130	Immediate denture - maxillary	1,680.23	281.31	1,300	1,494	1,690	1,876	1,930	1,975	2,005	2,063	81
D5140	Immediate denture - mandibular	1,680.52	281.66	1,300	1,494	1,690	1,876	1,930	1,975	2,005	2,063	81
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1,152.21	359.76	675	840	1,177	1,382	1,417	1,473	1,600	1,708	81
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1,160.92	369.04	675	837	1,177	1,391	1,450	1,500	1,600	1,753	83
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,660.58	289.18	1,335	1,500	1,637	1,835	1,873	1,925	1,965	2,090	88
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,662.51	290.41	1,335	1,500	1,639	1,839	1,873	1,925	1,965	2,090	87
D5225	Maxillary partial denture — flexible base (including any clasps, rests, and teeth)	1,423.14	325.72	990	1,241	1,444	1,691	1,712	1,750	1,822	1,910	56
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,440.16	334.98	990	1,236	1,457	1,696	1,720	1,800	1,887	1,953	55
D5510	Repair broken complete denture base	204.72	62.40	130	170	205	234	241	252	263	320	74

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5520	Replace missing or broken teeth — complete denture (each tooth)	171.21	45.51	114	133	173	202	205	211	237	255	77
D5610	Repair resin denture base	197.03	44.37	140	175	196	221	225	240	261	274	74
D5640	Replace broken teeth - per tooth	168.38	44.43	110	125	172	200	205	210	212	235	81
D5650	Add tooth to existing partial denture	207.39	44.07	160	180	209	236	241	245	255	280	84
D5660	Add clasp to existing partial denture – per tooth	248.64	61.63	170	205	247	282	294	303	314	330	81
D5710	Rebase complete maxillary denture	556.33	137.07	368	473	573	629	641	653	702	754	60
D5711	Rebase complete mandibular denture	557.05	133.13	395	469	573	629	641	653	702	754	60
D5720	Rebase maxillary partial denture	534.57	126.65	362	450	543	606	630	645	700	793	58
D5721	Rebase mandibular partial denture	537.65	134.55	357	446	550	611	631	647	703	800	60
D5730	Reline complete maxillary denture (chairside)	321.95	89.29	233	275	325	386	399	409	415	421	65
D5731	Reline complete mandibular denture (chairside)	320.70	82.00	233	275	324	386	397	405	414	420	64
D5750	Reline complete maxillary denture (laboratory)	432.22	94.21	320	372	431	498	510	520	545	579	86
D5751	Reline complete mandibular denture (laboratory)	436.79	95.34	325	375	434	499	515	520	545	579	84
D5986	Fluoride gel carrier	155.60	67.35	75	100	135	208	223	229	244	275	35
D6010	Surgical placement of implant body: endosteal implant	1,865.86	332.60	1,297	1,675	1,900	2,089	2,170	2,206	2,235	2,480	37
D6055	Connecting bar - implant supported or abutment supported	2,306.00	1,134.87	745	1,289	2,492	2,889	2,979	3,210	3,500	4,418	32
D6056	Prefabricated abutment — includes modification and placement	631.82	155.04	425	515	659	750	782	796	800	850	65
D6057	Custom fabricated abutment - includes placement	790.23	201.50	580	664	762	900	939	950	998	1,135	65
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,247.53	209.88	958	1,100	1,208	1,403	1,450	1,486	1,500	1,575	74

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,352.81	272.34	1,025	1,149	1,347	1,500	1,565	1,630	1,641	1,850	53
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,306.34	194.93	1,003	1,187	1,300	1,469	1,489	1,535	1,605	1,643	38
D6080	Implant maintenance procedures when prostheses are removed and reinserted...	188.71	95.13	90	116	174	290	293	314	325	327	38
D6210	Pontic - cast high noble metal	1,048.51	145.80	877	925	1,038	1,153	1,181	1,198	1,214	1,289	70
D6240	Pontic - porcelain fused to high noble metal	1,039.63	141.36	875	931	1,021	1,135	1,160	1,190	1,205	1,249	81
D6241	Pontic - porcelain fused to predominantly base metal	984.04	136.88	825	886	987	1,089	1,119	1,138	1,154	1,198	53
D6245	Pontic - porcelain/ceramic	1,045.95	148.69	871	940	1,043	1,165	1,190	1,200	1,212	1,253	80
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	532.10	296.30	154	350	474	743	757	817	857	1,198	30
D6545	Retainer - cast metal for resin bonded fixed prosthesis	666.63	295.60	343	421	651	871	924	951	987	1,206	60
D6750	Retainer crown - porcelain fused to high noble metal	1,051.01	142.46	890	931	1,032	1,157	1,187	1,200	1,205	1,334	76
D6751	Retainer crown - porcelain fused to predominantly base metal	1,011.53	124.85	848	917	998	1,117	1,125	1,151	1,198	1,200	47
D6790	Retainer crown - full cast high noble metal	1,054.67	150.52	855	945	1,040	1,169	1,195	1,200	1,214	1,289	73
D6930	Re-cement or re-bond fixed partial denture	145.73	43.02	100	116	143	170	182	188	194	202	73
D7111	Extraction, coronal remnants -deciduous tooth	114.44	25.51	80	95	113	132	137	145	151	157	77
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	158.57	27.59	123	140	160	173	180	184	187	198	90

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	258.03	45.52	200	225	256	287	293	300	313	332	87
D7220	Removal of impacted tooth - soft tissue	305.69	59.89	235	253	300	350	355	366	395	410	65
D7230	Removal of impacted tooth -partially bony	381.35	70.60	309	330	375	416	421	445	475	524	63
D7240	Removal of impacted tooth -completely bony	442.43	81.02	350	392	426	510	519	530	547	588	46
D7250	Surgical removal of residual tooth roots (cutting procedure)	277.32	63.81	205	232	270	315	324	345	351	439	59
D7286	Incisional biopsy of oral tissue - soft	291.05	80.59	196	230	293	341	355	360	370	441	39
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	268.31	87.94	175	214	260	311	320	328	358	457	52
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	384.32	144.77	192	279	376	466	490	509	519	652	44
D7410	Excision of benign lesion up to 1.25 cm	339.48	162.33	160	225	320	449	450	462	493	702	33
D7880	Occlusal orthotic device, by report	760.82	400.31	357	500	607	980	1,078	1,144	1,224	1,850	38
D7910	Suture of recent small wounds up to 5 cm	232.33	85.29	109	175	241	315	317	321	343	368	30
D7960	Frenulectomy — also known as frenectomy or frenotomy - separate procedure not incidental to another	362.15	105.72	200	291	358	449	464	470	490	545	48
D7970	Excision of hyperplastic tissue - per arch	387.30	140.04	240	275	357	485	488	515	519	600	33
D8692	Replacement of lost or broken retainer	257.08	99.70	107	170	254	325	355	358	363	450	39
D9110	Palliative (emergency) treatment of dental pain - minor procedure	115.33	42.99	71	87	118	138	144	152	165	200	81
D9120	Fixed partial denture sectioning	139.16	68.71	58	83	125	180	205	232	244	251	45

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9215	Local anesthesia in conjunction with operative or surgical procedures	44.13	26.72	0	27	41	63	69	72	76	80	31
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	61.59	23.80	38	46	56	80	82	84	87	91	64
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	99.05	60.13	30	62	95	139	145	149	157	236	55
D9420	Hospital or ambulatory surgical center call	217.03	111.92	83	125	208	277	330	340	356	394	30
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	60.00	34.34	0	48	61	77	82	83	84	120	54
D9440	Office visit - after regularly scheduled hours	144.14	47.30	91	110	146	172	180	186	201	217	66
D9630	Other drugs and/or medicaments, by report	33.14	23.08	8	18	25	44	51	55	65	72	42
D9910	Application of desensitizing medicament	48.92	19.78	28	37	45	60	60	67	76	84	63
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	61.20	26.01	32	43	54	80	84	89	90	107	45
D9940	Occlusal guard, by report	449.44	147.48	280	337	430	550	589	598	633	672	82
D9941	Fabrication of athletic mouthguard	154.63	95.58	57	80	144	212	221	250	255	325	75
D9951	Occlusal adjustment - limited	129.08	68.42	50	80	118	168	177	196	218	236	65
D9952	Occlusal adjustment - complete	517.90	255.08	141	334	515	700	717	738	781	880	50
D9972	External bleaching - per arch - performed in office	259.31	110.06	148	175	250	345	350	365	390	499	59
D9974	Internal bleaching - per tooth	238.47	75.32	149	184	237	295	301	316	337	354	60
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	214.02	109.80	100	150	195	250	275	300	325	435	55

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	48.95	12.42	35	44	49	55	57	60	63	69	130
D0140	Limited oral evaluation - problem focused	72.33	17.11	54	63	73	82	85	88	95	101	123
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	61.92	17.97	40	52	62	73	75	77	80	93	64
D0150	Comprehensive oral evaluation — new or established patient	85.67	20.63	58	75	85	95	99	105	110	125	124
D0160	Detailed and extensive oral evaluation — problem focused, by report	125.32	53.29	59	85	133	154	165	174	180	211	79
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	58.54	29.99	0	45	65	75	77	79	88	107	78
D0171	Re-evaluation – post-operative office visit	28.36	35.14	0	0	0	60	68	75	77	94	44
D0180	Comprehensive periodontal evaluation — new or established patient	93.79	21.47	70	82	95	103	107	110	121	135	81
D0210	Intraoral - complete series of radiographic images	134.63	23.18	108	120	135	148	153	157	166	179	115
D0220	Intraoral - periapical first radiographic image	29.10	6.40	21	26	29	32	33	35	36	40	127
D0230	Intraoral - periapical each additional radiographic image	24.50	5.59	17	22	25	28	29	30	30	34	120
D0272	Bitewings - two radiographic images	45.73	8.01	35	40	45	50	51	54	57	60	118
D0273	Bitewings - three radiographic images	55.10	10.41	43	46	54	60	63	65	66	76	67
D0274	Bitewings - four radiographic images	64.10	11.76	48	56	64	73	74	75	79	85	124
D0277	Vertical bitewings - 7 to 8 radiographic images	93.65	16.41	68	86	96	102	104	105	109	125	60
D0330	Panoramic radiographic image	112.83	20.31	90	99	110	123	126	135	142	150	103
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	52.04	30.54	0	29	60	77	79	80	87	93	48

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0470	Diagnostic casts	111.27	35.30	72	90	109	124	130	150	155	175	93
D1110	Prophylaxis - adult	89.77	17.55	69	80	90	96	98	103	109	124	130
D1120	Prophylaxis - child	67.23	12.16	50	60	67	73	75	78	82	89	128
D1206	Topical application of fluoride varnish	38.00	10.38	25	31	38	43	44	45	50	55	104
D1208	Topical application of fluoride – excluding varnish	35.34	9.28	25	29	35	40	42	44	45	50	90
D1320	Tobacco counseling for the control and prevention of oral disease	42.39	37.66	0	0	46	77	81	83	87	95	41
D1330	Oral hygiene instructions	30.41	26.09	0	0	32	51	52	55	63	66	66
D1351	Sealant - per tooth	53.71	11.28	40	47	53	59	60	64	68	77	119
D1352	Preventive resin restoration in a moderate to high caries risk patient — permanent tooth	102.38	35.98	52	77	100	121	129	140	150	182	39
D1510	Space maintainer - fixed -unilateral	314.78	60.14	220	286	316	350	350	358	379	408	67
D1515	Space maintainer - fixed -bilateral	441.26	92.05	325	391	430	488	495	522	531	605	61
D2140	Amalgam - one surface, primary or permanent	143.57	29.83	105	120	143	164	165	169	180	195	94
D2150	Amalgam - two surfaces, primary or permanent	176.36	37.83	125	153	178	197	208	212	215	243	94
D2160	Amalgam - three surfaces, primary or permanent	211.00	49.69	139	175	210	240	253	257	264	310	95
D2161	Amalgam - four or more surfaces, primary or permanent	250.83	56.17	176	213	249	280	290	300	313	365	92
D2330	Resin-based composite - one surface, anterior	166.53	36.90	120	143	165	181	190	198	215	240	125
D2331	Resin-based composite - two surfaces, anterior	200.28	41.56	150	175	196	220	225	234	245	283	125
D2332	Resin-based composite - three surfaces, anterior	243.52	51.67	180	208	239	269	280	288	304	348	126
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	295.52	63.16	215	258	294	328	340	351	370	425	124

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D2390	Resin-based composite crown, anterior	425.39	157.69	221	318	428	499	517	543	650	780	54
D2391	Resin-based composite - one surface, posterior	181.45	38.70	135	159	178	200	210	213	224	265	121
D2392	Resin-based composite - two surfaces, posterior	226.68	44.41	170	200	222	246	254	261	277	315	121
D2393	Resin-based composite - three surfaces, posterior	275.62	53.94	208	240	274	308	315	323	340	385	120
D2394	Resin-based composite - four or more surfaces, posterior	326.25	70.69	240	279	322	363	369	380	400	450	118
D2520	Inlay - metallic - two surfaces	938.74	257.58	650	797	913	1,011	1,120	1,214	1,375	1,450	61
D2543	Onlay - metallic - three surfaces	1,060.48	247.74	788	896	1,015	1,155	1,214	1,265	1,450	1,607	54
D2620	Inlay - porcelain/ceramic - two surfaces	996.79	222.85	782	850	962	1,076	1,124	1,214	1,250	1,450	63
D2642	Onlay - porcelain/ceramic - two surfaces	1,043.25	213.17	851	900	1,019	1,110	1,137	1,195	1,400	1,475	65
D2643	Onlay - porcelain/ceramic - three surfaces	1,070.66	203.80	855	950	1,060	1,148	1,185	1,200	1,246	1,407	64
D2644	Onlay - porcelain/ceramic - four or more surfaces	1,121.69	211.02	875	975	1,110	1,210	1,215	1,246	1,400	1,607	67
D2651	Inlay - resin-based composite - two surfaces	919.29	211.23	687	826	880	1,002	1,045	1,120	1,200	1,374	41
D2662	Onlay - resin-based composite - two surfaces	942.19	250.79	668	830	928	1,059	1,108	1,145	1,379	1,407	42
D2663	Onlay - resin-based composite - three surfaces	990.91	237.53	718	863	965	1,100	1,120	1,200	1,379	1,407	44
D2664	Onlay - resin-based composite - four or more surfaces	1,033.43	233.30	760	875	998	1,124	1,188	1,379	1,407	1,450	44
D2710	Crown - resin-based composite (indirect)	792.16	279.89	394	571	839	950	965	1,007	1,120	1,374	49
D2740	Crown - porcelain/ceramic substrate	1,184.92	187.06	975	1,076	1,180	1,268	1,298	1,375	1,407	1,555	112
D2750	Crown - porcelain fused to high noble metal	1,146.36	177.62	950	1,043	1,125	1,236	1,258	1,298	1,350	1,425	109

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D2751	Crown - porcelain fused to predominantly base metal	1,070.46	178.78	850	965	1,050	1,151	1,185	1,200	1,250	1,407	65
D2752	Crown - porcelain fused to noble metal	1,113.06	165.17	911	1,000	1,089	1,198	1,200	1,250	1,325	1,407	78
D2780	Crown - ¾ cast high noble metal	1,147.77	189.91	925	1,028	1,127	1,250	1,255	1,300	1,468	1,517	44
D2783	Crown - ¾ porcelain/ceramic	1,133.42	194.59	900	1,000	1,125	1,200	1,280	1,316	1,379	1,607	53
D2790	Crown - full cast high noble metal	1,206.31	197.30	970	1,098	1,195	1,300	1,336	1,379	1,450	1,600	96
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	388.78	149.65	165	315	400	479	493	516	540	630	85
D2920	Re-cement or re-bond crown	108.42	27.65	75	91	106	122	125	134	150	167	112
D2930	Prefabricated stainless steel crown - primary tooth	278.21	60.43	200	246	273	318	339	350	360	375	73
D2931	Prefabricated stainless steel crown - permanent tooth	326.55	72.82	213	293	323	365	375	424	435	460	66
D2940	Protective restoration	118.84	32.98	80	95	118	135	138	145	160	180	94
D2950	Core buildup, including any pins when required	269.62	56.29	200	235	265	298	309	325	345	395	119
D2952	Post and core in addition to crown, indirectly fabricated	403.69	92.09	300	350	397	455	462	478	505	600	85
D2954	Prefabricated post and core in addition to crown	322.68	65.20	242	287	324	350	359	379	395	435	110
D2961	Labial veneer (resin laminate) - laboratory	952.45	245.98	675	800	969	1,073	1,124	1,160	1,268	1,385	51
D2962	Labial veneer (porcelain laminate) - laboratory	1,186.14	198.89	925	1,092	1,184	1,298	1,350	1,400	1,500	1,575	103
D2980	Crown repair necessitated by restorative material failure	259.09	92.56	135	199	262	309	320	345	368	425	68
D3110	Pulp cap - direct (excluding final restoration)	81.80	24.40	55	64	80	91	93	100	120	138	88
D3120	Pulp cap - indirect (excluding final restoration)	78.31	24.93	49	60	79	91	95	98	106	125	83

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D3220	Therapeutic pulpotomy (excluding final restoration)...	199.48	54.28	138	164	193	235	250	250	265	286	94
D3221	Pulpal debridement, primary and permanent teeth	211.47	68.24	129	175	201	254	261	280	294	349	77
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	245.24	52.71	175	203	251	282	288	296	305	327	34
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	267.82	60.88	175	219	279	308	322	323	338	350	34
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	768.59	124.50	600	695	775	845	855	882	906	955	101
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	884.23	138.87	706	796	878	953	977	995	1,018	1,125	102
D3330	Endodontic therapy, molar (excluding final restoration)	1,069.61	160.46	900	977	1,050	1,145	1,181	1,200	1,233	1,400	98
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	382.51	169.96	200	318	412	465	491	495	600	701	37
D3346	Retreatment of previous root canal therapy — anterior	866.86	181.47	623	782	853	936	964	995	1,020	1,300	44
D3347	Retreatment of previous root canal therapy — bicuspid	959.07	202.43	722	835	963	1,033	1,058	1,077	1,100	1,300	41
D3348	Retreatment of previous root canal therapy — molar	1,158.31	225.52	875	1,050	1,170	1,241	1,258	1,295	1,300	1,685	39
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	571.24	155.84	350	464	600	664	689	700	752	850	78
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	259.82	88.90	150	197	264	310	323	329	349	425	83

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D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	223.55	106.36	100	150	203	284	298	305	348	475	40
D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	693.61	175.49	500	582	702	789	794	848	851	950	46
D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	529.03	156.22	315	374	578	621	648	688	709	760	37
D4249	Clinical crown lengthening — hard tissue	732.42	229.17	475	600	750	831	859	931	952	1,170	66
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1,084.16	258.07	780	940	1,050	1,200	1,219	1,300	1,400	1,505	38
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	852.07	207.36	640	730	833	1,000	1,010	1,050	1,090	1,190	30
D4263	Bone replacement graft - first site in quadrant	589.00	186.14	352	468	595	722	744	785	839	902	32
D4321	Provisional splinting - extracoronal	419.76	141.41	197	325	437	496	516	550	578	608	74
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	255.14	47.58	185	228	254	280	290	300	318	350	109
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	165.40	43.62	110	138	165	192	196	204	209	235	104
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	175.02	43.11	120	149	172	197	204	215	235	265	104
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	87.30	52.04	34	45	70	120	137	150	177	209	79
D4910	Periodontal maintenance	135.10	25.51	105	118	135	148	149	157	170	180	103
D5110	Complete denture - maxillary	1,666.53	414.59	1,198	1,400	1,635	1,862	1,950	1,996	2,084	2,575	124

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D5120	Complete denture - mandibular	1,672.06	422.01	1,198	1,400	1,614	1,883	1,950	2,000	2,095	2,575	124
D5130	Immediate denture - maxillary	1,763.53	402.91	1,250	1,500	1,750	1,982	2,000	2,150	2,250	2,431	115
D5140	Immediate denture - mandibular	1,782.22	438.55	1,250	1,500	1,750	1,988	2,095	2,184	2,267	2,600	116
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1,202.39	329.11	795	945	1,200	1,413	1,450	1,500	1,599	1,838	114
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1,194.16	326.42	795	940	1,192	1,410	1,433	1,500	1,595	1,838	114
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,727.83	382.92	1,250	1,500	1,700	1,900	1,959	2,044	2,150	2,550	115
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,722.84	364.94	1,250	1,500	1,700	1,900	1,983	2,044	2,150	2,422	115
D5225	Maxillary partial denture — flexible base (including any clasps, rests, and teeth)	1,452.01	306.59	1,090	1,227	1,455	1,641	1,675	1,743	1,800	1,933	82
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,458.41	311.31	990	1,250	1,483	1,641	1,675	1,725	1,825	1,958	78
D5510	Repair broken complete denture base	210.29	58.73	145	168	201	236	251	284	303	322	95
D5520	Replace missing or broken teeth — complete denture (each tooth)	183.12	46.32	128	150	180	210	223	225	240	270	99
D5610	Repair resin denture base	201.06	50.42	149	169	200	224	230	249	259	301	101
D5640	Replace broken teeth - per tooth	183.03	44.03	125	150	185	205	220	225	225	265	106
D5650	Add tooth to existing partial denture	221.23	58.01	150	175	215	250	257	273	319	338	107
D5660	Add clasp to existing partial denture – per tooth	245.84	66.95	155	197	248	284	294	301	328	360	94
D5710	Rebase complete maxillary denture	551.76	132.49	400	462	548	605	627	655	733	811	70
D5711	Rebase complete mandibular denture	547.56	132.77	400	457	549	605	624	655	711	800	71

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D5720	Rebase maxillary partial denture	521.77	144.70	327	415	524	595	610	655	700	800	75
D5721	Rebase mandibular partial denture	513.53	145.06	326	411	513	594	600	650	700	800	75
D5730	Reline complete maxillary denture (chairside)	350.24	101.74	228	295	350	400	415	445	464	550	100
D5731	Reline complete mandibular denture (chairside)	353.26	99.16	225	298	354	400	420	450	465	550	98
D5750	Reline complete maxillary denture (laboratory)	441.95	100.36	300	390	453	497	508	513	558	600	107
D5751	Reline complete mandibular denture (laboratory)	441.87	100.20	304	390	458	495	506	516	555	600	110
D5986	Fluoride gel carrier	170.83	76.19	64	108	200	218	227	237	251	300	53
D6010	Surgical placement of implant body: endosteal implant	1,898.50	257.79	1,600	1,680	1,904	2,092	2,100	2,109	2,129	2,500	38
D6055	Connecting bar - implant supported or abutment supported	2,474.11	1,261.12	990	1,550	2,700	3,100	3,220	3,301	3,815	5,400	35
D6056	Prefabricated abutment — includes modification and placement	702.92	191.30	463	543	700	825	858	900	936	1,045	72
D6057	Custom fabricated abutment - includes placement	852.01	216.75	561	750	874	960	987	1,008	1,100	1,200	85
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,383.11	286.58	1,000	1,200	1,366	1,548	1,590	1,601	1,684	1,850	88
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,476.74	323.74	1,038	1,250	1,488	1,699	1,713	1,760	1,820	2,150	70
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,379.25	295.28	1,000	1,200	1,350	1,595	1,600	1,684	1,800	1,850	65
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,387.87	305.20	1,000	1,198	1,398	1,637	1,649	1,700	1,800	1,904	46

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D6080	Implant maintenance procedures when prostheses are removed and reinserted...	222.91	126.38	80	120	244	300	312	344	350	425	53
D6210	Pontic - cast high noble metal	1,157.40	203.75	900	1,017	1,148	1,268	1,300	1,365	1,500	1,576	77
D6240	Pontic - porcelain fused to high noble metal	1,147.02	187.60	926	1,000	1,124	1,250	1,289	1,308	1,379	1,500	105
D6241	Pontic - porcelain fused to predominantly base metal	1,072.46	159.69	896	963	1,034	1,182	1,199	1,214	1,250	1,407	59
D6245	Pontic - porcelain/ceramic	1,176.96	189.50	956	1,050	1,157	1,275	1,298	1,360	1,407	1,585	97
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	513.65	275.47	119	293	485	762	815	843	858	891	46
D6545	Retainer - cast metal for resin bonded fixed prosthesis	736.03	265.00	381	545	794	905	933	973	985	1,120	65
D6750	Retainer crown - porcelain fused to high noble metal	1,131.61	153.84	919	1,010	1,138	1,214	1,256	1,290	1,302	1,379	90
D6751	Retainer crown - porcelain fused to predominantly base metal	1,058.33	139.67	900	958	1,041	1,151	1,175	1,195	1,199	1,290	48
D6790	Retainer crown - full cast high noble metal	1,163.96	205.58	937	1,017	1,157	1,252	1,300	1,365	1,400	1,517	81
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	443.33	258.75	119	224	470	595	603	698	771	975	39
D6930	Re-cement or re-bond fixed partial denture	161.50	42.96	106	135	160	187	190	198	225	250	96
D7111	Extraction, coronal remnants -deciduous tooth	127.89	32.72	90	102	125	147	149	160	165	190	91
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	175.23	38.73	125	150	173	193	195	205	225	248	121

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D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	275.27	48.33	215	250	274	298	304	320	328	375	110
D7220	Removal of impacted tooth - soft tissue	315.61	54.97	248	275	315	348	360	375	390	410	77
D7230	Removal of impacted tooth -partially bony	393.49	73.39	307	350	396	413	425	445	478	515	61
D7240	Removal of impacted tooth -completely bony	456.38	84.72	345	400	456	490	500	506	576	615	47
D7250	Surgical removal of residual tooth roots (cutting procedure)	284.88	70.10	179	248	283	322	325	339	356	449	77
D7286	Incisional biopsy of oral tissue - soft	319.50	94.80	200	280	320	359	366	384	395	511	56
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	299.18	87.64	207	240	287	333	355	375	412	508	60
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	393.86	123.13	255	302	400	451	499	509	540	655	56
D7410	Excision of benign lesion up to 1.25 cm	348.45	153.40	186	219	329	418	465	478	609	684	40
D7880	Occlusal orthotic device, by report	849.46	357.29	375	575	850	1,095	1,151	1,176	1,421	1,570	39
D7960	Frenulectomy — also known as frenectomy or frenotomy - separate procedure not incidental to another	430.10	105.41	295	355	424	500	521	548	554	600	41
D7970	Excision of hyperplastic tissue - per arch	432.53	155.57	183	353	486	550	556	560	572	679	34
D8090	Comprehensive orthodontic treatment of the adult dentition	5,282.94	705.96	4,500	4,971	5,214	5,559	5,750	5,850	6,000	6,600	32
D8692	Replacement of lost or broken retainer	317.48	141.15	133	200	324	382	400	450	460	580	44
D9110	Palliative (emergency) treatment of dental pain - minor procedure	115.54	33.80	68	92	120	135	141	150	155	169	105
D9120	Fixed partial denture sectioning	188.81	76.03	95	125	195	236	250	259	274	298	67

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D9210	Local anesthesia not in conjunction with operative or surgical procedures	66.69	30.87	30	45	66	75	85	93	105	150	54
D9215	Local anesthesia in conjunction with operative or surgical procedures	46.53	30.91	0	22	58	66	68	69	85	95	38
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	75.23	24.48	50	63	75	84	85	90	105	130	53
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	107.86	47.37	54	79	114	138	145	148	165	199	74
D9410	House/extended care facility call	214.69	102.98	75	144	224	273	275	278	325	440	32
D9420	Hospital or ambulatory surgical center call	258.78	111.48	132	198	271	308	325	340	364	440	32
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	62.97	32.13	0	50	70	77	78	84	90	125	61
D9440	Office visit - after regularly scheduled hours	163.13	58.94	92	125	165	194	199	215	250	275	82
D9630	Other drugs and/or medicaments, by report	32.14	23.61	5	16	28	41	49	50	65	88	58
D9910	Application of desensitizing medicament	51.32	17.51	27	39	51	60	66	69	72	82	95
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	59.78	28.64	17	40	67	80	82	84	89	101	67
D9920	Behavior management, by report	106.97	50.81	35	69	115	150	150	160	164	177	32
D9930	Treatment of complications (post-surgical) — unusual circumstances, by report	127.55	42.55	70	105	128	146	149	163	165	195	31
D9940	Occlusal guard, by report	562.33	162.19	350	450	565	636	660	718	779	813	111
D9941	Fabrication of athletic mouthguard	255.33	112.91	133	197	244	300	300	330	390	425	81
D9951	Occlusal adjustment - limited	161.29	75.92	58	108	165	200	202	214	230	325	82
D9952	Occlusal adjustment - complete	559.11	240.00	191	348	617	706	732	765	825	915	64
D9972	External bleaching - per arch - performed in office	298.44	119.83	150	200	295	375	410	432	499	500	75

2016 Survey of Dental Fees
General Practitioners - South Atlantic Division
(Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., West Virginia)

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9974	Internal bleaching - per tooth	277.50	84.30	175	225	275	325	330	350	377	404	66
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	268.39	135.78	125	154	228	350	389	450	493	500	70

2016 Survey of Dental Fees
General Practitioners - East South Central Division
(Alabama, Kentucky, Mississippi, Tennessee)

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	42.87	10.46	30	37	42	50	51	53	57	60	79
D0140	Limited oral evaluation - problem focused	60.73	17.45	40	50	61	72	75	77	85	90	79
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	52.71	16.13	34	41	51	64	66	70	78	81	35
D0150	Comprehensive oral evaluation — new or established patient	69.04	21.58	43	57	70	81	85	88	91	105	77
D0160	Detailed and extensive oral evaluation — problem focused, by report	92.50	52.27	35	49	88	131	141	147	162	177	56
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	44.75	19.66	20	35	45	57	59	64	72	75	48
D0180	Comprehensive periodontal evaluation — new or established patient	80.21	24.83	54	61	78	94	95	100	105	135	52
D0210	Intraoral - complete series of radiographic images	120.60	21.96	92	106	119	133	137	145	150	163	63
D0220	Intraoral - periapical first radiographic image	25.06	6.12	17	21	25	28	30	30	34	37	79
D0230	Intraoral - periapical each additional radiographic image	20.87	6.05	14	17	20	25	25	27	27	30	79
D0272	Bitewings - two radiographic images	41.19	7.69	31	37	40	45	46	50	50	56	70
D0273	Bitewings - three radiographic images	46.15	9.28	35	37	46	51	53	55	56	61	41
D0274	Bitewings - four radiographic images	58.86	12.82	44	50	57	66	68	73	77	81	71
D0277	Vertical bitewings - 7 to 8 radiographic images	79.43	13.42	64	70	79	89	92	92	98	106	30
D0330	Panoramic radiographic image	101.94	16.48	83	90	99	111	117	120	127	129	67
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	39.41	29.15	0	15	40	63	66	67	71	85	34
D0470	Diagnostic casts	92.72	33.78	51	65	88	113	120	130	143	150	54
D1110	Prophylaxis - adult	78.05	16.75	60	68	75	88	90	94	98	112	79

2016 Survey of Dental Fees
General Practitioners - East South Central Division
(Alabama, Kentucky, Mississippi, Tennessee)

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1120	Prophylaxis - child	60.04	13.04	46	51	60	67	70	72	79	89	78
D1206	Topical application of fluoride varnish	33.89	9.98	22	27	31	40	44	45	49	55	57
D1208	Topical application of fluoride – excluding varnish	30.95	9.29	20	24	30	36	37	39	42	45	62
D1320	Tobacco counseling for the control and prevention of oral disease	36.43	30.81	0	0	41	62	68	71	78	87	30
D1330	Oral hygiene instructions	26.50	21.90	0	0	30	47	50	51	51	53	42
D1351	Sealant - per tooth	47.63	10.51	35	40	46	53	56	60	63	65	67
D1510	Space maintainer - fixed -unilateral	286.59	61.54	220	244	275	324	337	350	355	385	44
D1515	Space maintainer - fixed -bilateral	369.90	74.20	275	312	375	414	438	450	459	471	48
D2140	Amalgam - one surface, primary or permanent	119.74	23.90	91	102	114	140	142	147	155	162	57
D2150	Amalgam - two surfaces, primary or permanent	146.67	27.48	110	126	141	166	176	180	186	194	57
D2160	Amalgam - three surfaces, primary or permanent	172.47	33.24	130	145	166	194	202	211	219	238	57
D2161	Amalgam - four or more surfaces, primary or permanent	206.06	38.41	160	180	200	228	241	250	265	284	54
D2330	Resin-based composite - one surface, anterior	142.67	30.76	105	120	139	162	166	175	185	208	73
D2331	Resin-based composite - two surfaces, anterior	173.46	33.84	136	150	167	193	200	206	230	242	72
D2332	Resin-based composite - three surfaces, anterior	208.83	39.17	160	180	202	232	243	256	262	285	71
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	255.90	58.54	191	215	250	295	303	310	325	349	70
D2390	Resin-based composite crown, anterior	371.30	143.71	203	250	383	429	448	506	546	595	40
D2391	Resin-based composite - one surface, posterior	156.07	29.83	125	135	151	174	180	182	204	216	70
D2392	Resin-based composite - two surfaces, posterior	197.30	37.54	153	168	196	217	230	237	254	263	70

2016 Survey of Dental Fees
General Practitioners - East South Central Division
(Alabama, Kentucky, Mississippi, Tennessee)

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2393	Resin-based composite - three surfaces, posterior	242.00	47.69	190	202	236	277	284	290	304	330	69
D2394	Resin-based composite - four or more surfaces, posterior	290.31	66.72	215	240	282	332	340	347	371	387	62
D2520	Inlay - metallic - two surfaces	793.56	196.50	558	648	779	911	971	985	1,040	1,100	36
D2543	Onlay - metallic - three surfaces	899.28	183.49	668	745	902	1,038	1,060	1,148	1,180	1,200	32
D2620	Inlay - porcelain/ceramic - two surfaces	839.56	181.86	610	730	837	943	950	995	1,079	1,125	34
D2642	Onlay - porcelain/ceramic - two surfaces	867.12	154.53	662	735	885	975	1,010	1,066	1,099	1,100	33
D2643	Onlay - porcelain/ceramic -three surfaces	912.43	151.51	714	770	925	1,030	1,049	1,091	1,100	1,196	35
D2644	Onlay - porcelain/ceramic - four or more surfaces	947.91	164.56	754	806	960	1,091	1,097	1,112	1,200	1,264	35
D2710	Crown - resin-based composite (indirect)	595.42	242.04	306	358	630	788	800	849	900	1,000	36
D2740	Crown - porcelain/ceramic substrate	1,054.08	168.88	876	906	1,020	1,140	1,159	1,238	1,295	1,325	71
D2750	Crown - porcelain fused to high noble metal	1,013.25	166.17	800	894	975	1,107	1,140	1,179	1,238	1,300	67
D2751	Crown - porcelain fused to predominantly base metal	959.10	124.96	799	876	948	1,063	1,086	1,100	1,137	1,164	40
D2752	Crown - porcelain fused to noble metal	966.30	144.80	794	853	950	1,050	1,086	1,100	1,137	1,225	50
D2783	Crown - ¾ porcelain/ceramic	993.48	136.90	831	877	977	1,100	1,105	1,200	1,200	1,230	33
D2790	Crown - full cast high noble metal	1,083.43	198.38	872	925	1,075	1,175	1,200	1,238	1,334	1,436	61
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	290.28	136.10	100	200	325	374	385	425	446	506	53
D2920	Re-cement or re-bond crown	89.76	23.18	60	76	87	100	103	112	122	131	72
D2930	Prefabricated stainless steel crown - primary tooth	225.45	43.98	160	200	230	250	253	264	286	293	53
D2931	Prefabricated stainless steel crown - permanent tooth	284.06	64.15	218	251	278	303	310	325	338	350	47
D2940	Protective restoration	98.02	26.86	70	80	92	110	120	125	137	146	53

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General Practitioners - East South Central Division
(Alabama, Kentucky, Mississippi, Tennessee)

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2950	Core buildup, including any pins when required	233.63	45.43	173	194	234	268	276	282	295	308	67
D2952	Post and core in addition to crown, indirectly fabricated	347.80	84.18	249	300	339	380	395	405	450	545	49
D2954	Prefabricated post and core in addition to crown	311.18	59.97	245	260	305	349	350	359	365	425	56
D2961	Labial veneer (resin laminate) - laboratory	878.81	242.06	550	716	857	1,010	1,100	1,180	1,200	1,400	37
D2962	Labial veneer (porcelain laminate) - laboratory	1,070.02	212.22	829	900	1,065	1,200	1,250	1,326	1,395	1,500	59
D2980	Crown repair necessitated by restorative material failure	193.80	65.53	102	146	198	249	255	260	280	300	44
D3110	Pulp cap - direct (excluding final restoration)	68.15	19.91	45	56	66	80	81	83	91	111	54
D3120	Pulp cap - indirect (excluding final restoration)	63.23	20.27	38	46	65	76	79	81	83	93	53
D3220	Therapeutic pulpotomy (excluding final restoration)...	155.34	60.32	80	114	153	182	190	200	228	254	64
D3221	Pulpal debridement, primary and permanent teeth	153.31	69.64	37	118	157	199	207	224	247	262	48
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	685.83	120.23	561	602	668	730	754	784	843	939	63
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	790.88	122.38	650	717	769	836	850	910	965	1,074	59
D3330	Endodontic therapy, molar (excluding final restoration)	935.16	126.15	786	855	911	1,022	1,027	1,039	1,110	1,190	57
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	320.54	160.46	0	230	354	450	453	458	496	535	35
D3346	Retreatment of previous root canal therapy — anterior	770.47	145.74	590	670	743	845	865	909	945	995	34
D3347	Retreatment of previous root canal therapy — bicuspid	853.15	142.48	656	757	847	948	965	1,045	1,055	1,084	33

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3348	Retreatment of previous root canal therapy — molar	1,043.23	178.96	807	938	1,025	1,150	1,165	1,240	1,298	1,401	31
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	499.14	148.71	300	345	515	615	620	645	675	751	43
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	227.25	105.82	100	158	220	287	321	326	331	371	51
D4249	Clinical crown lengthening — hard tissue	604.06	179.19	400	489	604	726	739	770	839	945	36
D4321	Provisional splinting - extracoronal	389.08	131.90	220	288	377	463	472	528	575	636	40
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	217.97	49.00	160	184	213	243	250	253	268	288	62
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	154.49	45.81	100	121	150	181	185	187	200	222	63
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	152.70	36.00	105	129	150	170	175	184	199	217	66
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	77.33	55.83	30	40	63	90	112	140	163	186	45
D4910	Periodontal maintenance	122.80	27.09	92	103	120	137	140	147	155	159	60
D5110	Complete denture - maxillary	1,433.32	383.82	989	1,169	1,402	1,620	1,750	1,800	1,950	2,096	68
D5120	Complete denture - mandibular	1,425.71	388.05	950	1,138	1,379	1,579	1,749	1,800	1,950	2,099	68
D5130	Immediate denture - maxillary	1,536.80	414.13	1,025	1,203	1,500	1,774	1,850	2,000	2,084	2,195	66
D5140	Immediate denture - mandibular	1,564.39	465.37	1,025	1,225	1,500	1,800	1,850	2,013	2,100	2,232	66
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1,026.75	384.91	600	725	943	1,270	1,306	1,500	1,550	1,800	65
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1,030.52	376.51	600	713	949	1,285	1,340	1,500	1,538	1,654	64

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,495.56	349.14	1,097	1,250	1,483	1,650	1,750	1,776	1,800	1,962	63
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,507.51	382.94	1,097	1,250	1,495	1,650	1,750	1,776	1,800	1,962	61
D5225	Maxillary partial denture — flexible base (including any clasps, rests, and teeth)	1,214.38	372.24	800	940	1,214	1,353	1,457	1,625	1,697	1,950	45
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,204.59	361.54	800	933	1,185	1,355	1,500	1,625	1,697	1,705	44
D5510	Repair broken complete denture base	181.77	70.51	114	130	171	200	215	250	275	330	62
D5520	Replace missing or broken teeth — complete denture (each tooth)	158.53	55.52	98	121	152	187	190	197	223	250	62
D5610	Repair resin denture base	176.64	57.36	123	137	170	195	200	224	250	289	56
D5640	Replace broken teeth - per tooth	159.84	47.20	104	125	150	186	195	203	225	250	57
D5650	Add tooth to existing partial denture	197.86	64.66	125	150	190	225	238	252	275	300	66
D5660	Add clasp to existing partial denture – per tooth	232.23	65.10	166	191	220	265	278	297	305	331	61
D5710	Rebase complete maxillary denture	458.88	116.01	300	350	458	552	564	582	610	642	56
D5711	Rebase complete mandibular denture	461.76	118.15	300	350	458	555	572	600	625	650	55
D5720	Rebase maxillary partial denture	433.14	106.50	291	350	440	526	531	551	565	609	50
D5721	Rebase mandibular partial denture	429.18	108.18	285	350	438	526	529	551	560	609	51
D5730	Reline complete maxillary denture (chairside)	272.84	97.82	155	200	275	340	353	362	391	414	61
D5731	Reline complete mandibular denture (chairside)	270.66	97.87	155	200	272	338	350	362	391	414	61
D5750	Reline complete maxillary denture (laboratory)	375.20	113.41	255	300	373	428	448	500	542	595	69

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General Practitioners - East South Central Division
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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 \$	
D5751	Reline complete mandibular denture (laboratory)	370.40	121.43	251	300	369	428	448	500	539	595	70
D5986	Fluoride gel carrier	184.59	84.33	90	126	185	204	213	245	251	398	32
D6056	Prefabricated abutment — includes modification and placement	607.74	153.83	386	462	617	746	750	755	800	812	47
D6057	Custom fabricated abutment - includes placement	704.93	168.33	500	592	691	845	874	895	945	950	46
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,208.31	249.86	945	1,010	1,200	1,332	1,398	1,410	1,499	1,541	52
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,264.48	238.60	956	1,080	1,278	1,421	1,439	1,489	1,520	1,619	52
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,215.48	243.18	926	1,023	1,193	1,400	1,403	1,417	1,500	1,582	40
D6080	Implant maintenance procedures when prostheses are removed and reinserted...	152.59	109.41	0	70	148	233	259	268	302	350	34
D6210	Pontic - cast high noble metal	991.63	141.48	824	890	985	1,099	1,100	1,106	1,203	1,276	51
D6240	Pontic - porcelain fused to high noble metal	1,009.76	166.04	828	881	978	1,100	1,113	1,185	1,230	1,300	68
D6241	Pontic - porcelain fused to predominantly base metal	971.56	136.72	800	893	950	1,050	1,091	1,100	1,165	1,250	43
D6245	Pontic - porcelain/ceramic	1,036.25	172.61	873	900	1,000	1,141	1,166	1,206	1,276	1,395	56
D6545	Retainer - cast metal for resin bonded fixed prosthesis	627.98	273.74	300	367	600	850	900	932	995	1,002	42
D6750	Retainer crown - porcelain fused to high noble metal	1,020.18	160.60	852	880	993	1,100	1,145	1,200	1,238	1,300	62
D6751	Retainer crown - porcelain fused to predominantly base metal	965.68	130.70	798	895	939	1,085	1,100	1,115	1,165	1,168	37
D6790	Retainer crown - full cast high noble metal	1,021.86	147.85	825	900	1,010	1,125	1,142	1,200	1,200	1,238	50

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6930	Re-cement or re-bond fixed partial denture	139.63	53.65	90	102	129	155	166	185	200	265	62
D7111	Extraction, coronal remnants -deciduous tooth	106.56	31.89	69	85	110	120	124	126	140	155	50
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	147.28	36.27	106	117	144	171	172	175	194	207	67
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	236.90	56.18	180	190	225	271	275	290	314	350	61
D7220	Removal of impacted tooth - soft tissue	288.19	63.97	219	239	278	315	324	351	394	425	42
D7230	Removal of impacted tooth -partially bony	358.35	67.51	275	315	355	397	411	438	454	485	37
D7240	Removal of impacted tooth -completely bony	422.77	79.34	325	358	417	484	485	495	509	542	31
D7250	Surgical removal of residual tooth roots (cutting procedure)	253.10	61.50	180	204	246	288	302	320	343	377	40
D7286	Incisional biopsy of oral tissue - soft	280.33	93.92	149	222	280	348	350	358	375	419	36
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	235.08	90.40	128	168	226	284	293	300	343	350	38
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	314.06	137.99	150	203	300	389	405	430	476	509	35
D7880	Occlusal orthotic device, by report	706.85	348.22	380	456	597	902	910	956	1,021	1,350	33
D7960	Frenulectomy — also known as frenectomy or frenotomy - separate procedure not incidental to another	369.33	109.09	218	291	375	410	432	495	504	595	30
D9110	Palliative (emergency) treatment of dental pain - minor procedure	89.23	36.61	44	65	89	110	114	125	130	149	64
D9120	Fixed partial denture sectioning	130.21	67.56	50	81	125	171	200	215	230	250	34

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9210	Local anesthesia not in conjunction with operative or surgical procedures	48.44	28.08	16	28	50	61	64	65	72	99	32
D9215	Local anesthesia in conjunction with operative or surgical procedures	30.63	25.06	0	0	31	48	52	55	59	64	30
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	48.56	23.16	16	35	50	65	69	75	78	82	50
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	77.88	53.38	0	50	75	107	118	127	138	172	50
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	42.98	27.08	0	25	46	63	66	69	75	77	45
D9440	Office visit - after regularly scheduled hours	120.40	48.62	61	80	115	150	154	160	174	200	50
D9630	Other drugs and/or medicaments, by report	25.71	19.64	0	13	25	33	35	36	48	66	35
D9910	Application of desensitizing medicament	43.71	14.32	25	32	45	54	56	58	61	66	51
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	41.41	24.69	15	25	37	56	65	68	77	78	41
D9940	Occlusal guard, by report	450.94	141.98	250	363	450	532	571	579	600	684	64
D9941	Fabrication of athletic mouthguard	205.08	97.75	75	150	197	250	286	295	342	350	48
D9951	Occlusal adjustment - limited	118.94	69.93	40	60	123	161	166	175	190	240	50
D9952	Occlusal adjustment - complete	464.29	268.50	150	263	471	629	676	754	783	840	45
D9972	External bleaching - per arch - performed in office	258.22	118.41	100	200	249	278	300	335	475	550	36
D9974	Internal bleaching - per tooth	218.33	74.82	120	150	239	260	275	280	294	300	43
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	231.63	101.26	125	175	200	270	300	325	363	402	49

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D0120	Periodic oral evaluation — established patient	46.98	10.41	35	40	46	54	56	57	61	65	96
D0140	Limited oral evaluation - problem focused	66.74	20.01	37	54	69	80	83	85	88	100	94
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	59.43	18.06	34	44	62	75	76	79	82	85	60
D0150	Comprehensive oral evaluation — new or established patient	76.20	20.46	48	60	79	89	92	95	99	106	95
D0160	Detailed and extensive oral evaluation — problem focused, by report	117.87	52.74	60	75	123	157	160	175	180	204	71
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	56.23	25.87	0	44	60	73	75	76	80	95	60
D0171	Re-evaluation – post-operative office visit	17.18	29.62	0	0	0	38	50	65	74	75	39
D0180	Comprehensive periodontal evaluation — new or established patient	90.75	19.66	61	80	91	100	103	108	115	132	56
D0210	Intraoral - complete series of radiographic images	126.86	23.57	100	109	125	140	146	150	156	174	88
D0220	Intraoral - periapical first radiographic image	25.46	6.84	15	20	26	30	31	32	33	37	96
D0230	Intraoral - periapical each additional radiographic image	20.79	6.53	12	16	21	25	26	27	29	32	96
D0272	Bitewings - two radiographic images	41.79	8.51	30	35	42	47	49	52	54	58	86
D0273	Bitewings - three radiographic images	50.06	10.37	36	41	51	56	57	60	64	70	53
D0274	Bitewings - four radiographic images	60.14	12.94	43	50	60	67	70	70	75	85	88
D0277	Vertical bitewings - 7 to 8 radiographic images	94.00	18.66	70	84	95	103	109	113	121	130	58
D0330	Panoramic radiographic image	107.23	21.51	82	90	105	120	125	126	133	150	84
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	51.12	33.95	0	25	58	73	75	79	94	103	42

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D0470	Diagnostic casts	97.12	35.32	57	70	95	118	120	130	135	170	77
D1110	Prophylaxis - adult	83.40	16.68	62	72	83	91	95	99	106	118	96
D1120	Prophylaxis - child	62.76	12.05	48	55	61	71	73	75	77	84	94
D1206	Topical application of fluoride varnish	35.44	10.45	24	27	34	43	45	48	50	52	70
D1208	Topical application of fluoride – excluding varnish	32.43	9.33	20	25	31	37	40	43	45	51	82
D1320	Tobacco counseling for the control and prevention of oral disease	38.37	36.25	0	0	27	80	81	85	86	92	46
D1330	Oral hygiene instructions	27.62	25.67	0	0	27	50	51	55	60	64	61
D1351	Sealant - per tooth	49.02	10.81	35	41	48	56	58	60	62	70	87
D1352	Preventive resin restoration in a moderate to high caries risk patient — permanent tooth	103.39	40.45	59	75	96	119	149	155	161	177	33
D1510	Space maintainer - fixed -unilateral	295.46	61.62	200	254	294	328	344	360	395	404	68
D1515	Space maintainer - fixed -bilateral	402.14	79.37	282	360	398	447	464	471	483	550	63
D2140	Amalgam - one surface, primary or permanent	130.04	33.66	90	101	130	152	157	165	172	194	72
D2150	Amalgam - two surfaces, primary or permanent	163.18	43.52	109	129	158	192	198	210	214	250	71
D2160	Amalgam - three surfaces, primary or permanent	198.35	56.46	130	152	194	238	248	260	266	310	71
D2161	Amalgam - four or more surfaces, primary or permanent	236.36	67.74	152	195	228	279	291	313	338	364	67
D2330	Resin-based composite - one surface, anterior	155.01	36.85	111	125	148	180	188	199	211	226	91
D2331	Resin-based composite - two surfaces, anterior	192.13	48.04	136	160	185	219	229	240	261	286	91
D2332	Resin-based composite - three surfaces, anterior	230.64	59.39	158	195	223	261	281	292	316	352	89
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	286.20	73.26	200	231	280	327	346	366	396	434	91

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D2390	Resin-based composite crown, anterior	403.73	138.98	250	298	400	464	489	514	645	688	51
D2391	Resin-based composite - one surface, posterior	167.34	34.94	125	145	163	190	197	208	220	233	87
D2392	Resin-based composite - two surfaces, posterior	216.31	43.89	166	186	208	237	249	267	285	300	85
D2393	Resin-based composite - three surfaces, posterior	267.64	62.43	191	230	262	295	309	328	352	395	86
D2394	Resin-based composite - four or more surfaces, posterior	318.52	78.24	218	272	306	355	377	396	424	460	85
D2520	Inlay - metallic - two surfaces	910.24	257.91	578	740	897	979	1,159	1,275	1,300	1,395	38
D2543	Onlay - metallic - three surfaces	1,027.18	249.81	683	845	1,021	1,152	1,222	1,348	1,409	1,464	40
D2620	Inlay - porcelain/ceramic - two surfaces	955.50	228.83	706	755	946	1,042	1,100	1,184	1,340	1,395	48
D2642	Onlay - porcelain/ceramic - two surfaces	1,013.44	219.27	744	836	996	1,100	1,188	1,234	1,395	1,400	45
D2643	Onlay - porcelain/ceramic - three surfaces	1,046.73	225.70	783	854	1,040	1,127	1,198	1,364	1,400	1,426	48
D2644	Onlay - porcelain/ceramic - four or more surfaces	1,080.04	221.15	820	928	1,033	1,166	1,200	1,364	1,495	1,498	49
D2662	Onlay - resin-based composite - two surfaces	941.19	275.94	650	686	966	1,177	1,198	1,300	1,308	1,403	31
D2710	Crown - resin-based composite (indirect)	834.25	304.89	405	629	859	1,042	1,077	1,177	1,285	1,361	36
D2740	Crown - porcelain/ceramic substrate	1,112.14	200.96	887	975	1,078	1,200	1,255	1,302	1,365	1,571	86
D2750	Crown - porcelain fused to high noble metal	1,106.37	202.82	880	975	1,073	1,195	1,203	1,300	1,400	1,570	79
D2751	Crown - porcelain fused to predominantly base metal	1,018.18	173.19	815	900	986	1,100	1,146	1,177	1,200	1,400	57
D2752	Crown - porcelain fused to noble metal	1,057.46	197.69	820	933	1,010	1,192	1,200	1,245	1,299	1,478	70
D2780	Crown - ¾ cast high noble metal	1,107.24	209.10	850	977	1,082	1,195	1,210	1,395	1,450	1,500	42
D2783	Crown - ¾ porcelain/ceramic	1,084.27	192.38	862	966	1,082	1,195	1,198	1,205	1,298	1,462	41
D2790	Crown - full cast high noble metal	1,130.80	222.99	884	975	1,088	1,200	1,281	1,395	1,400	1,595	79

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D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	334.12	176.97	0	250	342	438	450	500	531	650	58
D2920	Re-cement or re-bond crown	97.46	29.28	60	76	96	115	120	125	141	155	87
D2930	Prefabricated stainless steel crown - primary tooth	248.38	68.66	161	190	248	278	299	300	335	376	77
D2931	Prefabricated stainless steel crown - permanent tooth	301.06	61.25	228	251	300	328	347	361	375	415	65
D2940	Protective restoration	106.95	34.28	67	84	101	122	127	140	154	188	77
D2950	Core buildup, including any pins when required	250.92	57.37	175	214	248	276	295	310	323	358	83
D2952	Post and core in addition to crown, indirectly fabricated	378.54	95.56	273	305	375	429	442	460	495	550	72
D2954	Prefabricated post and core in addition to crown	308.11	62.88	220	275	304	350	350	376	391	422	79
D2961	Labial veneer (resin laminate) - laboratory	945.81	253.12	660	744	889	1,084	1,164	1,200	1,395	1,504	48
D2962	Labial veneer (porcelain laminate) - laboratory	1,103.06	231.01	850	940	1,082	1,200	1,246	1,350	1,395	1,595	85
D2980	Crown repair necessitated by restorative material failure	252.42	84.42	150	195	250	301	307	322	390	420	48
D3110	Pulp cap - direct (excluding final restoration)	77.15	22.72	46	64	75	91	98	100	102	123	80
D3120	Pulp cap - indirect (excluding final restoration)	72.96	23.16	40	57	74	86	95	100	100	115	77
D3220	Therapeutic pulpotomy (excluding final restoration)...	174.10	55.39	108	139	177	200	208	215	225	273	82
D3221	Pulpal debridement, primary and permanent teeth	194.61	73.18	108	151	200	234	248	255	270	319	66
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	234.50	67.57	158	185	239	278	284	300	310	356	40

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D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	251.33	79.60	156	195	261	295	304	316	340	375	42
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	725.33	131.78	579	638	714	800	843	892	901	952	83
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	833.71	129.50	680	750	814	928	950	969	997	1,058	80
D3330	Endodontic therapy, molar (excluding final restoration)	1,018.25	185.36	804	880	997	1,123	1,166	1,200	1,286	1,332	80
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	359.00	174.66	0	308	400	463	492	525	545	600	45
D3346	Retreatment of previous root canal therapy — anterior	832.21	159.87	609	716	835	927	990	1,015	1,067	1,097	58
D3347	Retreatment of previous root canal therapy — bicuspid	932.69	169.83	705	820	942	1,035	1,050	1,132	1,180	1,245	58
D3348	Retreatment of previous root canal therapy — molar	1,120.35	204.10	842	956	1,143	1,250	1,298	1,325	1,385	1,506	55
D3351	Apexification/recalcification - initial visit...	334.37	86.79	199	298	319	382	405	428	450	515	38
D3352	Apexification/recalcification - interim medication replacement	230.20	76.77	106	185	232	267	274	320	346	380	35
D3353	Apexification/recalcification — final visit...	478.72	130.46	294	425	474	562	573	613	627	683	32
D3410	Apicoectomy/periradicular surgery - anterior	685.26	160.02	470	595	685	793	815	870	883	982	42
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	749.47	161.70	550	638	748	823	859	941	980	1,073	32
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	546.05	163.68	330	440	550	631	652	725	774	850	62

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D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	251.09	99.60	143	170	238	300	323	357	398	460	70
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	218.33	128.34	79	140	200	280	300	366	368	500	33
D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	704.83	188.88	485	587	675	814	825	883	950	1,032	46
D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	587.71	203.83	345	470	534	733	823	823	900	950	34
D4249	Clinical crown lengthening — hard tissue	638.40	240.49	300	460	653	777	796	861	980	1,108	57
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1,009.74	262.84	700	814	976	1,179	1,213	1,300	1,332	1,495	43
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	804.92	209.08	541	709	795	909	965	1,029	1,050	1,213	39
D4263	Bone replacement graft - first site in quadrant	529.30	195.17	350	389	500	610	660	746	797	925	43
D4264	Bone replacement graft — each additional site in quadrant	476.00	167.70	277	366	436	601	660	667	726	775	33
D4266	Guided tissue regeneration — resorbable barrier, per site	672.73	262.62	291	472	718	826	884	900	981	1,083	30
D4267	Guided tissue regeneration — non-resorbable barrier, per site (includes membrane removal)	775.50	320.43	320	570	838	991	1,028	1,037	1,188	1,255	30
D4321	Provisional splinting - extracoronal	396.41	127.16	250	325	383	477	482	520	550	642	51

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D4341	Periodontal scaling and root planing - four or more teeth per quadrant	238.54	49.06	178	205	239	264	272	280	291	340	83
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	157.60	47.09	100	119	152	187	196	205	215	253	80
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	162.50	39.88	110	127	163	190	195	200	214	240	86
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	85.52	45.38	42	53	71	100	125	142	152	184	60
D4910	Periodontal maintenance	126.91	25.11	95	111	126	142	147	151	156	169	80
D5110	Complete denture - maxillary	1,535.77	411.64	1,050	1,250	1,500	1,755	1,800	1,900	2,067	2,495	84
D5120	Complete denture - mandibular	1,536.04	411.74	1,050	1,250	1,500	1,748	1,785	1,900	2,088	2,495	84
D5130	Immediate denture - maxillary	1,632.60	430.54	1,124	1,295	1,603	1,876	1,926	2,000	2,182	2,597	81
D5140	Immediate denture - mandibular	1,632.75	431.21	1,124	1,295	1,603	1,876	1,926	1,980	2,182	2,597	81
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1,125.35	377.16	675	872	1,055	1,300	1,393	1,440	1,545	1,912	81
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1,141.70	374.13	680	874	1,064	1,338	1,408	1,492	1,690	1,919	80
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,612.66	336.31	1,248	1,367	1,592	1,816	1,862	1,925	2,000	2,200	88
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,612.97	336.56	1,248	1,367	1,589	1,818	1,862	1,925	2,000	2,200	88
D5225	Maxillary partial denture — flexible base (including any clasps, rests, and teeth)	1,423.40	291.25	1,100	1,200	1,414	1,550	1,597	1,720	1,851	2,067	57

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D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,416.26	290.15	1,100	1,200	1,400	1,550	1,597	1,700	1,851	2,063	57
D5510	Repair broken complete denture base	189.38	60.87	110	150	190	223	235	250	266	312	79
D5520	Replace missing or broken teeth — complete denture (each tooth)	163.18	53.55	100	120	157	187	200	216	230	288	77
D5610	Repair resin denture base	188.31	53.88	125	150	183	206	223	230	275	300	74
D5640	Replace broken teeth - per tooth	167.56	51.82	100	130	171	199	204	210	225	271	78
D5650	Add tooth to existing partial denture	205.39	56.37	129	172	206	245	250	263	275	318	79
D5660	Add clasp to existing partial denture – per tooth	243.08	64.42	169	200	245	271	282	288	308	391	75
D5710	Rebase complete maxillary denture	508.79	149.76	300	386	511	590	600	630	699	759	61
D5711	Rebase complete mandibular denture	502.80	149.27	300	371	511	586	595	638	705	785	60
D5720	Rebase maxillary partial denture	481.27	144.24	300	366	486	563	588	603	682	768	60
D5721	Rebase mandibular partial denture	481.27	144.38	300	366	488	564	588	603	682	768	60
D5730	Reline complete maxillary denture (chairside)	301.35	109.14	165	229	300	374	385	400	450	493	77
D5731	Reline complete mandibular denture (chairside)	298.84	109.65	165	226	300	374	385	400	445	493	77
D5750	Reline complete maxillary denture (laboratory)	398.66	116.03	250	323	408	464	475	494	535	595	88
D5751	Reline complete mandibular denture (laboratory)	394.80	112.17	250	323	405	462	466	489	515	570	87
D5986	Fluoride gel carrier	155.50	70.33	63	100	169	191	205	221	237	290	40
D6010	Surgical placement of implant body: endosteal implant	1,894.58	319.34	1,520	1,679	1,810	2,099	2,165	2,244	2,338	2,518	40
D6055	Connecting bar - implant supported or abutment supported	2,293.08	1,113.62	750	1,474	2,344	2,940	3,011	3,320	3,993	4,754	39
D6056	Prefabricated abutment — includes modification and placement	601.26	197.53	389	450	557	709	758	834	950	1,000	58
D6057	Custom fabricated abutment - includes placement	722.44	209.17	456	550	700	851	943	954	995	1,102	57

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D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,336.18	228.42	1,000	1,200	1,300	1,475	1,488	1,565	1,627	1,782	67
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,389.27	257.00	1,117	1,200	1,358	1,495	1,525	1,598	1,662	1,897	62
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,335.61	239.71	1,006	1,189	1,343	1,451	1,555	1,614	1,650	1,662	44
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,408.03	287.30	1,057	1,200	1,380	1,608	1,662	1,675	1,752	1,981	36
D6080	Implant maintenance procedures when prostheses are removed and reinserted...	211.27	126.30	51	100	225	285	305	375	391	425	45
D6210	Pontic - cast high noble metal	1,063.13	196.82	825	943	1,032	1,146	1,195	1,242	1,350	1,504	72
D6240	Pontic - porcelain fused to high noble metal	1,058.13	188.29	849	950	1,028	1,136	1,164	1,200	1,340	1,420	82
D6241	Pontic - porcelain fused to predominantly base metal	1,005.81	164.04	800	900	978	1,100	1,124	1,177	1,200	1,395	59
D6245	Pontic - porcelain/ceramic	1,109.50	212.16	869	960	1,066	1,203	1,298	1,310	1,400	1,595	74
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	522.50	303.07	125	287	521	743	833	850	900	1,085	34
D6545	Retainer - cast metal for resin bonded fixed prosthesis	691.24	307.70	380	445	640	877	977	1,000	1,070	1,247	51
D6750	Retainer crown - porcelain fused to high noble metal	1,082.99	177.50	862	971	1,073	1,164	1,195	1,273	1,350	1,420	73
D6751	Retainer crown - porcelain fused to predominantly base metal	1,033.93	155.30	850	908	1,005	1,100	1,137	1,198	1,210	1,395	55
D6790	Retainer crown - full cast high noble metal	1,084.39	178.85	895	974	1,050	1,177	1,195	1,250	1,355	1,420	71

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D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	470.90	244.14	213	276	430	636	700	770	877	900	31
D6930	Re-cement or re-bond fixed partial denture	148.54	49.35	92	113	147	178	190	200	212	235	76
D7111	Extraction, coronal remnants -deciduous tooth	110.10	34.35	68	85	112	126	129	136	155	188	69
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	160.25	40.46	105	127	159	186	195	200	220	230	84
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	258.31	56.76	182	218	252	291	300	325	334	350	81
D7220	Removal of impacted tooth - soft tissue	302.80	59.43	228	253	298	340	349	365	382	410	70
D7230	Removal of impacted tooth -partially bony	367.61	75.18	263	318	365	412	420	437	471	519	69
D7240	Removal of impacted tooth -completely bony	439.90	94.84	320	366	433	500	514	532	563	621	60
D7250	Surgical removal of residual tooth roots (cutting procedure)	274.33	80.52	180	221	263	310	320	325	354	456	67
D7286	Incisional biopsy of oral tissue - soft	286.76	100.95	150	205	290	350	357	371	420	466	50
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	256.38	82.88	150	190	251	302	319	340	370	407	64
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	367.69	149.91	205	256	364	441	451	502	550	612	61
D7410	Excision of benign lesion up to 1.25 cm	328.94	161.55	146	195	300	425	435	435	545	674	34
D7880	Occlusal orthotic device, by report	803.49	409.99	377	468	806	980	1,000	1,142	1,293	1,600	43
D7910	Suture of recent small wounds up to 5 cm	253.16	114.56	100	189	256	319	345	377	383	430	31

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D7953	Bone replacement graft for ridge preservation — per site	463.47	233.86	200	252	437	634	668	721	818	870	34
D7960	Frenulectomy — also known as frenectomy or frenotomy - separate procedure not incidental to another	393.54	118.28	245	296	398	477	490	519	548	585	52
D7970	Excision of hyperplastic tissue - per arch	368.88	182.37	122	231	363	502	523	540	598	687	40
D8040	Limited orthodontic treatment of the adult dentition	2,591.76	1,208.45	1,250	1,422	2,550	3,419	3,563	4,200	4,500	4,884	34
D8080	Comprehensive orthodontic treatment of the adolescent dentition	4,942.90	736.49	3,978	4,500	4,928	5,400	5,480	5,500	5,902	6,270	30
D8090	Comprehensive orthodontic treatment of the adult dentition	5,052.47	740.00	3,995	4,545	5,000	5,480	5,500	5,828	6,000	6,500	36
D8692	Replacement of lost or broken retainer	272.35	109.40	150	176	280	343	370	376	425	470	34
D9110	Palliative (emergency) treatment of dental pain - minor procedure	103.18	43.38	59	69	100	125	140	145	155	195	83
D9120	Fixed partial denture sectioning	166.58	81.48	71	85	162	229	238	256	265	297	50
D9210	Local anesthesia not in conjunction with operative or surgical procedures	62.02	24.73	32	48	63	75	76	80	86	108	49
D9215	Local anesthesia in conjunction with operative or surgical procedures	35.37	28.56	0	0	45	60	63	65	67	70	43
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	52.29	26.20	18	38	51	71	75	78	81	95	72
D9248	Non-intravenous conscious sedation	184.05	122.72	0	83	183	295	300	324	350	355	43
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	96.93	45.73	47	72	97	130	137	138	150	175	54
D9410	House/extended care facility call	179.80	86.76	66	103	177	240	242	250	273	325	35
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	58.15	30.79	0	45	64	75	78	86	89	108	60
D9440	Office visit - after regularly scheduled hours	146.32	49.76	75	104	148	184	195	200	200	244	59

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D9610	Therapeutic parenteral drug, single administration	74.37	44.37	5	38	82	95	112	115	129	150	30
D9630	Other drugs and/or medicaments, by report	29.48	19.49	8	16	26	37	45	48	55	60	52
D9910	Application of desensitizing medicament	50.71	18.61	25	35	53	58	61	68	75	89	59
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	57.47	27.18	23	35	63	75	79	84	87	99	45
D9930	Treatment of complications (post-surgical) — unusual circumstances, by report	102.87	40.82	50	77	100	128	131	135	150	195	38
D9940	Occlusal guard, by report	526.93	188.34	290	378	531	658	701	747	760	855	80
D9941	Fabrication of athletic mouthguard	216.03	86.68	98	150	225	273	280	295	300	350	65
D9951	Occlusal adjustment - limited	138.88	75.02	40	86	135	175	197	203	225	300	69
D9952	Occlusal adjustment - complete	523.79	256.19	150	300	552	689	758	762	853	947	62
D9972	External bleaching - per arch - performed in office	292.68	145.64	125	170	275	375	419	500	550	561	59
D9974	Internal bleaching - per tooth	257.42	84.73	165	202	250	293	308	319	348	415	48
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	230.43	113.54	100	150	200	300	315	350	375	489	58

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	48.36	13.48	35	40	48	55	57	60	64	72	69
D0140	Limited oral evaluation - problem focused	68.64	15.40	49	59	69	80	84	86	88	94	69
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	55.09	19.02	33	39	52	68	76	80	82	86	45
D0150	Comprehensive oral evaluation — new or established patient	75.44	22.28	49	64	77	86	90	94	103	111	68
D0160	Detailed and extensive oral evaluation — problem focused, by report	113.79	52.42	50	75	118	145	150	165	183	196	47
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	54.33	30.94	0	33	58	73	77	88	96	102	46
D0180	Comprehensive periodontal evaluation — new or established patient	89.78	20.42	62	75	90	100	106	112	118	126	50
D0210	Intraoral - complete series of radiographic images	126.94	18.43	100	115	126	135	140	147	151	160	66
D0220	Intraoral - periapical first radiographic image	27.19	5.17	20	25	27	30	30	32	35	36	69
D0230	Intraoral - periapical each additional radiographic image	22.12	5.65	17	20	22	25	26	27	28	30	69
D0272	Bitewings - two radiographic images	42.68	8.00	33	36	43	48	49	52	55	59	66
D0273	Bitewings - three radiographic images	51.02	8.96	40	43	51	57	58	62	63	68	46
D0274	Bitewings - four radiographic images	60.82	9.97	48	54	60	68	70	71	74	77	65
D0277	Vertical bitewings - 7 to 8 radiographic images	91.08	21.05	66	76	92	101	104	111	113	120	40
D0330	Panoramic radiographic image	104.58	17.08	85	92	106	111	119	124	133	138	60
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	47.23	34.26	0	20	55	72	74	75	83	88	35
D0470	Diagnostic casts	99.38	30.29	63	81	96	120	125	130	138	150	53
D1110	Prophylaxis - adult	88.87	14.37	70	81	89	95	98	101	106	119	68

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1120	Prophylaxis - child	65.26	11.80	51	58	66	71	72	75	81	86	68
D1206	Topical application of fluoride varnish	37.94	10.70	25	30	38	44	46	48	54	58	62
D1208	Topical application of fluoride – excluding varnish	33.69	7.65	25	28	33	37	38	40	44	50	52
D1320	Tobacco counseling for the control and prevention of oral disease	36.68	33.86	0	0	32	62	73	74	83	101	37
D1330	Oral hygiene instructions	30.41	24.46	0	0	35	49	54	57	61	69	49
D1351	Sealant - per tooth	49.96	10.51	36	43	50	58	59	61	65	70	67
D1510	Space maintainer - fixed -unilateral	293.19	56.97	220	249	294	324	334	334	355	400	54
D1515	Space maintainer - fixed -bilateral	404.06	96.57	285	340	394	459	471	482	513	589	54
D2140	Amalgam - one surface, primary or permanent	134.68	28.14	100	113	132	150	155	170	177	183	53
D2150	Amalgam - two surfaces, primary or permanent	166.81	33.98	125	143	160	183	193	201	216	240	53
D2160	Amalgam - three surfaces, primary or permanent	199.11	43.72	140	170	194	216	240	252	266	275	53
D2161	Amalgam - four or more surfaces, primary or permanent	237.69	53.78	170	201	229	277	285	311	324	332	52
D2330	Resin-based composite - one surface, anterior	157.99	32.15	115	138	156	175	180	185	200	213	67
D2331	Resin-based composite - two surfaces, anterior	191.62	37.49	140	169	188	221	227	230	242	254	68
D2332	Resin-based composite - three surfaces, anterior	231.97	47.49	170	202	231	263	275	279	288	307	68
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	282.58	63.98	195	236	281	325	337	343	366	390	67
D2390	Resin-based composite crown, anterior	401.69	124.42	243	312	361	489	522	554	600	621	36
D2391	Resin-based composite - one surface, posterior	168.30	31.73	127	142	168	188	195	202	213	226	66
D2392	Resin-based composite - two surfaces, posterior	215.67	41.14	164	184	216	250	252	260	263	292	66

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D2393	Resin-based composite - three surfaces, posterior	264.77	52.76	197	225	267	304	311	322	331	358	66
D2394	Resin-based composite - four or more surfaces, posterior	310.20	70.31	210	265	313	350	355	382	429	436	65
D2520	Inlay - metallic - two surfaces	830.83	216.78	593	650	820	937	1,050	1,092	1,120	1,201	41
D2543	Onlay - metallic - three surfaces	985.83	205.73	714	838	974	1,149	1,188	1,222	1,303	1,322	40
D2620	Inlay - porcelain/ceramic - two surfaces	945.65	210.25	620	827	937	1,051	1,081	1,167	1,246	1,350	43
D2642	Onlay - porcelain/ceramic - two surfaces	1,012.50	194.23	747	896	975	1,147	1,184	1,280	1,328	1,355	40
D2643	Onlay - porcelain/ceramic -three surfaces	1,034.44	196.12	795	925	1,021	1,145	1,167	1,300	1,350	1,394	41
D2644	Onlay - porcelain/ceramic - four or more surfaces	1,074.61	198.84	785	960	1,046	1,223	1,290	1,350	1,359	1,400	44
D2710	Crown - resin-based composite (indirect)	720.87	285.49	347	476	734	871	928	1,061	1,103	1,195	31
D2740	Crown - porcelain/ceramic substrate	1,097.38	179.23	850	990	1,075	1,206	1,245	1,350	1,350	1,400	66
D2750	Crown - porcelain fused to high noble metal	1,074.77	186.36	825	950	1,061	1,166	1,244	1,339	1,350	1,376	65
D2751	Crown - porcelain fused to predominantly base metal	968.89	169.73	780	850	942	1,050	1,100	1,215	1,238	1,295	46
D2752	Crown - porcelain fused to noble metal	1,028.22	192.34	800	875	1,004	1,100	1,236	1,292	1,356	1,376	49
D2780	Crown - ¾ cast high noble metal	1,111.78	190.15	850	993	1,103	1,249	1,290	1,350	1,365	1,429	36
D2783	Crown - ¾ porcelain/ceramic	1,092.42	192.43	825	945	1,057	1,261	1,290	1,350	1,359	1,429	36
D2790	Crown - full cast high noble metal	1,120.61	189.60	875	990	1,087	1,220	1,290	1,339	1,376	1,477	61
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	325.96	138.55	140	230	330	435	443	465	500	528	47
D2920	Re-cement or re-bond crown	99.11	21.82	75	83	99	111	119	127	130	140	63
D2930	Prefabricated stainless steel crown - primary tooth	249.05	50.50	180	212	247	291	295	301	319	352	55
D2931	Prefabricated stainless steel crown - permanent tooth	296.09	64.89	218	260	294	324	350	366	371	405	53

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D2940	Protective restoration	109.95	31.62	72	85	109	133	136	147	149	155	57
D2950	Core buildup, including any pins when required	247.34	53.26	185	200	249	287	295	310	325	343	64
D2952	Post and core in addition to crown, indirectly fabricated	389.94	94.64	280	326	382	443	457	473	511	556	52
D2954	Prefabricated post and core in addition to crown	304.84	62.24	230	263	295	345	358	373	391	410	62
D2961	Labial veneer (resin laminate) - laboratory	874.06	210.28	625	722	894	993	1,042	1,086	1,195	1,220	32
D2962	Labial veneer (porcelain laminate) - laboratory	1,105.05	214.73	853	978	1,060	1,220	1,253	1,376	1,394	1,450	61
D2980	Crown repair necessitated by restorative material failure	245.32	75.35	138	188	248	286	300	333	350	378	44
D3110	Pulp cap - direct (excluding final restoration)	72.46	22.63	50	58	69	84	85	89	101	110	56
D3120	Pulp cap - indirect (excluding final restoration)	70.93	25.32	44	50	67	81	86	94	100	125	55
D3220	Therapeutic pulpotomy (excluding final restoration)...	178.68	46.06	119	150	180	201	214	233	240	253	65
D3221	Pulpal debridement, primary and permanent teeth	191.73	62.99	125	155	186	243	250	256	275	290	51
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	224.73	72.34	118	181	220	274	280	319	328	354	33
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	240.97	87.11	125	164	250	292	304	332	387	397	33
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	719.80	130.07	555	634	701	791	806	876	915	949	60
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	828.61	142.39	650	731	806	919	944	979	1,000	1,100	59

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D3330	Endodontic therapy, molar (excluding final restoration)	999.52	165.08	798	891	978	1,095	1,141	1,149	1,197	1,298	60
D3346	Retreatment of previous root canal therapy — anterior	821.11	191.28	590	693	816	939	982	996	1,025	1,079	44
D3347	Retreatment of previous root canal therapy — bicuspid	926.63	168.96	682	823	927	1,041	1,070	1,108	1,184	1,200	43
D3348	Retreatment of previous root canal therapy — molar	1,096.98	198.53	840	933	1,095	1,229	1,275	1,325	1,339	1,452	40
D3351	Apexification/recalcification - initial visit...	344.32	107.24	221	280	334	384	392	436	450	564	31
D3352	Apexification/recalcification - interim medication replacement	211.40	77.92	99	152	217	259	265	300	326	351	30
D3410	Apicoectomy/periradicular surgery - anterior	693.57	135.89	512	595	718	789	796	844	850	915	35
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	503.61	151.89	300	399	490	590	637	648	703	792	49
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	244.70	84.16	146	180	243	300	303	323	358	398	50
D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	588.03	205.52	300	425	585	770	810	824	849	923	39
D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	470.00	196.73	206	304	469	608	626	686	704	810	33
D4249	Clinical crown lengthening — hard tissue	673.36	200.83	466	539	675	808	822	850	860	1,027	44
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	972.81	278.20	612	767	961	1,200	1,209	1,279	1,353	1,451	31
D4321	Provisional splinting - extracoronal	368.87	112.35	245	297	370	440	475	491	529	559	46

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D4341	Periodontal scaling and root planing - four or more teeth per quadrant	247.17	46.46	184	222	241	271	282	290	299	319	66
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	168.08	37.31	118	143	167	201	210	211	215	223	64
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	168.69	40.18	122	140	166	194	209	210	225	248	64
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	86.76	54.32	41	46	67	113	135	159	173	207	51
D4910	Periodontal maintenance	133.48	23.30	109	120	130	145	150	150	156	162	63
D5110	Complete denture - maxillary	1,611.52	370.41	1,140	1,360	1,592	1,795	1,900	2,025	2,136	2,248	67
D5120	Complete denture - mandibular	1,607.90	371.28	1,140	1,360	1,567	1,795	1,900	2,025	2,136	2,248	67
D5130	Immediate denture - maxillary	1,715.58	394.66	1,184	1,400	1,700	1,930	2,050	2,147	2,300	2,458	65
D5140	Immediate denture - mandibular	1,710.22	397.40	1,194	1,392	1,698	1,930	2,050	2,147	2,300	2,472	65
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1,152.59	341.80	795	900	1,118	1,317	1,393	1,450	1,555	1,719	59
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1,146.85	342.70	773	882	1,101	1,325	1,397	1,490	1,548	1,658	60
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,651.73	364.85	1,200	1,370	1,625	1,895	1,995	2,059	2,200	2,279	67
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,648.97	361.13	1,200	1,370	1,625	1,888	1,995	2,059	2,200	2,279	67
D5225	Maxillary partial denture — flexible base (including any clasps, rests, and teeth)	1,429.54	292.39	950	1,271	1,464	1,650	1,688	1,760	1,850	1,900	35

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D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,411.17	302.24	950	1,200	1,444	1,650	1,688	1,760	1,850	1,900	35
D5510	Repair broken complete denture base	221.42	77.24	140	171	195	271	277	297	355	383	57
D5520	Replace missing or broken teeth — complete denture (each tooth)	169.77	53.84	106	140	163	188	197	221	243	292	60
D5610	Repair resin denture base	195.69	68.71	109	149	185	240	258	275	296	350	59
D5640	Replace broken teeth - per tooth	173.70	52.32	118	140	165	198	208	223	246	276	60
D5650	Add tooth to existing partial denture	206.77	52.03	150	171	199	230	253	258	270	292	62
D5660	Add clasp to existing partial denture – per tooth	247.83	65.07	168	211	241	277	295	314	345	377	60
D5710	Rebase complete maxillary denture	557.88	141.04	413	483	541	614	650	685	767	884	52
D5711	Rebase complete mandibular denture	556.46	141.58	407	474	541	603	650	670	767	884	52
D5720	Rebase maxillary partial denture	522.24	132.75	390	440	498	560	594	629	654	767	45
D5721	Rebase mandibular partial denture	525.80	134.09	386	440	506	585	598	640	699	767	46
D5730	Reline complete maxillary denture (chairside)	311.48	90.12	190	233	315	382	385	405	435	458	56
D5731	Reline complete mandibular denture (chairside)	312.17	91.11	190	240	320	380	389	405	446	481	54
D5750	Reline complete maxillary denture (laboratory)	428.06	111.56	291	364	430	479	490	512	546	630	63
D5751	Reline complete mandibular denture (laboratory)	428.27	110.30	292	365	425	477	490	512	547	630	63
D5986	Fluoride gel carrier	171.73	68.39	75	129	180	212	237	256	257	300	37
D6010	Surgical placement of implant body: endosteal implant	1,808.66	329.45	1,499	1,561	1,800	1,950	2,060	2,182	2,234	2,250	41
D6055	Connecting bar - implant supported or abutment supported	2,280.28	1,349.56	531	1,061	2,236	3,181	3,471	3,676	3,974	5,235	39
D6056	Prefabricated abutment — includes modification and placement	627.48	194.68	421	500	600	726	751	837	889	990	52
D6057	Custom fabricated abutment - includes placement	813.62	222.66	548	674	798	900	992	1,029	1,090	1,220	53

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D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,281.73	317.36	900	1,052	1,240	1,400	1,425	1,549	1,765	1,860	56
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,324.02	299.83	900	1,100	1,327	1,452	1,545	1,627	1,800	1,854	41
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,389.97	337.69	975	1,159	1,375	1,600	1,647	1,785	1,900	2,057	39
D6080	Implant maintenance procedures when prostheses are removed and reinserted...	196.33	134.99	28	87	191	294	303	334	384	491	36
D6210	Pontic - cast high noble metal	1,066.09	203.48	845	900	1,028	1,199	1,264	1,303	1,359	1,423	57
D6240	Pontic - porcelain fused to high noble metal	1,066.60	189.44	845	936	1,035	1,218	1,266	1,331	1,350	1,400	62
D6241	Pontic - porcelain fused to predominantly base metal	958.25	187.83	750	818	913	1,078	1,155	1,188	1,256	1,339	40
D6245	Pontic - porcelain/ceramic	1,075.84	190.32	800	950	1,056	1,210	1,238	1,339	1,350	1,400	57
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	514.80	329.15	165	275	445	737	855	911	956	1,027	30
D6545	Retainer - cast metal for resin bonded fixed prosthesis	691.70	322.78	350	417	675	908	1,000	1,031	1,097	1,242	43
D6750	Retainer crown - porcelain fused to high noble metal	1,086.06	174.16	850	983	1,073	1,144	1,223	1,339	1,359	1,429	54
D6751	Retainer crown - porcelain fused to predominantly base metal	981.21	179.02	760	850	935	1,100	1,181	1,200	1,290	1,333	39
D6790	Retainer crown - full cast high noble metal	1,085.55	198.39	800	952	1,056	1,277	1,305	1,350	1,376	1,412	55
D6930	Re-cement or re-bond fixed partial denture	147.14	41.06	90	123	150	170	175	185	198	215	56
D7111	Extraction, coronal remnants -deciduous tooth	111.71	29.78	77	90	107	129	131	142	146	158	63

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D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	157.30	34.25	115	130	158	175	179	185	202	225	67
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	252.94	52.94	180	220	250	285	290	297	303	335	67
D7220	Removal of impacted tooth - soft tissue	284.25	49.58	220	243	280	319	326	340	350	358	59
D7230	Removal of impacted tooth -partially bony	353.70	61.74	266	307	354	400	406	411	426	448	54
D7240	Removal of impacted tooth -completely bony	423.29	86.66	303	370	421	472	486	497	515	518	48
D7250	Surgical removal of residual tooth roots (cutting procedure)	276.09	69.59	195	230	270	325	335	345	380	421	54
D7286	Incisional biopsy of oral tissue - soft	276.73	81.28	180	220	279	325	347	377	390	410	45
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	275.46	80.77	175	227	277	300	338	350	387	416	48
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	399.98	124.78	265	314	400	452	475	500	534	600	44
D7410	Excision of benign lesion up to 1.25 cm	306.11	119.96	175	229	290	381	398	469	505	544	38
D7960	Frenulectomy — also known as frenectomy or frenotomy - separate procedure not incidental to another	358.57	92.18	243	281	363	425	446	459	474	500	44
D7970	Excision of hyperplastic tissue - per arch	344.67	149.93	95	209	389	462	474	480	506	521	30
D9110	Palliative (emergency) treatment of dental pain - minor procedure	122.84	37.11	77	96	122	144	149	157	180	196	64
D9120	Fixed partial denture sectioning	137.94	84.43	50	75	117	210	220	239	273	296	31
D9210	Local anesthesia not in conjunction with operative or surgical procedures	57.42	28.42	33	38	51	67	75	81	92	101	31

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D9215	Local anesthesia in conjunction with operative or surgical procedures	36.31	29.98	0	0	43	59	61	65	77	84	36
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	61.49	27.69	31	45	60	74	75	82	92	115	55
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	97.35	52.61	0	64	98	121	125	154	179	190	49
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	63.49	33.37	30	45	60	75	77	92	95	106	45
D9440	Office visit - after regularly scheduled hours	144.65	53.63	75	109	130	169	192	200	218	250	54
D9630	Other drugs and/or medicaments, by report	28.97	20.36	5	15	25	40	43	45	52	73	36
D9910	Application of desensitizing medicament	47.04	18.21	26	30	45	60	60	69	70	78	51
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	53.84	29.96	13	36	50	72	74	80	101	104	37
D9930	Treatment of complications (post-surgical) — unusual circumstances, by report	97.55	54.22	35	48	97	126	134	140	142	180	33
D9940	Occlusal guard, by report	498.26	160.25	300	375	506	579	635	683	718	760	65
D9941	Fabrication of athletic mouthguard	195.84	113.52	62	120	189	249	250	304	337	378	50
D9951	Occlusal adjustment - limited	130.24	74.46	35	77	105	175	190	206	250	275	49
D9952	Occlusal adjustment - complete	535.15	265.36	180	338	570	707	716	722	809	853	41
D9972	External bleaching - per arch - performed in office	277.22	124.64	150	200	265	338	356	375	405	465	45
D9974	Internal bleaching - per tooth	226.49	62.97	148	180	225	269	280	287	300	326	41
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	216.56	112.41	85	128	187	270	300	350	405	454	36

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D0120	Periodic oral evaluation — established patient	59.24	15.02	40	50	60	70	70	75	78	80	182
D0140	Limited oral evaluation - problem focused	74.75	20.13	47	64	76	89	93	95	99	103	177
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	64.10	20.79	42	50	60	75	80	85	86	100	134
D0150	Comprehensive oral evaluation — new or established patient	87.29	23.39	56	73	90	103	108	110	115	121	181
D0160	Detailed and extensive oral evaluation — problem focused, by report	116.31	55.18	53	75	104	151	169	181	197	219	136
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	69.34	24.53	42	54	74	84	88	91	95	105	129
D0171	Re-evaluation – post-operative office visit	26.15	35.54	0	0	0	58	70	75	80	84	67
D0180	Comprehensive periodontal evaluation — new or established patient	98.59	33.00	58	75	95	120	124	130	150	165	138
D0190	Screening of a patient	60.59	36.96	25	35	45	85	95	98	108	120	49
D0191	Assessment of a patient	54.15	27.05	28	36	44	73	81	90	100	102	48
D0210	Intraoral - complete series of radiographic images	140.87	24.79	112	126	140	155	160	164	167	185	171
D0220	Intraoral - periapical first radiographic image	33.15	8.50	23	29	33	39	40	42	45	48	176
D0230	Intraoral - periapical each additional radiographic image	23.30	7.71	12	18	25	28	30	30	33	35	178
D0251	Extra-oral posterior dental radiographic image	37.74	34.08	0	0	43	60	75	75	78	100	34
D0272	Bitewings - two radiographic images	50.82	9.46	38	45	50	55	58	60	65	65	169
D0273	Bitewings - three radiographic images	60.10	11.53	45	52	61	67	69	70	75	80	133
D0274	Bitewings - four radiographic images	71.03	12.54	55	63	72	80	80	81	86	91	174

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D0277	Vertical bitewings - 7 to 8 radiographic images	113.91	25.61	80	98	114	132	135	143	149	154	101
D0330	Panoramic radiographic image	123.28	21.48	97	109	122	138	140	144	150	160	120
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	59.46	33.14	0	35	63	82	90	99	103	108	68
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities...	75.61	29.44	40	60	73	87	94	101	110	150	33
D0470	Diagnostic casts	113.85	37.01	68	86	108	142	145	150	160	171	124
D1110	Prophylaxis - adult	106.05	17.31	87	95	105	115	119	121	127	139	186
D1120	Prophylaxis - child	80.57	13.84	64	73	80	88	91	95	98	100	181
D1206	Topical application of fluoride varnish	44.13	11.46	29	35	45	51	53	55	59	65	156
D1208	Topical application of fluoride – excluding varnish	41.17	11.98	25	32	41	48	50	51	55	65	147
D1320	Tobacco counseling for the control and prevention of oral disease	35.59	37.37	0	0	30	59	70	92	97	105	66
D1330	Oral hygiene instructions	32.11	30.52	0	0	32	59	62	65	71	85	96
D1351	Sealant - per tooth	59.35	13.67	41	50	59	68	70	74	77	85	172
D1352	Preventive resin restoration in a moderate to high caries risk patient — permanent tooth	96.97	46.92	41	58	89	135	140	150	160	200	76
D1510	Space maintainer - fixed -unilateral	318.33	67.91	230	265	320	368	380	390	402	416	135
D1515	Space maintainer - fixed -bilateral	414.91	98.09	275	335	418	485	502	519	532	550	129
D2140	Amalgam - one surface, primary or permanent	148.86	33.15	105	124	150	168	176	180	194	207	145
D2150	Amalgam - two surfaces, primary or permanent	182.47	42.49	130	154	179	210	220	226	239	250	145
D2160	Amalgam - three surfaces, primary or permanent	215.60	51.46	148	179	217	250	257	273	281	298	145
D2161	Amalgam - four or more surfaces, primary or permanent	248.18	60.02	175	207	250	285	295	304	324	350	144
D2330	Resin-based composite - one surface, anterior	179.99	37.80	130	151	179	201	208	215	232	250	177

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D2331	Resin-based composite - two surfaces, anterior	215.77	44.02	160	188	210	249	253	260	271	295	177
D2332	Resin-based composite - three surfaces, anterior	254.35	53.07	184	220	253	294	300	310	317	334	175
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	306.31	67.35	220	263	300	350	355	375	390	416	176
D2390	Resin-based composite crown, anterior	414.55	133.21	242	313	400	500	503	542	575	600	99
D2391	Resin-based composite - one surface, posterior	195.79	38.55	148	175	195	224	228	235	248	260	169
D2392	Resin-based composite - two surfaces, posterior	252.29	49.08	187	220	248	286	295	299	310	342	170
D2393	Resin-based composite - three surfaces, posterior	306.27	66.32	225	265	300	352	361	377	395	417	172
D2394	Resin-based composite - four or more surfaces, posterior	345.65	74.04	250	295	347	402	411	425	440	475	167
D2520	Inlay - metallic - two surfaces	858.69	208.97	585	710	858	967	995	1,100	1,150	1,230	106
D2543	Onlay - metallic - three surfaces	1,006.65	199.24	770	891	987	1,120	1,166	1,200	1,261	1,337	110
D2620	Inlay - porcelain/ceramic - two surfaces	974.42	210.97	745	835	939	1,127	1,163	1,185	1,240	1,416	100
D2642	Onlay - porcelain/ceramic - two surfaces	1,039.28	217.22	783	886	1,018	1,203	1,237	1,250	1,325	1,428	100
D2643	Onlay - porcelain/ceramic -three surfaces	1,082.86	217.08	816	917	1,074	1,224	1,249	1,300	1,350	1,436	111
D2644	Onlay - porcelain/ceramic - four or more surfaces	1,134.57	219.11	882	984	1,149	1,247	1,300	1,350	1,395	1,575	112
D2651	Inlay - resin-based composite -two surfaces	844.40	209.32	575	717	847	978	1,000	1,069	1,102	1,184	78
D2662	Onlay - resin-based composite - two surfaces	890.88	241.33	625	731	835	1,035	1,054	1,156	1,190	1,298	77
D2663	Onlay - resin-based composite - three surfaces	942.92	243.55	664	789	895	1,147	1,165	1,195	1,252	1,300	78

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D2664	Onlay - resin-based composite - four or more surfaces	1,005.25	236.96	720	845	980	1,184	1,200	1,258	1,282	1,408	79
D2710	Crown - resin-based composite (indirect)	810.34	328.87	399	500	819	1,012	1,076	1,133	1,249	1,385	86
D2740	Crown - porcelain/ceramic substrate	1,193.34	194.41	977	1,050	1,188	1,315	1,365	1,395	1,431	1,575	158
D2750	Crown - porcelain fused to high noble metal	1,167.27	191.23	946	1,032	1,150	1,300	1,325	1,369	1,409	1,474	164
D2751	Crown - porcelain fused to predominantly base metal	1,063.75	191.29	830	925	1,018	1,200	1,246	1,297	1,323	1,390	117
D2752	Crown - porcelain fused to noble metal	1,106.65	186.32	891	975	1,072	1,241	1,290	1,323	1,360	1,390	124
D2780	Crown - ¾ cast high noble metal	1,137.04	196.36	909	995	1,115	1,253	1,320	1,343	1,395	1,496	114
D2783	Crown - ¾ porcelain/ceramic	1,166.30	211.85	890	1,000	1,166	1,332	1,349	1,395	1,431	1,500	87
D2790	Crown - full cast high noble metal	1,174.30	202.64	930	1,026	1,150	1,326	1,350	1,395	1,421	1,500	151
D2794	Crown - titanium	1,139.75	261.08	841	900	1,120	1,309	1,369	1,400	1,453	1,585	64
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	355.64	149.18	158	263	375	450	487	500	533	561	103
D2920	Re-cement or re-bond crown	114.32	30.00	77	95	107	138	140	146	150	169	169
D2929	Prefabricated porcelain/ceramic crown – primary tooth	329.21	120.81	180	271	300	400	412	425	441	650	39
D2930	Prefabricated stainless steel crown - primary tooth	263.62	59.13	184	225	266	300	310	325	331	358	125
D2931	Prefabricated stainless steel crown - permanent tooth	316.00	68.71	231	264	316	363	377	400	402	438	115
D2940	Protective restoration	121.10	35.91	74	95	122	145	150	155	165	186	109
D2950	Core buildup, including any pins when required	271.59	59.39	200	226	262	307	321	336	350	363	162
D2952	Post and core in addition to crown, indirectly fabricated	399.23	102.16	262	325	403	472	493	500	533	575	146
D2954	Prefabricated post and core in addition to crown	324.63	70.73	227	274	325	375	385	400	417	440	153

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D2961	Labial veneer (resin laminate) - laboratory	936.31	309.34	525	705	925	1,150	1,191	1,220	1,300	1,452	96
D2962	Labial veneer (porcelain laminate) - laboratory	1,170.41	243.80	844	1,000	1,140	1,341	1,392	1,426	1,500	1,575	155
D2980	Crown repair necessitated by restorative material failure	261.23	117.46	125	174	250	350	362	378	387	505	79
D2983	Veneer repair necessitated by restorative material failure	255.97	106.92	135	175	250	354	354	365	378	386	31
D3110	Pulp cap - direct (excluding final restoration)	88.40	27.62	55	70	86	100	106	109	125	145	129
D3120	Pulp cap - indirect (excluding final restoration)	85.50	29.08	50	65	83	101	107	115	120	145	117
D3220	Therapeutic pulpotomy (excluding final restoration)...	185.32	57.57	120	142	183	225	236	240	253	275	155
D3221	Pulpal debridement, primary and permanent teeth	193.00	78.04	103	138	180	253	256	276	299	350	136
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	211.70	103.25	97	125	200	288	340	350	352	367	64
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	219.58	81.19	120	145	212	269	300	305	339	358	90
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	238.09	103.09	115	142	226	300	347	363	383	410	95
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	754.08	148.09	568	634	735	850	888	905	938	1,007	157
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	880.42	154.50	690	763	851	998	1,004	1,050	1,080	1,150	158
D3330	Endodontic therapy, molar (excluding final restoration)	1,082.70	185.42	842	935	1,075	1,200	1,248	1,276	1,300	1,395	155
D3331	Treatment of root canal obstruction; non-surgical access	412.32	221.96	129	220	380	590	629	683	736	779	47

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	370.00	194.08	0	250	446	545	549	554	571	598	58
D3346	Retreatment of previous root canal therapy — anterior	867.17	180.29	600	726	869	995	1,050	1,071	1,100	1,146	103
D3347	Retreatment of previous root canal therapy — bicuspid	991.94	205.35	722	850	991	1,150	1,190	1,208	1,253	1,295	101
D3348	Retreatment of previous root canal therapy — molar	1,178.81	243.73	841	1,000	1,193	1,368	1,400	1,444	1,479	1,550	102
D3351	Apexification/recalcification - initial visit...	334.97	123.99	153	250	339	432	442	451	490	520	61
D3352	Apexification/recalcification - interim medication replacement	240.48	104.51	112	150	231	325	328	345	363	414	62
D3353	Apexification/recalcification — final visit...	507.73	217.19	220	323	500	650	689	736	760	892	55
D3410	Apicoectomy/periradicular surgery - anterior	683.26	228.70	368	500	669	856	930	950	984	1,088	69
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	781.43	233.58	450	625	752	964	1,002	1,042	1,085	1,188	58
D3425	Apicoectomy/periradicular surgery - molar (first root)	854.04	267.66	500	625	848	1,060	1,092	1,136	1,191	1,271	57
D3426	Apicoectomy (each additional root)	372.19	171.21	165	275	338	481	500	518	600	797	37
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	596.31	196.79	300	430	609	750	775	794	806	894	106
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	319.40	112.62	170	243	335	400	416	430	450	481	122
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	269.69	110.50	125	190	245	350	367	386	420	473	62

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D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	725.36	286.34	325	506	735	915	932	997	1,079	1,167	86
D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	538.23	238.28	245	341	500	725	767	800	835	948	86
D4249	Clinical crown lengthening — hard tissue	719.86	262.34	395	525	701	961	978	1,010	1,045	1,111	91
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1,056.36	366.74	500	798	1,070	1,292	1,347	1,450	1,506	1,580	69
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	798.94	340.40	393	476	810	1,082	1,156	1,174	1,220	1,250	64
D4263	Bone replacement graft - first site in quadrant	567.55	228.69	285	396	557	725	774	800	860	892	78
D4264	Bone replacement graft — each additional site in quadrant	444.67	157.91	250	300	450	582	600	611	660	700	63
D4266	Guided tissue regeneration — resorbable barrier, per site	611.36	269.79	290	374	600	808	870	902	964	1,100	55
D4267	Guided tissue regeneration — non-resorbable barrier, per site (includes membrane removal)	753.82	340.30	293	525	761	1,030	1,084	1,172	1,202	1,215	50
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	1,029.68	326.47	600	750	1,000	1,258	1,330	1,361	1,472	1,573	41
D4321	Provisional splinting - extracoronal	382.52	161.34	175	251	398	495	506	552	602	641	82
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	265.82	56.52	195	225	261	297	305	320	350	375	167

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D4342	Periodontal scaling and root planing - one to three teeth per quadrant	187.47	50.66	125	150	184	225	231	238	245	275	165
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	161.52	50.64	95	114	163	200	205	210	225	244	154
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	79.36	46.49	35	45	69	95	105	125	140	193	117
D4910	Periodontal maintenance	157.54	34.14	111	135	156	180	185	195	201	210	170
D5110	Complete denture - maxillary	1,685.89	379.04	1,254	1,400	1,600	1,936	1,995	2,050	2,168	2,458	170
D5120	Complete denture - mandibular	1,693.07	379.15	1,250	1,409	1,600	1,944	1,995	2,088	2,214	2,458	168
D5130	Immediate denture - maxillary	1,762.50	387.79	1,278	1,472	1,713	1,990	2,022	2,161	2,278	2,456	161
D5140	Immediate denture - mandibular	1,763.38	393.00	1,278	1,456	1,700	1,990	2,025	2,161	2,301	2,490	161
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1,333.81	419.81	791	1,038	1,339	1,649	1,684	1,802	1,896	2,013	140
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1,339.70	403.17	800	1,071	1,343	1,629	1,685	1,800	1,891	2,000	138
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,777.91	374.69	1,300	1,518	1,714	2,000	2,100	2,160	2,255	2,500	169
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,784.20	374.46	1,300	1,516	1,745	2,002	2,107	2,160	2,255	2,500	168
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1,337.91	498.91	900	1,000	1,200	1,750	1,803	1,874	1,900	2,400	33
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1,303.50	510.69	600	999	1,200	1,750	1,803	1,838	1,900	2,400	34

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,625.90	397.43	1,200	1,300	1,578	1,838	1,874	1,945	2,000	2,500	31
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1,636.81	395.81	1,200	1,304	1,602	1,856	1,900	1,975	2,000	2,500	32
D5225	Maxillary partial denture — flexible base (including any clasps, rests, and teeth)	1,463.93	427.50	948	1,100	1,414	1,786	1,832	1,907	2,027	2,300	110
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,465.43	430.57	925	1,100	1,429	1,800	1,838	1,892	2,050	2,300	114
D5510	Repair broken complete denture base	229.03	65.53	150	180	230	270	280	290	310	350	146
D5520	Replace missing or broken teeth — complete denture (each tooth)	187.07	51.99	125	150	190	225	233	242	250	275	153
D5610	Repair resin denture base	213.23	59.16	148	171	212	249	259	266	286	323	149
D5640	Replace broken teeth - per tooth	190.43	52.60	120	155	190	225	233	248	266	285	156
D5650	Add tooth to existing partial denture	225.97	65.62	150	175	224	273	280	289	303	345	154
D5660	Add clasp to existing partial denture – per tooth	270.00	75.51	175	200	277	322	333	345	361	397	149
D5710	Rebase complete maxillary denture	571.44	141.76	381	500	586	662	685	707	725	772	133
D5711	Rebase complete mandibular denture	568.30	138.40	381	495	585	658	679	700	725	765	128
D5720	Rebase maxillary partial denture	543.78	134.57	356	451	554	620	649	685	708	739	125
D5721	Rebase mandibular partial denture	545.83	131.14	383	465	550	619	646	685	700	739	125
D5730	Reline complete maxillary denture (chairside)	337.02	111.88	200	260	349	406	419	450	464	488	143
D5731	Reline complete mandibular denture (chairside)	335.99	110.97	200	260	348	406	425	450	462	488	142
D5750	Reline complete maxillary denture (laboratory)	465.97	102.84	341	396	478	521	530	564	578	603	161

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D5751	Reline complete mandibular denture (laboratory)	469.70	107.63	341	400	478	523	535	571	587	663	161
D5986	Fluoride gel carrier	177.29	82.10	84	115	155	238	250	260	288	297	63
D6010	Surgical placement of implant body: endosteal implant	2,071.35	378.67	1,500	1,849	2,115	2,364	2,400	2,435	2,500	2,649	77
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1,588.67	701.87	515	962	1,695	2,106	2,253	2,500	2,500	2,500	30
D6055	Connecting bar - implant supported or abutment supported	1,988.31	1,160.67	560	995	1,950	3,026	3,128	3,344	3,750	4,000	81
D6056	Prefabricated abutment — includes modification and placement	699.02	190.05	459	560	667	820	850	900	932	1,001	113
D6057	Custom fabricated abutment - includes placement	859.49	217.63	600	740	804	1,000	1,037	1,110	1,179	1,253	127
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,496.64	321.37	1,061	1,258	1,500	1,700	1,738	1,800	1,891	2,050	135
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,575.37	362.64	1,122	1,320	1,519	1,784	1,824	1,936	2,015	2,340	125
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,484.98	350.09	1,026	1,213	1,460	1,687	1,740	1,802	1,891	2,163	100
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,544.94	383.98	1,037	1,290	1,500	1,700	1,784	1,855	2,140	2,400	78
D6080	Implant maintenance procedures when prostheses are removed and reinserted...	197.49	126.60	0	114	170	300	324	367	383	426	77
D6205	Pontic - indirect resin based composite	947.47	231.21	600	755	915	1,151	1,160	1,195	1,272	1,341	38
D6210	Pontic - cast high noble metal	1,109.97	194.38	895	956	1,096	1,210	1,258	1,320	1,370	1,500	154
D6240	Pontic - porcelain fused to high noble metal	1,132.03	194.67	900	990	1,100	1,255	1,291	1,330	1,385	1,500	162

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D6241	Pontic - porcelain fused to predominantly base metal	1,025.38	191.09	800	884	991	1,132	1,200	1,207	1,298	1,385	116
D6245	Pontic - porcelain/ceramic	1,143.83	201.29	900	982	1,108	1,258	1,316	1,351	1,400	1,557	129
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	438.70	252.22	167	252	362	590	630	795	823	925	73
D6545	Retainer - cast metal for resin bonded fixed prosthesis	687.92	309.91	322	426	649	939	995	1,048	1,100	1,223	111
D6750	Retainer crown - porcelain fused to high noble metal	1,162.14	188.72	946	1,012	1,150	1,287	1,302	1,350	1,392	1,500	152
D6751	Retainer crown - porcelain fused to predominantly base metal	1,043.86	184.09	825	916	1,010	1,187	1,200	1,250	1,300	1,360	104
D6790	Retainer crown - full cast high noble metal	1,137.07	187.69	912	999	1,100	1,278	1,301	1,347	1,395	1,492	141
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	485.19	266.92	157	293	404	688	714	789	900	952	68
D6930	Re-cement or re-bond fixed partial denture	165.35	47.42	109	130	159	197	203	210	225	250	147
D7111	Extraction, coronal remnants -deciduous tooth	126.67	41.81	77	91	124	160	165	174	179	200	142
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	181.05	45.90	129	150	173	210	218	227	240	272	171
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	291.65	63.07	220	248	281	337	345	350	385	400	162
D7220	Removal of impacted tooth - soft tissue	333.53	71.30	230	282	334	375	383	400	421	480	139
D7230	Removal of impacted tooth -partially bony	412.10	82.27	300	355	420	463	476	485	501	564	127

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D7240	Removal of impacted tooth -completely bony	473.86	102.73	336	398	495	527	544	562	593	624	110
D7250	Surgical removal of residual tooth roots (cutting procedure)	320.17	82.03	210	266	314	375	386	394	420	475	121
D7286	Incisional biopsy of oral tissue - soft	318.78	113.20	175	245	300	401	425	436	475	506	77
D7288	Brush biopsy — transepithelial sample collection	189.62	58.47	100	145	200	235	237	256	260	268	39
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	304.88	96.82	185	245	300	370	382	393	436	500	83
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	395.54	161.17	200	278	388	500	531	550	583	655	81
D7410	Excision of benign lesion up to 1.25 cm	364.75	178.04	145	226	356	451	518	544	570	683	65
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	508.77	291.35	200	241	444	705	771	861	1,000	1,054	43
D7880	Occlusal orthotic device, by report	776.34	387.75	360	450	690	974	1,190	1,317	1,335	1,430	61
D7910	Suture of recent small wounds up to 5 cm	265.79	113.07	117	168	280	350	375	385	412	438	33
D7953	Bone replacement graft for ridge preservation — per site	487.36	179.69	300	350	450	575	613	726	794	850	55
D7960	Frenulectomy — also known as frenectomy or frenotomy - separate procedure not incidental to another	406.50	130.76	234	300	413	518	522	548	555	596	86
D7970	Excision of hyperplastic tissue - per arch	421.50	196.61	180	275	407	572	618	625	668	704	74
D8020	Limited orthodontic treatment of the transitional dentition	2,681.69	1,064.61	844	1,955	2,825	3,334	3,611	3,960	4,000	4,300	36
D8030	Limited orthodontic treatment of the adolescent dentition	2,988.68	1,098.68	1,200	2,344	3,034	3,857	4,000	4,200	4,300	4,500	44
D8040	Limited orthodontic treatment of the adult dentition	3,050.56	1,384.74	800	2,005	3,172	4,000	4,200	4,300	4,600	5,060	63

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D8050	Interceptive orthodontic treatment of the primary dentition	2,799.43	1,029.01	1,200	2,005	3,085	3,500	3,625	3,960	4,000	4,135	30
D8060	Interceptive orthodontic treatment of the transitional dentition	2,686.83	1,200.68	831	1,910	3,000	3,500	3,780	4,000	4,000	4,300	35
D8070	Comprehensive orthodontic treatment of the transitional dentition	5,395.90	938.04	4,000	4,990	5,346	6,000	6,000	6,100	6,159	7,341	31
D8080	Comprehensive orthodontic treatment of the adolescent dentition	5,354.16	697.88	4,274	4,999	5,500	5,900	5,998	6,000	6,088	6,354	50
D8090	Comprehensive orthodontic treatment of the adult dentition	5,600.57	777.61	4,500	5,000	5,525	6,000	6,200	6,399	6,600	6,800	68
D8660	Pre-orthodontic treatment examination to monitor growth and development	168.14	150.09	50	73	100	192	300	380	444	500	42
D8692	Replacement of lost or broken retainer	328.31	123.31	150	245	342	412	439	464	500	512	71
D9110	Palliative (emergency) treatment of dental pain - minor procedure	153.17	46.84	98	118	150	178	197	205	212	250	158
D9120	Fixed partial denture sectioning	183.51	81.86	79	115	185	249	250	262	294	319	95
D9210	Local anesthesia not in conjunction with operative or surgical procedures	65.53	29.58	31	40	65	83	93	100	101	125	45
D9215	Local anesthesia in conjunction with operative or surgical procedures	36.28	33.67	0	0	29	63	69	75	78	100	47
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	71.96	34.73	35	50	75	95	100	103	120	125	105
D9248	Non-intravenous conscious sedation	192.10	172.60	0	30	138	353	381	399	416	500	40
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	120.66	68.64	25	75	117	175	191	192	200	225	88
D9410	House/extended care facility call	188.82	78.01	92	121	187	264	274	288	292	304	38
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	78.62	33.63	47	60	80	99	100	105	110	135	111
D9440	Office visit - after regularly scheduled hours	171.71	59.07	97	129	175	215	223	230	245	250	129

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9450	Case presentation, detailed and extensive treatment planning	141.52	71.41	50	92	132	179	185	200	225	299	33
D9610	Therapeutic parenteral drug, single administration	62.43	46.84	0	25	66	100	105	111	134	137	35
D9630	Other drugs and/or medicaments, by report	31.89	25.03	10	15	25	45	50	57	65	100	54
D9910	Application of desensitizing medicament	56.09	21.93	27	40	50	75	75	80	84	90	108
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	61.17	31.47	20	36	65	89	91	96	100	100	89
D9930	Treatment of complications (post-surgical) — unusual circumstances, by report	116.31	47.18	53	75	120	150	153	165	174	200	72
D9940	Occlusal guard, by report	520.46	138.18	350	440	501	597	625	650	675	746	166
D9941	Fabrication of athletic mouthguard	270.97	130.53	110	175	257	347	369	400	490	500	115
D9951	Occlusal adjustment - limited	152.32	67.20	66	102	146	190	200	217	239	269	134
D9952	Occlusal adjustment - complete	560.21	272.76	190	351	553	760	795	815	856	930	121
D9972	External bleaching - per arch - performed in office	292.92	130.27	135	195	283	392	401	420	480	500	96
D9974	Internal bleaching - per tooth	266.23	95.26	120	195	294	335	346	350	365	395	115
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	268.23	110.59	148	154	280	350	368	380	386	475	92

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	61.16	22.84	44	50	56	75	75	80	82	125	38
D0140	Limited oral evaluation - problem focused	87.46	28.30	60	65	80	100	104	119	125	139	83
D0150	Comprehensive oral evaluation — new or established patient	107.95	41.49	70	80	98	120	130	140	150	189	61
D0160	Detailed and extensive oral evaluation — problem focused, by report	149.52	54.50	75	116	156	175	187	208	225	250	46
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	73.24	45.54	0	55	68	95	100	110	125	175	38
D0220	Intraoral - periapical first radiographic image	32.73	10.41	20	25	30	40	43	45	48	50	63
D0230	Intraoral - periapical each additional radiographic image	26.27	10.46	14	20	25	31	35	39	45	45	51
D0330	Panoramic radiographic image	115.85	23.32	90	100	115	129	131	141	150	160	93
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	330.03	78.27	250	250	320	395	400	413	442	495	38
D3410	Apicoectomy/periradicular surgery - anterior	746.40	202.69	475	583	778	885	936	954	995	1,050	42
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	825.97	221.65	500	650	850	925	1,025	1,088	1,100	1,250	39
D3425	Apicoectomy/periradicular surgery - molar (first root)	933.29	231.95	600	735	963	1,090	1,100	1,200	1,250	1,295	38
D3426	Apicoectomy (each additional root)	352.57	143.61	168	290	343	417	456	484	575	600	30
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	654.29	179.12	450	509	680	750	765	790	827	1,040	31
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	339.61	114.12	200	257	336	400	420	440	473	500	31

2016 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 \$	
D4249	Clinical crown lengthening — hard tissue	706.97	264.34	375	525	659	875	950	1,033	1,090	1,150	33
D4263	Bone replacement graft - first site in quadrant	589.81	296.89	350	419	523	695	700	775	840	1,500	37
D4266	Guided tissue regeneration — resorbable barrier, per site	605.71	273.08	300	400	575	730	750	850	951	1,350	38
D6010	Surgical placement of implant body: endosteal implant	2,124.95	292.99	1,800	1,948	2,108	2,300	2,369	2,400	2,500	2,723	86
D6056	Prefabricated abutment — includes modification and placement	530.21	136.62	385	450	500	625	650	680	700	790	33
D6100	Implant removal, by report	552.40	279.93	250	350	500	692	750	875	1,000	1,050	58
D6104	Bone graft at time of implant placement	481.67	246.26	225	300	405	675	740	750	825	895	48
D7111	Extraction, coronal remnants -deciduous tooth	135.36	42.82	90	100	125	175	175	195	200	211	67
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	189.47	47.18	140	150	181	215	220	232	250	280	91
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	293.72	60.43	225	250	294	325	345	351	375	400	97
D7220	Removal of impacted tooth - soft tissue	342.80	71.52	253	290	345	380	385	400	450	489	94
D7230	Removal of impacted tooth -partially bony	431.49	85.93	325	375	425	480	495	500	545	595	98
D7240	Removal of impacted tooth -completely bony	496.27	97.12	376	425	494	550	560	592	601	715	98
D7250	Surgical removal of residual tooth roots (cutting procedure)	316.89	74.46	236	256	312	351	364	380	400	484	92
D7251	Coronectomy - intentional partial tooth removal	496.40	112.99	357	415	490	550	600	630	672	700	58
D7286	Incisional biopsy of oral tissue - soft	390.85	114.36	250	315	381	450	485	500	550	622	78

2016 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 \$	
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	324.97	100.42	200	250	314	393	400	421	475	500	88
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	454.90	167.24	250	350	445	550	568	630	662	750	87
D7410	Excision of benign lesion up to 1.25 cm	530.87	257.34	250	350	477	637	677	750	925	1,090	79
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	1,029.81	638.17	450	595	845	1,252	1,410	1,600	1,925	2,500	42
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	718.83	376.11	373	475	600	850	904	1,000	1,295	1,500	75
D7630	Mandible - open reduction (teeth immobilized, if present)	3,993.39	1,700.33	2,500	3,000	3,600	4,750	4,950	5,191	6,500	8,625	59
D7640	Mandible - closed reduction (teeth immobilized, if present)	2,957.02	1,328.74	1,550	2,113	2,650	3,500	3,625	3,932	4,718	5,688	60
D7730	Mandible - open reduction	4,480.22	1,661.29	2,500	3,269	4,393	5,356	5,616	6,250	7,000	7,500	46
D7740	Mandible - closed reduction	3,479.82	1,618.77	2,000	2,400	3,250	4,200	4,300	5,000	5,580	6,765	51
D7910	Suture of recent small wounds up to 5 cm	473.80	272.08	225	300	382	600	625	725	750	1,000	46
D7953	Bone replacement graft for ridge preservation — per site	506.36	221.12	300	350	455	625	660	700	800	950	76
D7960	Frenulectomy — also known as frenectomy or frenotomy - separate procedure not incidental to another	488.25	174.76	300	374	452	552	590	650	750	878	85
D7970	Excision of hyperplastic tissue - per arch	591.79	250.07	300	400	565	750	795	850	916	1,000	71
D9110	Palliative (emergency) treatment of dental pain - minor procedure	133.15	68.64	70	80	108	175	199	210	250	275	34
D9223	Deep sedation/general anesthesia – each 15 minute increment	209.21	47.33	155	175	204	225	235	250	275	295	81
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	102.33	54.78	52	66	80	118	130	160	200	200	69

**2016 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 \$	
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	204.00	42.27	150	172	200	225	235	250	266	275	49
D9248	Non-intravenous conscious sedation	206.74	111.96	95	137	200	275	300	350	350	405	31
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	152.15	67.30	80	100	130	185	218	244	250	250	47
D9440	Office visit - after regularly scheduled hours	185.90	100.31	98	120	153	234	253	265	316	400	30
D9610	Therapeutic parenteral drug, single administration	94.69	63.47	37	48	78	105	125	185	191	250	32

**2016 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	106.33	32.61	75	83	100	125	134	149	150	165	105
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	74.53	57.81	0	36	63	109	125	133	161	199	34
D0220	Intraoral - periapical first radiographic image	30.94	11.21	20	25	29	35	38	40	50	55	89
D0230	Intraoral - periapical each additional radiographic image	23.81	7.75	15	19	23	30	30	30	33	39	80
D0364	Cone beam CT capture and interpretation with limited field of view — less than one whole jaw	218.38	94.62	143	150	200	293	300	315	338	403	40
D2140	Amalgam - one surface, primary or permanent	149.54	37.52	100	126	150	160	163	193	195	225	39
D2330	Resin-based composite - one surface, anterior	171.27	41.22	130	145	165	188	198	220	225	237	51
D2331	Resin-based composite - two surfaces, anterior	200.95	57.77	128	165	200	240	245	259	280	320	37
D2332	Resin-based composite - three surfaces, anterior	242.72	90.97	155	188	220	283	300	337	345	400	32
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	286.71	94.88	170	215	280	320	338	395	400	500	31
D2391	Resin-based composite - one surface, posterior	182.63	45.56	125	150	181	203	225	237	247	255	46
D2392	Resin-based composite - two surfaces, posterior	225.41	59.08	140	175	233	275	280	303	305	315	32
D2393	Resin-based composite - three surfaces, posterior	272.45	80.03	165	193	280	345	345	356	363	377	31
D2940	Protective restoration	144.19	64.33	55	103	130	200	200	215	220	275	32
D2950	Core buildup, including any pins when required	273.87	62.03	203	235	267	317	317	333	350	375	46

**2016 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 \$	
D2954	Prefabricated post and core in addition to crown	350.11	61.08	270	297	351	383	395	415	450	450	36
D3110	Pulp cap - direct (excluding final restoration)	200.92	141.74	79	89	160	250	303	350	414	500	60
D3120	Pulp cap - indirect (excluding final restoration)	160.71	108.29	70	80	100	250	263	300	300	350	45
D3220	Therapeutic pulpotomy (excluding final restoration)...	284.78	121.68	145	200	288	350	356	400	425	500	82
D3221	Pulpal debridement, primary and permanent teeth	309.74	148.99	150	225	300	395	400	415	450	625	77
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	347.35	122.51	200	250	336	400	400	475	500	526	51
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	405.40	268.97	184	210	300	450	542	721	840	1,070	35
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	507.26	350.24	184	250	353	630	927	966	1,114	1,240	38
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	972.31	161.86	795	850	955	1,075	1,100	1,150	1,195	1,300	121
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	1,086.43	173.14	885	966	1,058	1,210	1,225	1,250	1,300	1,425	123
D3330	Endodontic therapy, molar (excluding final restoration)	1,252.70	189.98	1,015	1,096	1,225	1,375	1,400	1,452	1,525	1,575	123
D3331	Treatment of root canal obstruction; non-surgical access	288.44	119.54	169	200	264	350	375	400	450	575	73
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	411.25	129.73	250	326	400	500	518	535	580	630	103
D3346	Retreatment of previous root canal therapy — anterior	1,086.95	162.98	887	979	1,065	1,200	1,228	1,275	1,300	1,350	115

**2016 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 \$	
D3347	Retreatment of previous root canal therapy — bicuspid	1,215.69	180.69	1,000	1,075	1,200	1,325	1,370	1,400	1,450	1,527	117
D3348	Retreatment of previous root canal therapy — molar	1,403.56	209.25	1,150	1,247	1,400	1,525	1,560	1,600	1,650	1,795	118
D3351	Apexification/recalcification - initial visit...	386.32	146.22	200	275	370	450	495	515	550	614	82
D3352	Apexification/recalcification - interim medication replacement	235.95	109.72	112	150	220	300	320	330	360	431	78
D3353	Apexification/recalcification — final visit...	595.83	247.08	303	415	567	700	749	800	871	1,225	70
D3355	Pulpal regeneration – initial visit	454.54	290.15	150	250	402	526	572	612	830	1,150	35
D3410	Apicoectomy/periradicular surgery - anterior	1,040.06	219.92	753	890	1,049	1,181	1,237	1,250	1,300	1,485	109
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	1,146.12	235.87	851	971	1,144	1,265	1,300	1,355	1,400	1,600	109
D3425	Apicoectomy/periradicular surgery - molar (first root)	1,269.91	264.45	950	1,080	1,280	1,415	1,450	1,500	1,595	1,750	111
D3426	Apicoectomy (each additional root)	313.47	129.18	200	210	300	370	400	434	460	550	83
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	229.71	79.61	137	194	205	262	275	277	350	395	34
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	349.52	88.59	265	300	340	393	404	415	450	500	33
D9110	Palliative (emergency) treatment of dental pain - minor procedure	251.96	131.44	90	163	255	350	351	382	400	418	49
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	100.46	37.62	55	75	91	125	125	140	150	160	41
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	142.25	44.91	90	100	140	165	185	193	198	223	51

**2016 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 \$	
D9974	Internal bleaching - per tooth	258.74	80.15	150	215	256	300	315	317	350	393	54

2016 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 \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0150	Comprehensive oral evaluation — new or established patient	64.68	69.13	0	0	52	95	100	125	129	200	31
D0330	Panoramic radiographic image	104.34	29.02	75	81	95	120	127	150	150	160	65
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	61.50	41.04	10	35	50	85	95	103	105	150	36
D0470	Diagnostic casts	81.14	25.50	50	65	80	100	100	100	100	125	51
D1515	Space maintainer - fixed -bilateral	471.00	170.79	250	355	465	591	638	647	680	800	36
D8020	Limited orthodontic treatment of the transitional dentition	2,423.42	1,188.43	1,060	1,523	2,200	3,200	3,400	3,600	3,995	4,580	101
D8030	Limited orthodontic treatment of the adolescent dentition	2,836.12	1,186.66	1,500	2,000	2,786	3,550	3,761	3,980	4,500	5,000	108
D8040	Limited orthodontic treatment of the adult dentition	3,430.87	1,215.69	2,000	2,548	3,350	4,024	4,380	4,880	5,030	5,400	112
D8050	Interceptive orthodontic treatment of the primary dentition	2,538.53	1,156.71	1,055	1,800	2,390	3,255	3,450	3,761	4,298	4,980	98
D8060	Interceptive orthodontic treatment of the transitional dentition	2,901.35	984.98	1,800	2,200	2,870	3,400	3,500	3,880	4,100	4,955	121
D8070	Comprehensive orthodontic treatment of the transitional dentition	5,260.94	985.53	3,600	4,900	5,400	5,900	5,985	6,075	6,440	6,580	102
D8080	Comprehensive orthodontic treatment of the adolescent dentition	5,687.27	640.07	4,978	5,280	5,610	6,000	6,088	6,350	6,544	6,900	150
D8090	Comprehensive orthodontic treatment of the adult dentition	5,977.73	679.92	5,100	5,500	5,900	6,480	6,500	6,740	6,800	7,045	146
D8670	Periodic orthodontic treatment visit	152.46	70.12	50	110	150	200	200	201	250	267	59
D8681	Removable orthodontic retainer adjustment	105.44	84.88	35	48	75	125	145	175	250	320	71
D8692	Replacement of lost or broken retainer	225.85	87.45	135	166	204	262	300	300	350	395	137

**2016 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	53.53	11.63	38	47	54	60	62	65	69	75	109
D0140	Limited oral evaluation - problem focused	75.19	16.58	53	68	76	85	86	90	93	100	110
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	75.68	24.39	50	60	72	84	85	91	100	144	93
D0150	Comprehensive oral evaluation — new or established patient	78.56	16.47	55	70	79	88	93	95	100	104	107
D0160	Detailed and extensive oral evaluation — problem focused, by report	101.47	62.82	0	68	92	145	169	176	188	193	45
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	60.95	21.98	35	53	64	73	75	79	83	88	59
D0210	Intraoral - complete series of radiographic images	141.95	34.90	100	125	140	155	158	164	180	224	76
D0220	Intraoral - periapical first radiographic image	29.29	6.53	20	26	29	32	33	34	38	42	109
D0230	Intraoral - periapical each additional radiographic image	25.21	5.71	16	22	25	29	30	30	33	35	107
D0272	Bitewings - two radiographic images	47.10	10.06	34	41	46	50	54	55	59	67	107
D0273	Bitewings - three radiographic images	59.49	11.94	45	53	59	63	65	75	80	86	39
D0274	Bitewings - four radiographic images	69.59	14.48	52	62	68	77	80	82	89	94	93
D0330	Panoramic radiographic image	112.74	19.46	90	99	111	125	127	131	136	150	101
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	51.71	28.82	0	35	61	73	75	80	84	86	34
D0470	Diagnostic casts	110.49	33.87	64	90	110	125	126	133	141	177	43
D1110	Prophylaxis - adult	88.33	16.95	66	78	87	98	100	105	109	120	113
D1120	Prophylaxis - child	68.24	11.75	51	62	68	75	77	79	82	87	110
D1206	Topical application of fluoride varnish	41.01	9.08	30	34	40	47	49	50	53	55	93
D1208	Topical application of fluoride – excluding varnish	38.90	8.63	27	34	38	45	46	48	50	53	89

**2016 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 \$	
D1330	Oral hygiene instructions	20.47	27.07	0	0	3	35	44	50	58	62	62
D1351	Sealant - per tooth	57.66	12.05	45	50	56	64	65	68	73	85	107
D1352	Preventive resin restoration in a moderate to high caries risk patient — permanent tooth	107.77	49.04	58	75	95	125	126	152	194	215	43
D1510	Space maintainer - fixed -unilateral	330.29	69.64	250	292	320	358	374	383	413	478	100
D1515	Space maintainer - fixed -bilateral	478.33	105.46	360	409	460	528	551	576	650	685	104
D2140	Amalgam - one surface, primary or permanent	142.21	37.71	96	120	138	162	170	175	198	217	73
D2150	Amalgam - two surfaces, primary or permanent	177.67	46.88	116	150	179	205	219	225	250	262	73
D2160	Amalgam - three surfaces, primary or permanent	213.83	58.54	140	174	215	258	266	282	285	310	71
D2161	Amalgam - four or more surfaces, primary or permanent	246.99	73.94	148	176	250	298	318	325	340	363	68
D2330	Resin-based composite - one surface, anterior	158.97	31.04	117	140	159	177	180	190	204	215	106
D2331	Resin-based composite - two surfaces, anterior	198.41	40.98	144	174	199	220	227	235	255	263	108
D2332	Resin-based composite - three surfaces, anterior	242.93	47.78	175	215	240	270	280	288	299	319	106
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	301.88	63.83	232	255	293	327	345	360	388	429	102
D2390	Resin-based composite crown, anterior	378.05	110.31	245	310	360	444	468	500	541	590	92
D2391	Resin-based composite - one surface, posterior	171.33	29.91	128	155	172	188	191	200	210	225	105
D2392	Resin-based composite - two surfaces, posterior	219.48	41.70	160	195	220	247	248	260	275	287	106
D2393	Resin-based composite - three surfaces, posterior	267.94	50.51	195	238	273	296	301	305	321	363	104

**2016 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	307.16	69.04	215	260	314	345	349	365	378	445	98
D2920	Re-cement or re-bond crown	95.41	22.48	65	78	98	110	112	115	123	126	63
D2929	Prefabricated porcelain/ceramic crown – primary tooth	422.58	100.18	325	352	400	451	500	500	561	675	38
D2930	Prefabricated stainless steel crown - primary tooth	277.07	47.55	205	250	267	314	323	328	345	357	99
D2931	Prefabricated stainless steel crown - permanent tooth	324.26	58.79	235	284	325	360	375	385	400	425	94
D2940	Protective restoration	106.55	26.50	70	88	109	122	128	131	136	145	66
D2950	Core buildup, including any pins when required	230.42	73.86	150	170	217	271	300	301	316	342	31
D3110	Pulp cap - direct (excluding final restoration)	79.91	23.18	50	63	80	90	97	100	105	125	85
D3120	Pulp cap - indirect (excluding final restoration)	75.82	23.06	45	58	75	90	95	96	98	112	87
D3220	Therapeutic pulpotomy (excluding final restoration)...	186.13	44.37	128	155	187	210	220	230	235	257	105
D3221	Pulpal debridement, primary and permanent teeth	195.70	78.74	104	147	212	246	255	261	281	315	56
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	248.18	63.91	173	200	242	302	308	317	324	350	60
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	281.40	85.37	175	225	275	315	344	364	404	415	57
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	716.97	229.49	415	554	700	794	825	986	1,000	1,120	33
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	256.50	73.40	150	208	261	305	315	325	361	383	32

**2016 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 \$	
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	233.49	75.15	147	176	225	275	295	300	320	346	37
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	179.87	46.88	125	152	168	206	213	237	246	300	39
D7111	Extraction, coronal remnants -deciduous tooth	117.21	31.49	75	90	122	140	142	150	151	162	82
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	155.87	37.01	108	130	155	176	179	190	200	214	108
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	251.86	57.41	175	209	249	294	296	302	325	350	56
D7220	Removal of impacted tooth - soft tissue	279.68	56.72	198	230	282	326	330	340	348	369	37
D7250	Surgical removal of residual tooth roots (cutting procedure)	247.09	71.53	152	198	273	300	302	322	338	350	32
D7910	Suture of recent small wounds up to 5 cm	258.26	146.90	100	190	275	310	313	325	332	605	31
D7960	Frenulectomy — also known as frenectomy or frenotomy - separate procedure not incidental to another	431.77	100.29	310	350	435	475	504	538	550	613	44
D8050	Interceptive orthodontic treatment of the primary dentition	1,559.03	1,005.14	600	811	1,238	2,197	2,303	2,352	2,816	3,800	34
D8060	Interceptive orthodontic treatment of the transitional dentition	1,660.38	1,171.91	585	771	1,300	2,300	2,597	3,070	3,389	4,000	42
D8692	Replacement of lost or broken retainer	220.37	96.29	75	168	228	289	300	304	324	407	30
D9110	Palliative (emergency) treatment of dental pain - minor procedure	110.12	34.35	70	87	109	125	135	140	149	160	82
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	63.26	27.92	30	42	63	77	85	90	97	117	94
D9248	Non-intravenous conscious sedation	241.44	116.87	100	150	247	327	340	343	354	400	61

**2016 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 \$	
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	104.91	42.89	50	79	100	127	130	150	160	191	55
D9420	Hospital or ambulatory surgical center call	324.06	160.04	122	233	293	375	450	500	544	600	50
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	68.20	28.21	40	52	67	86	90	92	99	128	54
D9440	Office visit - after regularly scheduled hours	171.04	51.23	100	139	169	200	203	212	246	263	73
D9910	Application of desensitizing medicament	58.94	25.89	34	37	59	69	74	82	91	102	32
D9920	Behavior management, by report	116.96	47.76	50	89	112	152	158	170	176	191	46
D9940	Occlusal guard, by report	437.61	169.03	201	325	448	546	575	600	631	700	62
D9941	Fabrication of athletic mouthguard	172.74	87.66	58	100	170	240	250	263	279	310	69
D9972	External bleaching - per arch - performed in office	291.28	87.11	175	230	290	350	360	381	396	499	39
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	268.82	131.31	150	175	250	326	350	425	500	550	33

**2016 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	74.61	35.43	35	50	68	95	95	109	131	145	67
D0140	Limited oral evaluation - problem focused	102.54	35.14	65	82	95	124	131	135	147	185	76
D0150	Comprehensive oral evaluation — new or established patient	135.24	51.37	75	100	125	155	180	187	195	250	59
D0160	Detailed and extensive oral evaluation — problem focused, by report	144.46	54.85	82	105	155	180	183	185	192	210	35
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	87.47	43.06	35	64	85	116	125	140	145	150	49
D0171	Re-evaluation – post-operative office visit	31.63	50.32	0	0	0	65	75	85	135	145	35
D0180	Comprehensive periodontal evaluation — new or established patient	138.76	44.42	85	108	130	157	180	190	195	228	76
D0210	Intraoral - complete series of radiographic images	144.18	23.36	116	125	144	155	161	173	178	190	74
D0220	Intraoral - periapical first radiographic image	30.15	9.35	20	25	30	35	37	39	40	46	75
D0230	Intraoral - periapical each additional radiographic image	22.96	7.75	12	18	24	29	30	30	33	35	74
D0272	Bitewings - two radiographic images	46.69	11.61	30	40	45	54	55	60	65	68	45
D0274	Bitewings - four radiographic images	72.16	18.74	50	60	71	80	85	90	100	115	56
D0277	Vertical bitewings - 7 to 8 radiographic images	111.29	32.28	80	86	100	141	148	160	162	175	31
D0330	Panoramic radiographic image	134.61	26.84	100	119	130	152	158	162	175	180	44
D0470	Diagnostic casts	108.62	45.00	55	75	104	135	139	150	175	200	39
D1110	Prophylaxis - adult	120.75	27.63	90	100	120	140	145	150	152	175	65
D1120	Prophylaxis - child	91.74	25.35	60	70	95	110	110	110	120	143	34
D1206	Topical application of fluoride varnish	42.13	14.21	25	30	45	52	53	55	57	65	31
D1330	Oral hygiene instructions	31.88	31.90	0	0	26	55	60	64	68	79	42

**2016 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 \$	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	847.41	353.92	448	600	771	1,054	1,200	1,250	1,355	1,475	80
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	557.37	273.39	260	350	493	777	850	871	950	1,100	76
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	537.94	280.00	150	328	510	711	850	870	970	1,015	34
D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	997.62	325.30	670	793	950	1,187	1,273	1,400	1,460	1,561	68
D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	747.21	271.73	400	595	690	886	950	1,000	1,100	1,300	67
D4249	Clinical crown lengthening — hard tissue	1,027.54	267.34	735	850	991	1,157	1,200	1,230	1,363	1,600	83
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1,406.58	415.93	950	1,079	1,320	1,600	1,699	1,875	2,000	2,230	85
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1,073.96	290.17	780	880	1,020	1,200	1,250	1,350	1,500	1,630	82
D4263	Bone replacement graft - first site in quadrant	555.67	189.11	350	400	540	690	710	750	804	900	83
D4264	Bone replacement graft — each additional site in quadrant	397.68	197.12	150	275	379	500	523	550	643	850	75
D4266	Guided tissue regeneration — resorbable barrier, per site	581.36	216.06	325	450	550	692	750	850	940	1,000	77
D4267	Guided tissue regeneration — non-resorbable barrier, per site (includes membrane removal)	684.02	269.73	400	495	636	804	940	1,045	1,109	1,200	66

**2016 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 \$	
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	1,260.54	268.77	955	1,078	1,220	1,416	1,493	1,545	1,600	1,800	80
D4275	Non-autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	1,272.71	294.86	925	1,040	1,265	1,460	1,500	1,550	1,600	1,800	62
D4277	Free soft tissue graft procedure (including recipient and donor site surgical sites) first tooth, implant, or edentulous tooth position in graft	1,148.29	247.72	888	957	1,104	1,262	1,300	1,395	1,480	1,748	76
D4278	Free soft tissue graft procedure (including recipient and donor site surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	699.48	405.82	207	373	636	988	1,038	1,150	1,250	1,395	64
D4283	Autogenous connective tissue graft procedure...each additional contiguous tooth, implant or edentulous tooth position in same graft site	769.15	436.45	248	418	733	1,013	1,100	1,229	1,376	1,605	48
D4285	Non-autogenous connective tissue graft procedure...each additional contiguous tooth, implant or edentulous tooth position in same graft site	730.03	381.79	300	436	650	980	1,000	1,200	1,250	1,300	31
D4321	Provisional splinting - extracoronal	392.08	185.96	150	260	368	525	560	600	615	675	39
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	326.88	72.77	235	275	310	385	396	400	425	450	86
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	234.81	53.96	171	195	225	275	285	295	303	325	77
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	229.53	113.81	125	160	200	263	285	325	363	500	70

**2016 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 \$	
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	86.54	44.97	40	52	75	112	125	139	157	179	68
D4910	Periodontal maintenance	146.66	30.33	113	125	145	158	165	180	185	200	83
D6010	Surgical placement of implant body: endosteal implant	2,176.73	253.31	1,850	2,000	2,187	2,350	2,360	2,398	2,500	2,610	74
D6056	Prefabricated abutment — includes modification and placement	575.37	198.37	381	425	525	700	749	750	850	1,000	30
D6100	Implant removal, by report	703.12	275.63	350	495	719	945	950	975	990	1,075	42
D6104	Bone graft at time of implant placement	568.16	239.70	320	420	527	663	727	783	900	1,150	44
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	225.95	78.75	150	170	200	268	295	310	350	375	73
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	380.49	132.06	230	290	357	440	450	500	550	675	77
D7220	Removal of impacted tooth - soft tissue	396.00	102.03	258	343	395	450	450	485	500	670	38
D7230	Removal of impacted tooth -partially bony	459.59	92.63	350	395	475	522	550	595	595	600	32
D7250	Surgical removal of residual tooth roots (cutting procedure)	368.16	112.13	242	295	375	425	443	475	513	575	45
D7286	Incisional biopsy of oral tissue - soft	416.65	123.26	282	339	415	467	489	543	595	700	57
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	503.55	230.09	270	350	470	600	636	675	850	1,000	38
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	673.13	258.16	365	475	622	850	895	985	1,000	1,200	38
D7953	Bone replacement graft for ridge preservation — per site	699.79	311.53	364	500	613	830	912	1,150	1,200	1,366	52

**2016 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 \$	
D7960	Frenulectomy — also known as frenectomy or frenotomy - separate procedure not incidental to another	538.02	130.22	379	450	521	608	620	680	750	815	58
D7970	Excision of hyperplastic tissue - per arch	857.90	518.38	354	475	693	1,045	1,200	1,280	1,655	1,850	30
D9110	Palliative (emergency) treatment of dental pain - minor procedure	143.62	68.43	79	95	129	178	190	225	250	267	52
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	70.81	31.22	37	50	62	90	92	100	110	139	37
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	136.46	67.51	52	100	135	162	175	181	187	292	37
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	66.61	43.44	0	35	72	95	100	120	120	130	31
D9910	Application of desensitizing medicament	52.57	26.27	21	30	52	68	72	75	88	95	30
D9940	Occlusal guard, by report	599.63	155.12	410	485	600	700	713	750	825	875	51
D9951	Occlusal adjustment - limited	202.86	105.37	89	125	180	250	294	300	325	400	51
D9952	Occlusal adjustment - complete	568.14	204.02	375	438	505	650	730	773	850	990	44

**2016 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 \$	
D0120	Periodic oral evaluation — established patient	69.97	25.32	45	50	70	80	81	96	105	125	32
D0140	Limited oral evaluation - problem focused	98.47	30.13	63	75	96	125	125	125	130	145	30
D0150	Comprehensive oral evaluation — new or established patient	125.53	39.67	71	98	125	150	159	163	170	185	32
D0210	Intraoral - complete series of radiographic images	144.97	22.24	121	125	145	164	165	168	175	180	30
D0220	Intraoral - periapical first radiographic image	31.45	10.99	15	25	30	40	41	46	48	50	31
D0230	Intraoral - periapical each additional radiographic image	24.45	8.34	15	18	25	30	32	35	36	40	31
D1110	Prophylaxis - adult	117.31	28.97	85	95	118	130	140	150	163	175	32
D2330	Resin-based composite - one surface, anterior	192.16	38.72	142	166	186	220	225	234	242	265	31
D2331	Resin-based composite - two surfaces, anterior	237.23	46.77	175	204	230	275	280	285	290	325	31
D2332	Resin-based composite - three surfaces, anterior	289.03	65.40	225	250	281	330	340	345	347	415	31
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	361.00	92.58	257	300	348	410	426	450	493	520	30
D2391	Resin-based composite - one surface, posterior	207.47	42.64	161	175	200	225	233	252	273	309	30
D2392	Resin-based composite - two surfaces, posterior	277.23	57.57	201	225	283	310	332	335	354	360	30
D2920	Re-cement or re-bond crown	151.90	73.97	92	102	140	168	171	179	200	385	31
D5110	Complete denture - maxillary	2,710.60	876.23	1,590	2,000	2,653	3,500	3,504	3,600	3,803	4,500	30
D5120	Complete denture - mandibular	2,720.67	869.29	1,640	2,100	2,675	3,500	3,504	3,600	3,803	4,500	30
D5130	Immediate denture - maxillary	2,531.80	922.89	1,500	1,800	2,314	3,200	3,358	3,500	3,666	3,822	30
D5140	Immediate denture - mandibular	2,541.43	917.32	1,550	1,800	2,332	3,200	3,358	3,500	3,666	3,822	30

**2016 Survey of Dental Fees
Prosthodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1,714.37	846.84	898	1,029	1,521	2,100	2,266	2,474	3,154	3,529	30
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1,733.47	857.00	898	1,029	1,521	2,221	2,355	2,474	3,154	3,529	30
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	2,775.55	880.07	1,750	2,121	2,819	3,200	3,200	3,500	3,529	4,500	31
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	2,776.77	880.72	1,750	2,121	2,819	3,200	3,200	3,500	3,529	4,500	31

2016 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 271 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 2016 *Survey of Dental Fees* survey instrument and presented in the tables of this report were taken from *CDT 2016*, the reference manual published by the ADA. The previous *Survey of Dental Fees* used codes based on the 2013 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 2016 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 2016 *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 7.4% of the population, was a simple random probability sample of 13,000 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 2016 *Survey of Dental Fees* was initially mailed to 13,000 dentists in private practice in March 2016, and two follow-up mailings to non-respondents were sent in May and July. Data collection was concluded in August 2016 after responses had been received from 1,695 dentists. The final adjusted response rate of 13.8% excludes those individuals who were retired, not in private practice, deceased, or had unknown or foreign addresses.

Weighting

The proportion of oversampled dentists in the sample and among the respondents was higher than in 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 sample frame and 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 by the disproportionate number of oversampled dentists among the respondents and would not have been an accurate representation of the dental population being analyzed.

In the sampling frame, 3.8% of dentists were New England general practitioners, 3.8% were East South Central general practitioners, 52.3% were general practitioners from other divisions, and 40.0% were specialists. Among the respondents to the survey, 5.0% of dentists were New England general practitioners, 8.0% were East South Central general practitioners, 49.0% were general practitioners from other divisions, and 38.0% were specialists. Weights were calculated for these five sets of dentists to bring the proportions found among the respondents into line with those found in the dental population.

In this report, the weights were used in the calculation of statistics in which all general practitioners were combined. Weights were not used when a single division of general practitioners or a single specialty were analyzed separately. Statistics computed with weights are indicated as such in the report.

Each weight was calculated by dividing the percentage of each in the sampling frame by the percentage in the respondent population

	Percentage in the sampling frame	=	Weight		=	Weight
	Percentage in the respondent population					
Weighting scheme for reporting all general practitioners combined						
General practitioners (New England)	$\frac{0.05060}{0.05038}$	=	1.00435	General practitioners (East South Central)	$\frac{0.04571}{0.07985}$	= 0.57246
General practitioners (Middle Atlantic)	$\frac{0.14811}{0.11977}$	=	1.23660	General practitioners (West South Central)	$\frac{0.10071}{0.09506}$	= 1.05951
General practitioners (East North Central)	$\frac{0.14411}{0.17681}$	=	0.81508	General practitioners (Mountain)	$\frac{0.06988}{0.06749}$	= 1.03537
General practitioners (West North Central)	$\frac{0.05951}{0.09125}$	=	0.65218	General practitioners (Pacific)	$\frac{0.21157}{0.18916}$	= 1.11847
General practitioners (South Atlantic)	$\frac{0.16979}{0.13023}$	=	1.30379			

For example, when reporting all general practitioners combined, weighting had the effect of turning every responding general practitioner from the New England division into 1.00435 general practitioners.

2016 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.

MEDIAN	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.
PERCENTILE	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.
SIMPLE RANDOM PROBABILITY SAMPLE	A simple random probability sample denotes a sample in which names are drawn at random without replacement.
STANDARD DEVIATION (S.D.)	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.
T-TESTS	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.

2016 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 3
 - e. In a practice with 21 to 100 dentists 4
 - f. In a practice with more than 100 dentists 5
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 2016: 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

DIAGNOSTIC (D0100 - D0999) Continued

D0418	Analysis of saliva sample	\$_____00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities...	\$_____00
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	\$_____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

RESTORATIVE (D2000 — D2999) Continued

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
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 substrate	\$_____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

RESTORATIVE (D2000 — D2999) Continued

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
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, bicuspid tooth (excluding final restoration)	\$_____00
D3330	Endodontic therapy, molar (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 — bicuspid	\$_____00
D3348	Retreatment of previous root canal therapy — molar	\$_____00

ENDODONTICS (D3000 — D3999) Continued

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
D3410	Apicoectomy/periradicular surgery - anterior	\$ _____ .00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$ _____ .00
D3425	Apicoectomy/periradicular surgery - 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 - first site in quadrant	\$ _____ .00
D4264	Bone replacement graft — 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

PERIODONTICS (D4000 — D4999) Continued

D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	\$ _____ .00
D4275	Non-autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	\$ _____ .00
D4277	Free soft tissue graft procedure (including recipient and donor site surgical sites) first tooth, implant, or edentulous tooth position in graft	\$ _____ .00
D4278	Free soft tissue graft procedure (including recipient and donor site 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 - extracoronary	\$ _____ .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 comprehensive evaluation and diagnosis	\$ _____ .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

PROSTHODONTICS, REMOVABLE (D5000 — D5899)*Continued*

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
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
D5510	Repair broken complete denture base	\$_____ .00
D5520	Replace missing or broken teeth — complete denture (each tooth)	\$_____ .00
D5610	Repair resin denture base	\$_____ .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

PROSTHODONTICS, REMOVABLE (D5000 — D5899)*Continued*

D5751	Reline complete mandibular denture (laboratory)	\$_____ .00
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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
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

PROSTHODONTICS, FIXED D6200 — D6999 Continued

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 - deciduous tooth	\$_____00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$_____00
D7210	Surgical removal of 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	Surgical 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

ORAL & MAXILLOFACIAL SURGERY (D7000-D7999) Continued

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	\$_____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

ORTHODONTICS D8000 — D8999 Continued

D8692	Replacement of lost or broken retainer	\$ _____ .00
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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 15 minute increment	\$ _____ .00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$ _____ .00
D9243	Intravenous moderate (conscious) sedation/analgesia - each 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
D9450	Case presentation, detailed and extensive treatment planning	\$ _____ .00
D9610	Therapeutic parenteral drug, single administration	\$ _____ .00
D9630	Other drugs and/or medicaments, by report	\$ _____ .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

ADJUNCTIVE GENERAL SERVICES (D9000 — D9999) Continued

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.