

2020 FEE SCHEDULE FOR DENTAL SERVICES REQUIRING A CONTRACT
Dentures, Root Canals, Crowns and Devices
Effective 9.1.2020

CDT Code	CDT Description	Current Fee
DENTURES		
<input type="checkbox"/> D5110	Complete Denture - Maxillary	\$2,013
<input type="checkbox"/> D5120	Complete Denture - Mandibular	\$2,024
<input type="checkbox"/> D5130	Immediate Denture - Maxillary	\$2,140
<input type="checkbox"/> D5140	Immediate Denture - Mandibular	\$2,148
<input type="checkbox"/> D5211	Maxillary Partial Denture - Resin Base	\$1,589
<input type="checkbox"/> D5212	Mandibular Partial Denture - Resin Base	\$1,592
<input type="checkbox"/> D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	\$2,082
<input type="checkbox"/> D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	\$2,099
<input type="checkbox"/> D5225	Maxillary Partial Denture - Flexible base (including any clasps, rests and teeth)	\$1,711
<input type="checkbox"/> D5226	Mandibular Partial Denture - Flexible base (including any clasps, rests and teeth)	\$1,711
<input type="checkbox"/> D5282	Removable Unilateral Partial Denture, Maxillary	\$1,149
<input type="checkbox"/> D5283	Removable Unilateral Partial Denture, Mandibular	\$1,149
<input type="checkbox"/> D5511	Repair Broken Complete Denture Base, Mandibular	\$314
<input type="checkbox"/> D5512	Repair Broken Complete Denture Base, Maxillary	\$313
<input type="checkbox"/> D5520	Replace Missing or Broken Teeth	\$283
<input type="checkbox"/> D5611	Repair Resin Denture Base, Mandibular	\$273
<input type="checkbox"/> D5612	Repair Resin Denture Base, Maxillary	\$273
<input type="checkbox"/> D5621	Repair Cast Framework, Mandibular	\$308
<input type="checkbox"/> D5622	Repair Cast Framework, Maxillary	\$309
<input type="checkbox"/> D5630	Repair or Replace Broken Clasp	\$450
<input type="checkbox"/> D5640	Replace Broken Teeth - Per Tooth	\$283
<input type="checkbox"/> D5650	Add Tooth to Existing Partial Denture	\$283
<input type="checkbox"/> D5660	Add Clasp to Existing Partial Denture	\$450
<input type="checkbox"/> D5710	Rebase Complete Maxillary Denture	\$710
<input type="checkbox"/> D5711	Rebase Complete Mandibular Denture	\$711
<input type="checkbox"/> D5820	Interim Partial Denture (Maxillary)	\$883
<input type="checkbox"/> D5821	Interim Partial Denture (Mandibular)	\$883
<input type="checkbox"/> D5899	Gold Denture Crown Per Tooth	\$375
<input type="checkbox"/> D5730	Reline Complete Maxillary Denture - Chairside	\$438
<input type="checkbox"/> D5731	Reline Complete Mandibular Denture - Chairside	\$438
<input type="checkbox"/> D5740	Reline Partial Maxillary Denture - Chairside	\$432
<input type="checkbox"/> D5741	Reline Partial Mandibular Denture - Chairside	\$433
<input type="checkbox"/> D5750	Reline Complete Maxillary Denture (Lab)	\$559
<input type="checkbox"/> D5751	Reline Complete Mandibular Denture (Lab)	\$559
<input type="checkbox"/> D5760	Reline Maxillary Partial Denture (Lab)	\$506
<input type="checkbox"/> D5761	Reline Mandibular Partial Denture (Lab)	\$508
NOTE: The first 3 adjustments of new dentures are at no charge. Those adjustments completed after the first 3 will be charged based on the dental fee schedule.		
ROOT CANALS AND CROWNS		
<input type="checkbox"/> D1510	Space Maintainer, Fixed, Unilateral	\$348
<input type="checkbox"/> D1516	Space Maintainer, Fixed, Bilateral, Maxillary	\$450
<input type="checkbox"/> D1517	Space Maintainer, Fixed, Bilateral, Mandibular	\$450
<input type="checkbox"/> D2740	Crown - porcelain/ceramic	\$1,265
<input type="checkbox"/> D2790	Crown - full cast high noble metal	\$1,300
<input type="checkbox"/> D2791	Crown - full cast base metal	\$1,142
<input type="checkbox"/> D2792	Crown - full cast noble metal	\$1,207

CDT Code	CDT Description	Current Fee
<input type="checkbox"/> D2750	Crown - porcelain fused to high noble metal	\$1,263
<input type="checkbox"/> D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$297
<input type="checkbox"/> D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$356
<input type="checkbox"/> D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$400
<input type="checkbox"/> D2950	Core Buildup, Including any pins	\$300
<input type="checkbox"/> D2952	Post and Core in Addition to crown, indirectly fabricated	\$458
<input type="checkbox"/> D2954	Prefabricated Post and Core in Addition to Crown	\$373
<input type="checkbox"/> D3221	Pupal Debridement, primary and permanent teeth	\$255
<input type="checkbox"/> D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$832
<input type="checkbox"/> D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$948
<input type="checkbox"/> D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$1,154
<input type="checkbox"/> D6750	Retainer Crown - porcelain fused to high noble metal	\$1,255
<input type="checkbox"/> D6240	Pontic - porcelain fused to high noble metal	\$1,247
<input type="checkbox"/> D6740	Retainer Crown - porcelain/ceramic	\$1,268
<input type="checkbox"/> D6245	Pontic - porcelain/ceramic	\$1,247
	DEVICES	
<input type="checkbox"/> D9941	Fabrication of Athletic Mouthguard	\$269
<input type="checkbox"/> D9944	Occlusal Guard - Hard appliance, full arch	\$500
<input type="checkbox"/> D9945	Occlusal Guard - Soft appliance, full arch	\$500
<input type="checkbox"/> D9946	Occlusal Guard - Hard appliance, partial arch	\$500

The fee schedule changes for the above services are based on the National Dental Advisory 2020 Service Pricing Guide's 50th percentile for our area.

The above codes and fees define the basic scope of services of Coastal Health & Wellness.

As recommended by the dental director and approved by the Executive Director additional codes may be used when medically indicated and financially feasible.