

Dental Fee Schedule
Effective August 1, 2020

Procedure Description

DENTAL		Current
DIAGNOSTIC EXAMS		
D0120	PERIODIC ORAL EVALUATION	57.00
D0140	LIMITED ORAL EVALUATION	84.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER 3 YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	75.00
D0150	COMPREHENSIVE ORAL EVALUATION	99.00
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	77.00
D0171	RE-EVALUATION - POST OPERATIVE OFFICE VISIT	74.00
X-RAYS		
D0210	INTRAORAL X-RAY - COMPLETE SERIES	147.00
D0220	INTRAORAL X-RAY - PERIAPICAL FIRST FILM	33.00
D0230	INTRAORAL X-RAY - PERIAPICAL EACH ADD'L FILM	28.00
D0240	INTRAORAL X-RAY - OCCLUSAL FILM	45.00
D0272	BITEWINGS X-RAY- TWO FILMS	51.00
D0274	BITEWINGS X-RAY - FOUR FILMS	73.00
D0330	PANORAMIC X-RAY FILM	127.00
PREVENTIVE		
D1110	PROPHYLAXIS (ADULT) - ROUTINE CLEANING	102.00
D1120	PROPHYLAXIS (CHILD) - ROUTINE CLEANING	76.00
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	44.00
D1208	TOPICAL APPLICATION OF FLUORIDE	43.00
D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	83.00
D1330	ORAL HYGIENE INSTRUCTIONS	59.00
D1351	SEALANT - PER TOOTH	63.00
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	73.00
D1550	RE-CEMENTATION OF SPACE MAINTAINER	89.00
RESTORATIVE		
D2140	AMALGAM FILLING - ONE SURFACE, PRIMARY OR PERMANENT	160.00
D2150	AMALGAM FILLING - TWO SURFACES, PRIMARY OR PERMANENT	201.00
D2160	AMALGAM FILLING - THREE SURFACES, PRIMARY OR PERMANENT	247.00
D2161	AMALGAM FILLING - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	290.00
D2330	RESIN-BASED COMPOSITE FILLING - ONE SURFACE, ANTERIOR	188.00
D2331	RESIN-BASED COMPOSITE FILLING - TWO SURFACES, ANTERIOR	228.00
D2332	RESIN-BASED COMPOSITE FILLING - THREE SURFACES, ANTERIOR	281.00
D2335	RESIN-BASED COMPOSITE FILLING - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) (COMPOSITE OR ACRYLIC CROWNS)	352.00

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D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	489.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	205.00
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	261.00
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	320.00
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	380.00
D2920	RECEMENT CROWN	129.00
D2940	SEDATIVE FILLING	139.00
D2951	PIN RETENTION, PER TOOTH	83.00
ENDODONTICS		
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	94.00
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	93.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	225.00
PERIODONTICS		
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH	683.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH	350.00
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	298.00
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	288.00
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	210.00
D4346	PERIODONTAL SCALING AND ROOT PLANING - MODERATE OR SEVERE GINGIVAL INFLAMMATION	176.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	201.00
D4910	PERIODONTAL MAINTENANCE	152.00
D5986	FLUORIDE GEL CARRIER	217.00
DENTURE ADJUSTMENTS		
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	99.00
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	99.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	99.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	99.00
ORAL SURGERY		
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	147.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	203.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	309.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	352.00
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	440.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	342.00
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY DISPLACED TOOTH	607.00

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DENTAL		Current
D7285	BIOPSY OF ORAL TISSUE - HARD	487.00
D7286	BIOPSY OF ORAL TISSUE - SOFT	358.00
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	338.00
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - 1 TO 3 TEETH OR TOOTH SPACES, PER QUADRANT	323.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	469.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - 1 TO 3 TEETH OR TOOTH SPACES, PER QUADRANT	448.00
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	452.00
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	796.00
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	269.00
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	374.00
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	327.00
D7960	FRENULECTOMY	495.00
ADJUNCTIVE SERVICES		
D0010	OFFICE VISIT - UNABLE TO COMPLETE VISIT	50.00
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN MINOR PROCEDURE	142.00
D9120	FIXED PARTIAL DENTURE SECTIONING	250.00
D9310	CONSULTATION	138.00
D9430	OFFICE VISIT FOR OBSERVATION	83.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	64.00
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT PER TOOTH	82.00
D9930	TREATMENT OF COMPLICATIONS (POST SURGICAL)	132.00
D9951	OCCLUSAL ADJUSTMENT - LIMITED	194.00

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.