

Regional Dental
 Fee Schedule
 FY 2019-2020

CPT Code*	SERVICE CODE	CPT/HCPC Description	STD. / MIN. FEE \$20/Svc.	MCD Rate 2020	FY 2018-2019
D0120	Periodic Oral Evaluation- Est Pt	Periodic Oral Evaluation-Established Patient	300.00	22.58	200.00
D0140	Limited Oral Evaluation-Problem Focused	Limited Oral Evaluation-Problem Focused	300.00	37.08	75.00
D0145	Oral Eval, Patient < 3 Years of age And Counseling	Oral Eval, Patient < 3 Years of age And Counseling	300.00	33.50	80.00
D0150	Comprehensive Oral Eval-New Or Established Patient	Comprehensive Oral Eval-New Or Established Patient	300.00	35.50	150.00
D0160	Detailed And Extensive Oral Eval-Prob Focused, BR	Detailed And Extensive Oral Eval-Prob Focused, BR	300.00	50.00	130.00
D0170	Re-Evaluation-Limited, Problem Focused	Re-Evaluation-Limited, Problem Focused	300.00	20.00	68.00
D0190	Screening of a Patient	Screening of a Patient	20.00	N/C	N/C
D0191	Assessment Of A Patient	Assessment Of A Patient	20.00	N/C	N/C
D0210	Intraoral-Complete Series Of Radiographic Images	Intraoral-Complete Series Of Radiographic Images	145.00	72.25	165.00
D0220	Intraoral-Periapical First Radiographic Image	Intraoral-Periapical First Radiographic Image	27.00	13.25	195.00
D0230	Intraoral-Periapical Each Addl Radiographic Image	Intraoral-Periapical Each Addl Radiographic Image	20.00	10.00	225.00
D0240	Intraoral-Occlusal Radiographic Image	Intraoral-Occlusal Radiographic Image	37.00	18.50	38.00
D0250	Extra-Oral-2D Projection Radiographic Image	Extra-Oral-2D Projection Radiographic Image	36.00	17.75	42.00
D0251	Extra-Oral Posterior Dental Radiographic Image	Extra-Oral Posterior Dental Radiographic Image	140.00	70.00	48.00
D0270	Bitewing-Single Radiographic Image	Bitewing-Single Radiographic Image	35.00	17.29	30.00
D0272	Bitewings-Two Radiographic Images	Bitewings-Two Radiographic Images	50.00	24.81	65.00
D0273	Bitewings-Three Radiographic Images	Bitewings-Three Radiographic Images	56.00	27.75	N/C
D0274	Bitewings-Four Radiographic Images	Bitewings-Four Radiographic Images	70.00	35.17	100.00
D0277	Vertical Bitewings-7 To 8 Radiographic Images	Vertical Bitewings-7 To 8 Radiographic Images	101.00	50.59	102.00
D0310	Sialography	Sialography	124.00	61.75	N/C
D0320	TMJ Arthrogram, Including Injection	TMJ Arthrogram, Including Injection	20.00	N/C	N/C
D0330	Panoramic Radiographic Image	Panoramic Radiographic Image	129.00	64.52	75.00
D0340	2D Cephalometric Radiographic Image	2D Cephalometric Radiographic Image	69.00	34.25	70.00
D0602	Caries risk assessment & documentation, mod risk	Caries risk assessment & documentation, mod risk	10.00	N/C	N/C
D0603	Caries risk assessment & documentation, high risk	Caries risk assessment & documentation, high risk	10.00	N/C	N/C
D1110	Prophylaxis-Adult	Prophylaxis-Adult	96.00	47.75	75.00
D1120	Prophylaxis-Child	Prophylaxis-Child	69.00	34.50	1450.00
D1206	Topical Application Of Fluoride Varnish	Topical Application Of Fluoride Varnish	45.00	22.25	46.00
D1208	Topical Application Of Fluoride	Topical Application Of Fluoride	45.00	22.39	30.00
D1310	Nutritional Counseling For Control Of Dental Dis	Nutritional Counseling For Control Of Dental Dis	20.00	N/C	N/C
D1330	Oral Hygiene Instructions	Oral Hygiene Instructions	20.00	N/C	30.00
D1351	Sealant-Per Tooth	Sealant-Per Tooth	59.00	29.35	885.00

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D1352	PRR in a mod to high caries risk pt-perm tooth	PRR in a mod to high caries risk pt-perm tooth	71.00	35.45	36.00
D1510	Space Maintainer-Fixed-Unilateral	Space Maintainer-Fixed-Unilateral	389.00	194.34	389.00
D1520	Space Maintainer-Removable-Unilateral	Space Maintainer-Removable-Unilateral	310.00	154.75	386.00
D1999	Unspecified preventive procedure, by report	Unspecified preventive procedure, by report	61.00	30.24	N/C
D2140	Amalgam-One Surface, Primary Or Permanent	Amalgam-One Surface, Primary Or Permanent	124.00	61.90	200.00
D2150	Amalgam-Two Surfaces, Primary Or Permanent	Amalgam-Two Surfaces, Primary Or Permanent	162.00	81.14	165.00
D2160	Amalgam-Three Surfaces, Primary Or Permanent	Amalgam-Three Surfaces, Primary Or Permanent	193.00	96.47	100.00
D2161	Amalgam-Four Or More Surfaces, Prim Or Perm	Amalgam-Four Or More Surfaces, Prim Or Perm	233.00	116.27	52.00
D2330	Resin-Based Composite-One Surface, Anterior	Resin-Based Composite-One Surface, Anterior	158.00	79.18	150.00
D2331	Resin-Based Composite-Two Surfaces, Anterior	Resin-Based Composite-Two Surfaces, Anterior	193.00	96.47	55.00
D2332	Resin-Based Composite-Three Surfaces, Anterior	Resin-Based Composite-Three Surfaces, Anterior	223.00	111.58	388.00
D2335	Resin-Based Comp-4+ Surfs Or Invlng Incisal Angle	Resin-Based Comp-4+ Surfs Or Invlng Incisal Angle	309.00	154.74	155.00
D2390	Resin-Based Composite Crown, Anterior	Resin-Based Composite Crown, Anterior	280.00	140.00	148.00
D2391	Resin-Based Composite-One Surface, Posterior	Resin-Based Composite-One Surface, Posterior	110.00	55.00	455.00
D2392	Resin-Based Composite-Two Surfaces, Posterior	Resin-Based Composite-Two Surfaces, Posterior	146.00	72.75	310.00
D2393	Resin-Based Composite-Three Surfaces, Posterior	Resin-Based Composite-Three Surfaces, Posterior	173.00	86.50	165.00
D2394	Resin-Based Comp-Four Or More Surfaces, Posterior	Resin-Based Comp-Four Or More Surfaces, Posterior	209.00	104.25	200.00
D2740	Crown-Porcelain/Ceramic Substrate	Crown-Porcelain/Ceramic Substrate	1564.00	N/C	31.00
D2751	Crown-Porcelain Fused To Predominantly Base Metal	Crown-Porcelain Fused To Predominantly Base Metal	1320.00	N/C	27.00
D2910	Recent Inlay/Onlay, Or Partl Covg Restoration	Recent Inlay/Onlay, Or Partl Covg Restoration	112.00	56.00	102.00
D2920	Recent Crown	Recent Crown	117.00	58.27	200.00
D2921	Reattachment of tth fragment, incisal edge or cusp	Reattachment of tth fragment, incisal edge or cusp	342.00	170.82	50.00
D2930	Prefabricated Stainless Steel Crown-Primary Tooth	Prefabricated Stainless Steel Crown-Primary Tooth	312.00	155.86	318.00
D2931	Prefabricated Stainless Steel Crown-Perm Tooth	Prefabricated Stainless Steel Crown-Perm Tooth	371.00	185.69	344.00
D2932	Prefabricated Resin Crown	Prefabricated Resin Crown	278.00	138.75	362.00
D2933	Prefabricated Stainless Steel Crown W/Resin Window	Prefabricated Stainless Steel Crown W/Resin Window	324.00	161.75	362.00
D2934	Prefab Esthetic Coated Stainless Stl Crwn-Prim Tth	Prefab Esthetic Coated Stainless Stl Crwn-Prim Tth	312.00	155.86	362.00
D2940	Protective Restoration	Protective Restoration	122.00	60.78	790.00
D2941	Interim therapeutic restoration-primary dentition	Interim therapeutic restoration-primary dentition	342.00	170.82	72.00
D2949	Restorative foundation for an indirect restoration	Restorative foundation for an indirect restoration	342.00	170.82	942.00
D2950	Core Buildup, Including Any Pins	Core Buildup, Including Any Pins	296.00	N/C	785.00
D2951	Pin Retention-Per Tth, In Addition To Restoration	Pin Retention-Per Tth, In Addition To Restoration	52.00		145.00
D2980	Crwn Repr Necess By Restorative Material Failure	Crwn Repr Necess By Restorative Material Failure	321.00	160.25	258.00
D2990	Resin Infiltration Incipient Smooth Surface Lesion	Resin Infiltration Incipient Smooth Surface Lesion	354.00	177.03	N/C

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D3110	Pulp Cap-Direct (Excluding Final Restoration)	Pulp Cap-Direct (Excluding Final Restoration)	80.00	N/C	30.00
D3120	Pulp Cap-Indirect (Excluding Final Restoration)	Pulp Cap-Indirect (Excluding Final Restoration)	60.00	N/C	20.00
D3220	Therapeutic Plptmy(Excl Fnl Restoration)-Rmvl Pulp	Therapeutic Plptmy(Excl Fnl Restoration)-Rmvl Pulp	210.00	105.11	75.00
D3221	Pulpal Debridement, Primary And Permanent Teeth	Pulpal Debridement, Primary And Permanent Teeth	220.00	N/C	N/C
D3222	Prtl plptmy apexogenesis-perm tth w/incmpl root	Prtl plptmy apexogenesis-perm tth w/incmpl root	210.00	105.11	216.00
D3230	Pulpal Therapy (Resorbable Filling)-Ant, Prim Tth	Pulpal Therapy (Resorbable Filling)-Ant, Prim Tth	272.00	136.06	32.00
D3240	Pulpal Therapy (Resorbable Filling)-Post, Prim Tth	Pulpal Therapy (Resorbable Filling)-Post, Prim Tth	231.00	115.50	1780.00
D3320	Bicuspid (Excluding Final Restoration)	Bicuspid (Excluding Final Restoration)	929.00	464.23	930.00
D3330	Molar (Excluding Final Restoration)	Molar (Excluding Final Restoration)	1140.00	569.32	30.00
D3346	Retreatment Of Previous Root Canal Therapy-Ant	Retreatment Of Previous Root Canal Therapy-Ant	1129.00	564.50	1168.00
D3347	Retreatment Of Previous Root Canal Therapy-Bicuspid	Retreatment Of Previous Root Canal Therapy-Bicuspid	1278.00	639.00	1348.00
D3348	Retreatment Of Previous Root Canal Therapy-Molar	Retreatment Of Previous Root Canal Therapy-Molar	1584.00	792.00	1632.00
D3351	Apexfctn/Recalc-Initial Vis(Apcl Clsr/Calcific Rpr	Apexfctn/Recalc-Initial Vis(Apcl Clsr/Calcific Rpr	481.00	240.00	268.48
D3352	Apexification/Recalc-Interim Med Replacement	Apexification/Recalc-Interim Med Replacement	99.00	49.50	180.00
D3353	Apexification/Recalc-Final Visit (Incl Cmpltd RCT)	Apexification/Recalc-Final Visit (Incl Cmpltd RCT)	99.00	49.50	628.00
D3410	Apicoectomy/Periradicular Surgery-Anterior	Apicoectomy/Periradicular Surgery-Anterior	704.00	352.00	818.00
D3421	Apicoectomy/Periradicular Surg-Bicuspid (1st Root)	Apicoectomy/Periradicular Surg-Bicuspid (1st Root)	1057.00	528.00	992.00
D3950	Canal Prep&Fitting Of Preformed Dowel Or Post	Canal Prep&Fitting Of Preformed Dowel Or Post	140.00	N/C	150.00
D4320	Provisional Splinting-Intracoronal	Provisional Splinting-Intracoronal	600.00	N/C	130.00
D4341	Periodontal Scaling&Root Planing-4+ tth/quad	Periodontal Scaling&Root Planing-4+ tth/quad	309.00	154.74	800.00
D4342	Periodontal Scaling&Root Planing-1-3 tth/quad	Periodontal Scaling&Root Planing-1-3 tth/quad	104.00	52.03	800.00
D4346	Generalized Moderate-Severe Gingival Inflammation	Generalized Moderate-Severe Gingival Inflammation	408.00	204.00	120.00
D4355	Full Mouth Debridement To Enable Comp Eval&Diag	Full Mouth Debridement To Enable Comp Eval&Diag	196.00	98.14	105.00
D4910	Periodontal Maintenance	Periodontal Maintenance	306.00	153.00	310.00
D5110	Complete Denture-Maxillary	Complete Denture-Maxillary	873.00	782.50	50.00
D5120	Complete Denture-Mandibular	Complete Denture-Mandibular	879.00	788.25	100.00
D5130	Immediate Denture-Maxillary	Immediate Denture-Maxillary	783.00	391.25	60.00
D5140	Immediate Denture-Mandibular	Immediate Denture-Mandibular	788.00	394.13	790.00
D5211	Max Prtl Denture-Resin Base(Incl clasp, rest, tth)	Max Prtl Denture-Resin Base(Incl clasp, rest, tth)	731.00	656.00	1312.00
D5212	Mand Prtl Denture-Resin Base-Incl clasp, rest, tth	Mand Prtl Denture-Resin Base-Incl clasp, rest, tth	743.00	788.25	1576.00
D5213	Max Prtl Dentr-Cast Metal Framewrk w/Resin Dent	Max Prtl Dentr-Cast Metal Framewrk w/Resin Dent	656.00	656.00	100.00
D5214	Mand Prtl Dentr-Cast Metal Framewrk w/Resin Dent	Mand Prtl Dentr-Cast Metal Framewrk w/Resin Dent	666.00	788.25	70.00
D5225	Max Prtl Dentr-Flex Base (Incl clasps, rests, tth)	Max Prtl Dentr-Flex Base (Incl clasps, rests, tth)	656.00	328.00	NA
D5226	Mand Prtl Dentr-Flex Base (Incl clasps, rests, tth)	Mand Prtl Dentr-Flex Base (Incl clasps, rests, tth)	666.00	333.00	NA

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D5410	Adjust Complete Denture-Maxillary	Adjust Complete Denture-Maxillary	50.00	N/C	200.00
D5411	Adjust Complete Denture-Mandibular	Adjust Complete Denture-Mandibular	76.00	N/C	200.00
D5422	Adjust Partial Denture-Mandibular	Adjust Partial Denture-Mandibular	76.00	N/C	200.00
D5520	Repl Missing/Broken Teeth-Comp Denture (Ea Tth)	Repl Missing/Broken Teeth-Comp Denture (Ea Tth)	167.00	83.25	NA
D5640	Replace Broken Teeth-Per Tooth	Replace Broken Teeth-Per Tooth	167.00	83.25	NA
D5650	Add Tooth To Existing Partial Denture	Add Tooth To Existing Partial Denture	222.00	111.00	294.00
D5730	Reline Complete Maxillary Denture (Chairside)	Reline Complete Maxillary Denture (Chairside)	389.00	194.25	450.00
D5731	Reline Complete Mandibular Denture (Chairside)	Reline Complete Mandibular Denture (Chairside)	389.00	194.25	400.00
D5750	Reline Complete Maxillary Denture (Laboratory)	Reline Complete Maxillary Denture (Laboratory)	500.00	249.75	45.00
D5751	Reline Complete Mandibular Denture (Laboratory)	Reline Complete Mandibular Denture (Laboratory)	500.00	249.75	45.00
D5760	Reline Maxillary Partial Denture (Laboratory)	Reline Maxillary Partial Denture (Laboratory)	400.00	200.00	40.00
D5761	Reline Mandibular Partial Denture (Laboratory)	Reline Mandibular Partial Denture (Laboratory)	289.00	144.50	275.00
D5820F	Denture Interm Part Maxill Flipper	Denture Interm Part Maxill Flipper	602.00	N/C	NA
D5820S	Denture Interm Part Maxill Stay Plate	Denture Interm Part Maxill Stay Plate	602.00	N/C	NA
D5821F	Denture Interm Part Mandbl Flipper	Denture Interm Part Mandbl Flipper	602.00	N/C	NA
D5821S	Denture Intrm Part Mandbl Stayplate	Denture Intrm Part Mandbl Stayplate	602.00	N/C	NA
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	Pontic-Porcelain Fused To Predominantly Base Metal	1228.00	N/C	235.00
D6251	Pontic-Resin With Predominantly Base Metal	Pontic-Resin With Predominantly Base Metal	1206.00	N/C	120.00
D6930	Recement Fixed Partial Denture	Recement Fixed Partial Denture	150.00	75.00	75.00
D7111	Extraction, Coronal Remnants-Deciduous Tooth	Extraction, Coronal Remnants-Deciduous Tooth	145.00	72.25	144.50
D7140	Ext, Erupt Tth/Expsd Root-Elev &/Or Forceps Remvl	Ext, Erupt Tth/Expsd Root-Elev &/Or Forceps Remvl	154.00	0.24	290.00
D7210	Surg Remvl Erupt Tth Rq Elev Of Mucoperiosteal flp	Surg Remvl Erupt Tth Rq Elev Of Mucoperiosteal flp	308.00	154.20	400.00
D7220	Removal Of Impacted Tooth-Soft Tissue	Removal Of Impacted Tooth-Soft Tissue	371.00	185.69	378.00
D7230	Removal Of Impacted Tooth-Partially Bony	Removal Of Impacted Tooth-Partially Bony	495.00	247.59	435.00
D7240	Removal Of Impacted Tooth-Completely Bony	Removal Of Impacted Tooth-Completely Bony	644.00	321.76	425.00
D7241	Remvl Imp Tth-Complt Bony w/Unusual Surg Compll	Remvl Imp Tth-Complt Bony w/Unusual Surg Compll	436.00	333.00	NA
D7250	Surg Remvl Residual Tth Roots (Cutting Proc)	Surg Remvl Residual Tth Roots (Cutting Proc)	371.00	185.69	500.00
D7260	Oroantral Fistula Closure	Oroantral Fistula Closure	712.00	355.75	N/C
D7270	Tth Reimplttn &/Or Stabiliztn Accidentally Evulsd	Tth Reimplttn &/Or Stabiliztn Accidentally Evulsd	433.00	216.25	500.00
D7310	Alveoplasty In Conjunction W/Exts-4+ Teeth	Alveoplasty In Conjunction W/Exts-4+ Teeth	290.00	185.69	NA
D7311	Alveoplasty In Conjunction W/Exts-1-3 Teeth	Alveoplasty In Conjunction W/Exts-1-3 Teeth	316.00	157.89	316.00
D7510	I&D Of Abscess-Intraoral Soft Tissue	I&D Of Abscess-Intraoral Soft Tissue	175.00	87.50	175.00
D7520	I&D Of Abscess-Extraoral Soft Tissue	I&D Of Abscess-Extraoral Soft Tissue	193.00	96.25	192.50
D7560	Max Sinusotomy Removal Tth Frag/Foreign Body	Max Sinusotomy Removal Tth Frag/Foreign Body	307.00	153.50	310.00

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D7970	Excision Of Hyperplastic Tissue-Per Arch	Excision Of Hyperplastic Tissue-Per Arch	330.00	N/C	160.00
D9110	Palliative (Emergency) Treatment Of Dental Pain	Palliative (Emergency) Treatment Of Dental Pain	92.00	N/C	195.00
D9215	Local Anesthesia	Local Anesthesia	20.00	N/C	225.00
D9230	Analgesia, Anxiolysis, Inhalation Of Nitrous Oxide	Analgesia, Anxiolysis, Inhalation Of Nitrous Oxide	62.00	30.95	110.00
D9910	Application Of Desensitizing Medicament	Application Of Desensitizing Medicament	40.00	N/C	140.00
D9930	Txmt Of Complictns/Post-Surg/Unusual Circmstncs	Txmt Of Complictns/Post-Surg/Unusual Circmstncs	82.00	N/C	165.00
D9944	NIGHT GUARD HARD/SOFT	NIGHT GUARD HARD-SOFT	496.00	N/C	350.00
D9999	Unspecified Adjunctive Procedure, By Report	Unspecified Adjunctive Procedure, By Report	N/C	N/C	N/C
DEL	DELIVERY	DELIVERY	N/C		N/C
DNC	Dental No Charge	Dental No Charge	N/C		N/C
DNEW	New Dental Patient	New Dental Patient	N/C		N/C