



Dental Services Copay Guide

The county services are performed in will determine your copay amount. Please locate the county in the region chart below and refer to the appropriate region's copay column.

Region 1	Region 2	Region 3	Region 4	Region 5		
Los Angeles Orange Ventura	Imperial Riverside San Bernardino San Diego	Alameda Contra Costa Napa San Benito San Francisco San Luis Obispo San Mateo Santa Barbara Santa Clara Santa Cruz Solano Marin (94300 - 94921 94924 - 94925 94929 - 94930 94932 - 94950 94956 - 94971 94973 - 94974 94976 - 94998)	Butte El Dorado Fresno Kern Kings Madera Mendocino Merced Monterey Nevada Placer Marin (94951 - 94955)	Sacramento San Joaquin Shasta Siskiyou Sonoma Stanislaus Sutter Tehama Tulare Tuolumne Yolo	Alpine Amador Calaveras Colusa Del Norte Glenn Humboldt Inyo Lake	Lassen Mariposa Modoc Mono Plumas Sierra Trinity Yuba

ADA #	Service Description	Region 1	Region 2	Region 3	Region 4	Region 5
D0120	Periodic oral evaluation	26.00	26.00	28.00	28.00	36.00
D0140	Limited oral evaluation – problem focused	33.00	31.00	38.00	36.00	63.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	36.00	33.00	46.00	45.00	65.00
D0150	Comprehensive oral evaluation – new or established patient	39.00	39.00	51.00	49.00	68.00
D0170	Re-evaluation – limited; problem focused (established patient; not post-operative visit)	33.00	32.00	40.00	39.00	46.00
D0180	Comprehensive periodontal evaluation – new or established patient	60.00	59.00	71.00	69.00	76.00
D0210	Intraoral complete series (including bitewings)	77.00	72.00	90.00	88.00	130.00
D0220	Intraoral radiograph – periapical first image	19.00	19.00	21.00	20.00	27.00
D0230	Intraoral radiograph – periapical each additional image	11.00	10.00	15.00	10.00	20.00
D0240	Intraoral radiograph – occlusal image	19.00	18.00	22.00	20.00	36.00
D0270	Bitewing radiograph – single image	17.00	15.00	20.00	18.00	27.00
D0272	Bitewings radiograph – two images	27.00	26.00	32.00	29.00	43.00
D0273	Bitewings – three images	30.00	28.00	38.00	33.00	52.00
D0274	Bitewings radiograph – four images	33.00	32.00	40.00	38.00	60.00
D0277	Vertical bitewings – seven to eight images	44.00	40.00	51.00	49.00	72.00
D0290	Posterior-anterior or lateral skull and facial bone survey image	36.00	31.00	42.00	36.00	62.00
D0321	Radiographs – other temporomandibular joint images	51.00	48.00	63.00	57.00	60.00
D0322	Radiographs – tomographic survey	152.00	137.00	183.00	157.00	211.00
D0330	Radiograph – panoramic image	47.00	46.00	57.00	53.00	84.00
D0340	Radiograph – cephalometric image	47.00	46.00	55.00	53.00	93.00
D0350	2D Oral/facial photographic image	33.00	32.00	39.00	38.00	50.00

ADA #	Service Description	Region 1	Region 2	Region 3	Region 4	Region 5
D0415	Collection of microorganisms for culture and sensitivity – by report, provide copy of test results	30.00	30.00	38.00	38.00	45.00
D0425	Caries susceptibility tests – by report, provide copy of test results	19.00	19.00	23.00	23.00	29.00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	44.00	40.00	48.00	45.00	55.00
D0460	Pulp vitality tests	26.00	23.00	33.00	30.00	52.00
D0470	Diagnostic casts or study models	71.00	49.00	59.00	57.00	77.00
D0474	Accession of tissue, gross and microscopic examination	79.00	79.00	79.00	79.00	179.00
D0480	Accession of exfoliative cytologic smears, microscopic examination	82.00	82.00	82.00	82.00	160.00
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination	75.00	75.00	75.00	75.00	160.00
D1110	Prophylaxis – adult – age 12 and older	71.00	71.00	85.00	78.00	95.00
D1120	Prophylaxis – child	45.00	44.00	53.00	48.00	66.00
D1206	Topical application of fluoride varnish	31.00	31.00	31.00	31.00	103.00
D1208	Topical application of fluoride – excluding varnish	24.00	24.00	30.00	30.00	31.00
D1330	Oral Hygiene instructions	36.00	36.00	46.00	46.00	57.00
D1351	Sealant – per tooth – under age 16 on permanent molars only	32.00	28.00	38.00	31.00	50.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent molars only	32.00	28.00	38.00	31.00	50.00
D1510	Space maintainer – fixed – unilateral	146.00	134.00	165.00	150.00	258.00
D1515	Space maintainer – fixed – bilateral	180.00	169.00	204.00	191.00	361.00
D1520	Space maintainer – removable – unilateral	158.00	134.00	177.00	153.00	340.00
D1525	Space maintainer – removable – bilateral	218.00	195.00	243.00	221.00	505.00
D1550	Re-cement or re-bond of space maintainer	21.00	20.00	23.00	22.00	41.00
D1555	Removal of fixed space maintainer	44.00	43.00	65.00	58.00	77.00
D2140	Amalgam – one surface – primary or permanent	71.00	68.00	86.00	84.00	131.00
D2150	Amalgam – two surfaces – primary or permanent	94.00	90.00	113.00	111.00	169.00
D2160	Amalgam – three surfaces – primary or permanent	117.00	112.00	137.00	134.00	204.00
D2161	Amalgam – four or more surfaces – primary or permanent	132.00	123.00	154.00	151.00	249.00
D2330	Resin-based composite – one surface – anterior	97.00	96.00	113.00	105.00	155.00
D2331	Resin-based composite – two surfaces – anterior	116.00	114.00	134.00	123.00	198.00
D2332	Resin-based composite – three surfaces – anterior	147.00	152.00	168.00	167.00	244.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle – anterior	155.00	155.00	180.00	171.00	287.00
D2390	Resin-based composite crown – anterior	179.00	173.00	212.00	202.00	318.00
D2391	Resin-based composite – one surface – posterior	102.00	98.00	121.00	116.00	182.00
D2392	Resin-based composite – two surfaces – posterior	147.00	141.00	177.00	165.00	238.00
D2393	Resin-based composite – three surfaces – posterior	180.00	174.00	212.00	202.00	296.00
D2394	Resin-based composite – four or more surfaces – posterior	207.00	203.00	248.00	234.00	362.00
D2510	Metallic inlay – one surface	306.00	293.00	360.00	349.00	642.00
D2520	Metallic inlay – two surfaces	417.00	381.00	479.00	463.00	728.00
D2530	Metallic inlay – three or more surfaces	459.00	434.00	545.00	529.00	839.00
D2542	Metallic onlay – two surfaces	468.00	463.00	545.00	530.00	822.00
D2543	Metallic onlay – three surfaces	525.00	507.00	641.00	621.00	860.00
D2544	Metallic onlay – four or more surfaces	681.00	635.00	808.00	769.00	896.00
D2610	Porcelain/ceramic inlay – one surface	439.00	307.00	478.00	366.00	792.00
D2620	Porcelain/ceramic inlay – two surfaces	482.00	401.00	525.00	486.00	836.00
D2630	Porcelain/ceramic inlay – three or more surfaces	511.00	456.00	572.00	555.00	891.00
D2642	Porcelain/ceramic onlay – two surfaces	514.00	444.00	585.00	541.00	865.00
D2643	Porcelain/ceramic onlay – three surfaces	552.00	532.00	673.00	653.00	933.00
D2644	Porcelain/ceramic onlay – four or more surfaces	678.00	667.00	848.00	808.00	991.00
D2650	Resin-based composite inlay – one surface (lab)	379.00	264.00	395.00	313.00	497.00
D2651	Resin-based composite inlay – two surfaces (lab)	417.00	348.00	532.00	415.00	591.00
D2652	Resin-based composite inlay – three or more surfaces (lab)	459.00	395.00	584.00	476.00	664.00
D2662	Resin-based composite onlay – two surfaces (lab)	467.00	399.00	632.00	476.00	741.00
D2663	Resin-based composite onlay – three surfaces (lab)	503.00	461.00	687.00	558.00	795.00
D2664	Resin-based composite onlay – four or more surfaces (lab)	589.00	577.00	781.00	707.00	907.00
D2710	Crown – resin based composite (indirect)	245.00	245.00	245.00	245.00	678.00
D2720	Crown – resin with high noble metal	652.00	642.00	720.00	703.00	944.00
D2721	Crown – resin with predominantly base metal	523.00	514.00	584.00	566.00	884.00
D2722	Crown – resin with noble metal	574.00	566.00	643.00	621.00	904.00

ADA #	Service Description	Region 1	Region 2	Region 3	Region 4	Region 5
D2740	Crown – porcelain/ceramic substrate	803.00	736.00	872.00	830.00	1,016.00
D2750	Crown – porcelain fused to high noble metal	778.00	778.00	912.00	885.00	1,002.00
D2751	Crown – porcelain fused to predominantly base metal	671.00	638.00	763.00	722.00	933.00
D2752	Crown – porcelain fused to noble metal	717.00	678.00	791.00	769.00	956.00
D2780	Crown – ¾ cast high noble metal	745.00	729.00	858.00	835.00	917.00
D2781	Crown – ¾ cast predominantly base metal	620.00	608.00	715.00	695.00	862.00
D2782	Crown – ¾ cast noble metal	659.00	647.00	763.00	742.00	890.00
D2783	Crown – ¾ cast porcelain/ceramic	713.00	701.00	825.00	804.00	943.00
D2790	Crown – full cast high noble metal	729.00	729.00	855.00	830.00	922.00
D2791	Crown – full cast predominantly base metal	640.00	608.00	707.00	689.00	874.00
D2792	Crown – full cast noble metal	683.00	647.00	754.00	732.00	889.00
D2794	Crown – titanium	683.00	647.00	754.00	732.00	704.00
D2799	Provisional crown	156.00	155.00	192.00	181.00	382.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	39.00	40.00	46.00	46.00	67.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	39.00	40.00	46.00	46.00	43.00
D2920	Re-cement or re-bond crown	40.00	40.00	46.00	46.00	72.00
D2930	Prefabricated stainless steel crown – primary tooth	119.00	116.00	139.00	137.00	227.00
D2931	Prefabricated stainless steel crown – permanent tooth	125.00	128.00	146.00	146.00	256.00
D2932	Prefabricated resin crown	103.00	98.00	118.00	115.00	279.00
D2933	Prefabricated stainless steel crown with resin window	142.00	139.00	171.00	163.00	313.00
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	119.00	116.00	139.00	137.00	130.00
D2940	Protective restoration	41.00	39.00	47.00	45.00	77.00
D2950	Core buildup – including pins	125.00	116.00	146.00	137.00	216.00
D2951	Pin retention – per tooth – in addition to restoration	32.00	32.00	37.00	36.00	45.00
D2952	Post and core in addition to crown, indirectly fabricated	163.00	181.00	209.00	209.00	299.00
D2954	Prefabricated post and core in addition to crown	125.00	122.00	146.00	143.00	274.00
D2960	Labial veneer (resin laminate) – chairside	292.00	234.00	308.00	298.00	618.00
D2961	Labial veneer (resin laminate) – laboratory	448.00	440.00	518.00	528.00	717.00
D2962	Labial veneer (porcelain laminate) – laboratory	612.00	612.00	793.00	756.00	874.00
D2970	Temporary crown (fractured tooth) – by report	149.00	144.00	179.00	169.00	357.00
D2971	Additional procedures to construct new crown under existing partial denture framework	39.00	40.00	46.00	46.00	43.00
D3110	Pulp cap – direct	34.00	34.00	42.00	37.00	64.00
D3120	Pulp cap – indirect	30.00	30.00	40.00	32.00	50.00
D3220	Therapeutic pulpotomy	85.00	84.00	107.00	95.00	161.00
D3221	Pulpal debridement – primary and permanent teeth	75.00	72.00	98.00	87.00	176.00
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	176.00	174.00	194.00	179.00	185.00
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) Primary incisors and cuspids	104.00	98.00	110.00	106.00	108.00
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) Primary first and second molars	116.00	110.00	137.00	124.00	135.00
D3310	Root canal therapy – anterior – traditional	502.00	487.00	616.00	514.00	715.00
D3320	Root canal therapy – bicuspid – traditional	595.00	572.00	732.00	610.00	875.00
D3330	Root canal therapy – molar – traditional	866.00	862.00	1,032.00	1,006.00	1,128.00
D3331	Treatment of root canal obstruction; non-surgical access	111.00	104.00	123.00	113.00	130.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	296.00	282.00	316.00	302.00	324.00
D3333	Internal root repair of perforation defects	163.00	163.00	163.00	163.00	341.00
D3346	Retreatment of root canal – anterior	636.00	613.00	776.00	655.00	918.00
D3347	Retreatment of root canal – bicuspid	714.00	716.00	871.00	771.00	1,080.00
D3348	Retreatment of root canal – molar	927.00	916.00	1,080.00	1,046.00	1,300.00
D3410	Apicoectomy/Periradicular surgery – anterior – performed as separate surgical procedure	510.00	502.00	592.00	562.00	818.00
D3421	Apicoectomy/Periradicular surgery – bicuspid – first root	645.00	645.00	745.00	721.00	895.00
D3425	Apicoectomy/Periradicular surgery – molar – first root	652.00	645.00	752.00	721.00	1,011.00
D3426	Apicoectomy/Periradicular surgery – each additional root	228.00	216.00	279.00	241.00	337.00
D3430	Retrograde filling – per root – in addition to apicoectomy	111.00	95.00	147.00	108.00	236.00
D3450	Root amputation – per root	328.00	287.00	374.00	320.00	447.00
D3920	Hemisection (including any root removal)	288.00	287.00	339.00	334.00	349.00
D3950	Canal preparation and fitting of preformed dowel or post	69.00	63.00	100.00	70.00	159.00

ADA #	Service Description	Region 1	Region 2	Region 3	Region 4	Region 5
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	264.00	244.00	330.00	290.00	541.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous or bounded teeth spaces per quadrant	123.00	120.00	132.00	132.00	298.00
D4212	Gingivectomy of gingivoplasty to allow access for restorative procedure, per tooth	78.00	76.00	75.00	83.00	93.00
D4230	Anatomical crown exposure – four or more contiguous teeth per quadrant	672.00	680.00	755.00	734.00	773.00
D4231	Anatomical crown exposure – one to three teeth per quadrant	364.00	353.00	391.00	375.00	412.00
D4240	Gingival flap procedure – includes root planing – four plus contiguous teeth or bounded teeth spaces per quadrant	363.00	351.00	454.00	416.00	719.00
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant	180.00	176.00	221.00	208.00	439.00
D4249	Crown lengthening – hard tissue – by report	492.00	492.00	616.00	583.00	969.00
D4260	Osseous surgery – four or more contiguous teeth or bounded teeth spaces per quadrant	786.00	802.00	984.00	960.00	1,426.00
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous or bounded teeth spaces per quadrant	442.00	438.00	527.00	513.00	802.00
D4263	Bone replacement graft – first site in quadrant	295.00	262.00	368.00	312.00	443.00
D4264	Bone replacement graft – each additional site in quadrant	174.00	156.00	256.00	184.00	222.00
D4266	Guided tissue regeneration – resorbable barrier – per site	312.00	281.00	390.00	333.00	534.00
D4267	Guided tissue regeneration – nonresorbable barrier – per site (includes membrane removal).	298.00	281.00	405.00	333.00	688.00
D4270	Pedicle soft tissue graft procedure	540.00	531.00	685.00	631.00	977.00
D4273	Subepithelial connective tissue graft procedures – per tooth (includes donor site surgery).	657.00	658.00	825.00	781.00	1,191.00
D4274	Distal or proximal wedge procedure	291.00	286.00	360.00	349.00	314.00
D4275	Soft tissue allograft	563.00	563.00	674.00	650.00	625.00
D4276	Combined connective tissue and double pedicle graft – per tooth	714.00	714.00	714.00	714.00	1,544.00
D4277	Free soft tissue graft procedure (including donor site surgery) first tooth	540.00	531.00	685.00	631.00	1,116.00
D4278	Free soft tissue graft procedure (including donor site surgery) each additional contiguous tooth	110.00	106.00	124.00	110.00	200.00
D4320	Provisional splinting – intracoronal – by report	169.00	161.00	212.00	189.00	398.00
D4321	Provisional splinting – extracoronal – by report	169.00	161.00	212.00	189.00	348.00
D4341	Periodontal scaling and root planing – four or more teeth – per quadrant	137.00	138.00	176.00	170.00	242.00
D4342	Periodontal scaling and root planing – one to three teeth – per quadrant	95.00	94.00	115.00	110.00	134.00
D4355	Full mouth debridement	75.00	72.00	102.00	87.00	162.00
D4381	Localized delivery of antimicrobial agents-per tooth	39.00	39.00	44.00	44.00	43.00
D4910	Periodontal maintenance procedures following active therapy	93.00	93.00	117.00	114.00	146.00
D5110	Complete maxillary denture	944.00	916.00	1,219.00	1,183.00	1,413.00
D5120	Complete mandibular denture	944.00	916.00	1,219.00	1,183.00	1,413.00
D5130	Immediate maxillary denture	1,013.00	964.00	1,244.00	1,224.00	1,541.00
D5140	Immediate mandibular denture	1,013.00	964.00	1,244.00	1,224.00	1,541.00
D5211	Maxillary partial denture – resin base	560.00	478.00	666.00	616.00	1,193.00
D5212	Mandibular partial denture – resin base	560.00	478.00	666.00	616.00	1,193.00
D5213	Maxillary partial denture – cast metal framework with resin denture base	1,078.00	1,042.00	1,323.00	1,273.00	1,562.00
D5214	Mandibular partial denture – cast metal framework with resin denture base	1,078.00	1,042.00	1,323.00	1,273.00	1,562.00
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	836.00	716.00	995.00	923.00	929.00
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	836.00	716.00	995.00	923.00	929.00
D5281	Removable unilateral partial denture – one piece cast metal	493.00	434.00	608.00	516.00	910.00
D5410	Adjust complete denture – maxillary	35.00	33.00	41.00	37.00	72.00
D5411	Adjust complete denture – mandibular	35.00	33.00	41.00	37.00	72.00
D5421	Adjust partial denture – maxillary	35.00	33.00	41.00	37.00	72.00
D5422	Adjust partial denture – mandibular	35.00	33.00	41.00	37.00	72.00
D5510	Repair broken complete denture base	95.00	95.00	117.00	115.00	144.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	81.00	81.00	102.00	100.00	121.00
D5610	Repair resin denture base	88.00	81.00	102.00	100.00	157.00
D5620	Repair cast framework	102.00	96.00	118.00	116.00	169.00
D5630	Repair or replace broken clasp	122.00	121.00	153.00	150.00	205.00
D5640	Replace broken teeth – per tooth	95.00	95.00	117.00	115.00	133.00
D5650	Add tooth to existing partial denture	89.00	95.00	117.00	115.00	181.00
D5660	Add clasp to existing partial denture	121.00	121.00	152.00	148.00	217.00
D5710	Rebase complete denture – maxillary	268.00	252.00	318.00	308.00	537.00
D5711	Rebase complete denture – mandibular	268.00	252.00	318.00	308.00	512.00
D5720	Rebase partial denture – maxillary	263.00	232.00	313.00	284.00	507.00

ADA #	Service Description	Region 1	Region 2	Region 3	Region 4	Region 5
D5721	Rebase partial denture – mandibular	263.00	232.00	313.00	284.00	507.00
D5730	Reline complete denture – maxillary – chairside	143.00	136.00	168.00	162.00	303.00
D5731	Reline complete denture – mandibular – chairside	143.00	136.00	168.00	162.00	303.00
D5740	Reline partial denture – maxillary – chairside	143.00	136.00	168.00	162.00	277.00
D5741	Reline partial denture – mandibular – chairside	143.00	136.00	168.00	162.00	277.00
D5750	Reline complete denture – maxillary – laboratory	233.00	232.00	291.00	284.00	404.00
D5751	Reline complete denture – mandibular – laboratory	233.00	232.00	291.00	284.00	404.00
D5760	Reline partial denture – maxillary – laboratory	220.00	217.00	271.00	264.00	398.00
D5761	Reline partial denture – mandibular – laboratory	220.00	217.00	271.00	264.00	398.00
D5810	Interim complete denture – maxillary	418.00	423.00	500.00	485.00	684.00
D5811	Interim complete denture – mandibular	418.00	423.00	500.00	485.00	735.00
D5820	Interim partial denture – maxillary	303.00	321.00	374.00	374.00	529.00
D5821	Interim partial denture – mandibular	303.00	321.00	374.00	374.00	561.00
D5850	Tissue conditioning – maxillary	65.00	65.00	78.00	75.00	127.00
D5851	Tissue conditioning – mandibular	65.00	65.00	78.00	75.00	127.00
D5862	Precision attachment – by report	257.00	249.00	326.00	315.00	305.00
D5863	Overdenture – complete maxillary	1,007.00	964.00	1,221.00	1,201.00	1,140.00
D5864	Overdenture – partial maxillary	1,007.00	964.00	1,221.00	1,201.00	1,140.00
D5865	Overdenture – complete mandibular	1,007.00	964.00	1,221.00	1,201.00	1,140.00
D5866	Overdenture – partial mandibular	1,007.00	964.00	1,221.00	1,201.00	1,140.00
D5982	Surgical stent – by report	309.00	252.00	370.00	322.00	657.00
D6010	Surgical placement of implant body – endosteal implant	1,576.00	1,576.00	2,001.00	1,734.00	2,206.00
D6056	Prefabricated abutment – includes placement	374.00	366.00	441.00	425.00	420.00
D6058	Abutment supported crown – porcelain/ceramic	1,122.00	1,042.00	1,225.00	979.00	1,428.00
D6059	Abutment supported crown – porcelain fused to high noble metal	1,108.00	1,029.00	1,209.00	967.00	1,409.00
D6060	Abutment supported crown – porcelain fused to predominantly base metal	1,046.00	972.00	1,141.00	916.00	1,331.00
D6061	Abutment supported crown – porcelain fused to noble metal	1,067.00	993.00	1,165.00	931.00	1,360.00
D6062	Abutment supported crown – cast high noble metal	1,014.00	941.00	1,106.00	884.00	1,288.00
D6063	Abutment supported crown – cast predominantly base metal	869.00	810.00	950.00	759.00	1,107.00
D6064	Abutment supported crown – cast noble metal	922.00	857.00	1,006.00	806.00	1,173.00
D6065	Implant supported crown – porcelain/ceramic	1,052.00	976.00	1,146.00	919.00	1,338.00
D6066	Implant supported crown – porcelain fused to high noble metal or titanium	1,024.00	952.00	1,117.00	895.00	1,303.00
D6067	Implant supported crown – high noble metal or titanium	993.00	924.00	1,085.00	868.00	1,264.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	1,122.00	1,042.00	1,225.00	979.00	1,428.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,108.00	1,029.00	1,209.00	967.00	1,409.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1,046.00	972.00	1,141.00	916.00	1,331.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	1,067.00	993.00	1,165.00	931.00	1,360.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	1,038.00	965.00	1,133.00	906.00	1,321.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	940.00	875.00	1,026.00	820.00	1,196.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	1,013.00	942.00	1,108.00	884.00	1,288.00
D6075	Implant supported retainer for ceramic FPD	1,104.00	1,026.00	1,205.00	965.00	1,405.00
D6076	Implant supported retainer for porcelain fused to metal FPD (high noble metal or titanium)	1,210.00	999.00	1,173.00	939.00	1,368.00
D6077	Implant supported retainer for cast metal FPD (high noble metal or titanium)	993.00	924.00	1,085.00	868.00	1,264.00
D6092	Re-cement or re-bond implant/abutment supported crown	42.00	43.00	49.00	48.00	78.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	61.00	62.00	70.00	69.00	118.00
D6094	Abutment supported crown – (titanium)	670.00	634.00	740.00	718.00	704.00
D6114	Implant/abutment supported fixed denture for edentulous arch-maxillary	1,067.00	1,018.00	1,265.00	1,247.00	1,240.00
D6115	Implant/abutment supported fixed denture for edentulous arch-mandibular	1,067.00	1,018.00	1,265.00	1,247.00	1,240.00
D6116	Implant/abutment supported fixed denture for partially edentulous arch-maxillary	1,067.00	1,018.00	1,265.00	1,247.00	1,240.00
D6117	Implant/abutment supported fixed denture for partially edentulous arch-mandibular	1,067.00	1,018.00	1,265.00	1,247.00	1,240.00
D6190	Radiographic/surgical implant index – by report	168.00	168.00	168.00	168.00	271.00
D6194	Abutment supported retainer crown for FPD – (titanium)	670.00	634.00	740.00	718.00	704.00
D6210	Pontic – cast high noble metal	698.00	698.00	855.00	830.00	894.00
D6211	Pontic – cast predominantly base metal	612.00	582.00	707.00	689.00	837.00
D6212	Pontic – cast noble metal	682.00	647.00	754.00	732.00	869.00
D6214	Pontic – titanium	682.00	647.00	754.00	732.00	704.00
D6240	Pontic – porcelain fused to high noble metal	733.00	733.00	898.00	872.00	925.00

ADA #	Service Description	Region 1	Region 2	Region 3	Region 4	Region 5
D6241	Pontic – porcelain fused to predominantly base metal	644.00	611.00	761.00	722.00	855.00
D6242	Pontic – porcelain fused to noble metal	687.00	650.00	792.00	769.00	902.00
D6245	Pontic – porcelain/ceramic	707.00	703.00	826.00	799.00	954.00
D6250	Pontic – resin with high noble metal	627.00	626.00	731.00	712.00	869.00
D6251	Pontic – resin with predominantly base metal	503.00	502.00	600.00	570.00	802.00
D6252	Pontic – resin with noble metal	556.00	552.00	657.00	631.00	830.00
D6253	Provisional pontic	141.00	139.00	177.00	161.00	258.00
D6545	Retainer – cast metal for resin bonded fixed prosthesis	232.00	176.00	271.00	195.00	346.00
D6600	Inlay – porcelain/ceramic – two surfaces	492.00	409.00	536.00	496.00	772.00
D6601	Inlay – porcelain/ceramic – three or more surfaces	520.00	464.00	583.00	566.00	811.00
D6602	Inlay – cast high noble metal – two surfaces	413.00	410.00	499.00	471.00	786.00
D6603	Inlay – cast high noble metal – three or more surfaces	468.00	466.00	557.00	533.00	864.00
D6604	Inlay – cast predominantly base metal – two surfaces	364.00	361.00	437.00	416.00	771.00
D6605	Inlay – cast predominantly base metal – three or more surfaces	425.00	423.00	509.00	485.00	816.00
D6606	Inlay – cast noble metal – two surfaces	424.00	390.00	486.00	472.00	758.00
D6607	Inlay – cast noble metal – three or more surfaces	467.00	442.00	556.00	540.00	841.00
D6608	Onlay – porcelain/ceramic – two surfaces	523.00	453.00	598.00	551.00	839.00
D6609	Onlay – porcelain/ceramic – three or more surfaces	562.00	543.00	686.00	666.00	876.00
D6610	Onlay – cast high noble metal – two surfaces	537.00	534.00	644.00	610.00	847.00
D6611	Onlay – cast high noble metal – three or more surfaces	700.00	698.00	810.00	794.00	927.00
D6612	Onlay – cast predominantly base metal – two surfaces	426.00	423.00	504.00	486.00	843.00
D6613	Onlay – cast predominantly base metal – three or more surfaces	580.00	575.00	678.00	659.00	881.00
D6614	Onlay – cast noble metal – two surfaces	477.00	472.00	556.00	541.00	824.00
D6615	Onlay – cast noble metal – three or more surfaces	695.00	648.00	823.00	783.00	858.00
D6720	Crown – resin with high noble metal	664.00	654.00	734.00	716.00	983.00
D6721	Crown – resin with predominantly base metal	532.00	524.00	602.00	577.00	931.00
D6722	Crown – resin with noble metal	585.00	577.00	655.00	633.00	949.00
D6740	Crown – porcelain/ceramic	764.00	701.00	830.00	792.00	1,033.00
D6750	Crown – porcelain fused to high noble metal	778.00	778.00	912.00	885.00	1,056.00
D6751	Crown – porcelain fused to predominantly base metal	671.00	638.00	763.00	722.00	986.00
D6752	Crown – porcelain fused to noble metal	717.00	678.00	792.00	769.00	1,010.00
D6780	Crown – ¾ cast high noble metal	744.00	729.00	858.00	835.00	949.00
D6781	Crown – ¾ cast predominantly base metal	619.00	608.00	715.00	695.00	949.00
D6782	Crown – ¾ cast noble metal	658.00	647.00	763.00	742.00	881.00
D6783	Crown – ¾ porcelain/ceramic	713.00	701.00	825.00	804.00	977.00
D6790	Crown – full cast high noble metal	729.00	729.00	855.00	830.00	971.00
D6791	Crown – full cast predominantly base metal	639.00	608.00	707.00	689.00	921.00
D6792	Crown – full cast noble metal	682.00	647.00	754.00	732.00	954.00
D6793	Provisional retainer crown	159.00	155.00	192.00	181.00	399.00
D6794	Crown – titanium	682.00	647.00	754.00	732.00	704.00
D6930	Re-cement or re-bond fixed partial denture	62.00	62.00	70.00	69.00	118.00
D6940	Stress breaker – by report	177.00	177.00	274.00	205.00	249.00
D6950	Precision attachment	294.00	294.00	411.00	343.00	488.00
D7111	Extraction – coronal remnants – deciduous tooth	67.00	64.00	95.00	78.00	105.00
D7140	Extraction – erupted tooth or exposed root (elevation and/or forceps removal)	84.00	81.00	113.00	96.00	149.00
D7210	Surgical removal of erupted tooth	150.00	149.00	208.00	205.00	245.00
D7220	Removal of impacted tooth – soft tissue	196.00	196.00	272.00	267.00	307.00
D7230	Removal of impacted tooth – partially bony	276.00	277.00	401.00	394.00	406.00
D7240	Removal of impacted tooth – completely bony	355.00	355.00	517.00	502.00	479.00
D7241	Removal of impacted tooth – completely bony – with unusual surgical complications – by report	394.00	394.00	534.00	519.00	601.00
D7250	Surgical removal of residual tooth roots – cutting procedure	161.00	160.00	238.00	232.00	258.00
D7260	Oroantral fistula closure	466.00	453.00	710.00	691.00	1,129.00
D7261	Primary closure of a sinus perforation	403.00	401.00	491.00	469.00	650.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth – by report	323.00	332.00	441.00	428.00	490.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) – by report	323.00	332.00	441.00	428.00	697.00
D7280	Surgical access of an erupted tooth	343.00	343.00	500.00	485.00	538.00

ADA #	Service Description	Region 1	Region 2	Region 3	Region 4	Region 5
D7283	Placement of device to facilitate eruption of impacted tooth	121.00	112.00	140.00	132.00	163.00
D7285	Incisional biopsy of oral tissue – hard (bone, tooth) – by report	162.00	119.00	243.00	228.00	672.00
D7286	Incisional biopsy of oral tissue – soft	131.00	119.00	203.00	191.00	389.00
D7287	Exfoliative cytological sample collection – by report	110.00	109.00	134.00	128.00	118.00
D7288	Brush biopsy - transepithelial sample collection – by report	51.00	51.00	61.00	60.00	57.00
D7291	Transseptal fiberotomy/supra crestal fiberotomy – by report	36.00	33.00	49.00	47.00	48.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	152.00	144.00	217.00	207.00	266.00
D7311	Alveoloplasty - in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	75.00	72.00	109.00	103.00	102.00
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	204.00	204.00	298.00	279.00	721.00
D7321	Alveoloplasty - not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	102.00	102.00	149.00	140.00	139.00
D7340	Vestibuloplasty – ridge extension – secondary epithelialization	781.00	722.00	1,134.00	1,071.00	1,508.00
D7350	Vestibuloplasty – ridge extension	1,205.00	1,205.00	2,115.00	2,143.00	2,526.00
D7410	Excision of benign lesion up to 1.25 cm	184.00	181.00	252.00	243.00	436.00
D7411	Excision of benign lesion greater than 1.25 cm	242.00	241.00	293.00	282.00	488.00
D7412	Excision of benign lesion – complicated – by report	345.00	344.00	421.00	401.00	682.00
D7413	Excision of malignant lesion up to 1.25 cm	218.00	206.00	253.00	241.00	486.00
D7414	Excision of malignant lesion greater than 1.25 cm	269.00	268.00	329.00	315.00	527.00
D7415	Excision of malignant lesion – complicated – by report	373.00	372.00	451.00	432.00	719.00
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	231.00	228.00	288.00	270.00	425.00
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	311.00	309.00	384.00	364.00	574.00
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	198.00	198.00	198.00	279.00	419.00
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	322.00	284.00	467.00	440.00	733.00
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	199.00	198.00	257.00	232.00	515.00
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	286.00	284.00	353.00	333.00	644.00
D7471	Removal of lateral exostosis (maxilla or mandible)	364.00	325.00	524.00	492.00	775.00
D7472	Removal of torus palatinus	404.00	401.00	488.00	469.00	745.00
D7473	Removal of torus mandibularis	403.00	401.00	491.00	467.00	769.00
D7485	Surgical reduction of osseous tuberosity	270.00	267.00	325.00	315.00	606.00
D7510	Incision and drainage of abscess – intraoral soft tissue	88.00	96.00	130.00	120.00	253.00
D7530	Removal of a foreign body from mucosa, skin, or subcutaneous alveolar tissue	90.00	90.00	110.00	105.00	333.00
D7880	Occlusal orthotic device (TMJ treatment appliance) – by report	526.00	490.00	810.00	750.00	698.00
D7910	Suture of recent small wounds up to 5 cm	68.00	60.00	105.00	98.00	218.00
D7911	Complicated suture – up to 5 cm	81.00	81.00	103.00	95.00	224.00
D7912	Complicated suture – greater than 5 cm	78.00	66.00	116.00	108.00	272.00
D7953	Bone replacement graft for ridge preservation – per site	284.00	252.00	354.00	299.00	331.00
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	224.00	217.00	296.00	281.00	559.00
D7970	Excision of hyperplastic tissue – per arch	184.00	169.00	291.00	269.00	577.00
D7971	Excision of pericoronal gingival	70.00	70.00	98.00	90.00	183.00
D7972	Surgical reduction of fibrous tuberosity	296.00	294.00	354.00	337.00	679.00
D8010	Limited orthodontic treatment of the primary dentition	577.00	577.00	666.00	666.00	653.00
D8020	Limited orthodontic treatment of the transitional dentition	2,027.00	2,027.00	2,337.00	2,337.00	2,291.00
D8030	Limited orthodontic treatment of the adolescent dentition	2,027.00	2,027.00	2,337.00	2,337.00	2,291.00
D8040	Limited orthodontic treatment of the adult dentition	2,027.00	2,027.00	2,337.00	2,337.00	2,291.00
D8050	Interceptive orthodontic treatment of the primary dentition	577.00	606.00	666.00	666.00	653.00
D8060	Interceptive orthodontic treatment of the transitional dentition	614.00	645.00	707.00	707.00	693.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	4,052.00	4,052.00	4,672.00	4,672.00	4,580.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	4,052.00	4,052.00	4,672.00	4,672.00	4,580.00
D8090	Comprehensive orthodontic treatment of the adult dentition	4,052.00	4,052.00	4,672.00	4,672.00	4,580.00
D8210	Removable appliance therapy – by report	232.00	346.00	418.00	418.00	410.00
D8220	Fixed appliance therapy – by report	290.00	275.00	333.00	333.00	326.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	32.00	31.00	37.00	36.00	35.00
D8680	Orthodontic retention – removal of appliances, construction/placement of retainer(s)	139.00	137.00	235.00	159.00	371.00
D8691	Repair of orthodontic appliance	72.00	71.00	87.00	84.00	92.00
D8692	Replacement of lost or broken retainer	150.00	147.00	177.00	183.00	196.00
D8693	Re-cement or re-bond fixed retainer	58.00	56.00	64.00	63.00	110.00
D9110	Palliative emergency treatment of dental pain – minor procedure – by report	53.00	50.00	60.00	56.00	91.00
D9120	Fixed partial denture sectioning – by report	54.00	51.00	65.00	59.00	77.00

ADA #	Service Description	Region 1	Region 2	Region 3	Region 4	Region 5
D9220	Deep sedation/general anesthesia – first 30 minutes	236.00	227.00	294.00	287.00	410.00
D9221	Deep sedation/general anesthesia – each additional 15 minutes	105.00	105.00	137.00	134.00	171.00
D9230	Analgesia, anxiety, inhalation of nitrous oxide – per visit	43.00	43.00	50.00	49.00	52.00
D9241	Intravenous moderate conscious sedation/analgesia – first 30 minutes	171.00	122.00	183.00	154.00	322.00
D9242	Intravenous moderate conscious sedation/analgesia – each additional 15 minutes	65.00	63.00	89.00	88.00	134.00
D9248	Non-intravenous moderate conscious sedation	77.00	77.00	77.00	77.00	68.00
D9310	Consultation – per session	58.00	55.00	72.00	70.00	201.00
D9420	Hospital call	192.00	189.00	233.00	225.00	365.00
D9430	Office visit – for observation during office hours, no other services performed	32.00	30.00	37.00	35.00	68.00
D9440	Office visit – after regularly scheduled office hours	71.00	71.00	77.00	71.00	122.00
D9610	Therapeutic parenteral drug, single administration	22.00	21.00	26.00	23.00	25.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	37.00	35.00	47.00	43.00	57.00
D9910	Application of desensitizing medicament, per visit	23.00	23.00	27.00	23.00	43.00
D9920	Behavior management – by report	42.00	40.00	50.00	48.00	49.00
D9940	Occlusal guard – by report	242.00	228.00	298.00	290.00	278.00
D9942	Repair and/or relin of occlusal guard. Provide placement date of nightguard	93.00	93.00	115.00	113.00	110.00
D9950	Occlusion analysis – mounted case – by report	227.00	216.00	249.00	237.00	271.00
D9951	Limited occlusal adjustment – per visit	69.00	74.00	81.00	68.00	121.00
D9952	Complete occlusal adjustment – by report	188.00	197.00	258.00	251.00	680.00
D9972	External bleaching – per arch (performed in office)	204.00	201.00	237.00	231.00	314.00
D9973	External bleaching – per tooth	52.00	52.00	52.00	52.00	70.00
D9974	Internal bleaching – per tooth	136.00	134.00	162.00	158.00	255.00
D9975	External bleaching for home appliance-per arch (includes material and fabrication of custom trays)	112.00	107.00	126.00	112.00	124.00