# Specialist Dentist Fee Schedule

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>PROCEDURE</th>
<th>CURRENT SDP FEE</th>
<th>NAT’L AVG 2015</th>
<th>SAVINGS</th>
</tr>
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<tbody>
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<td><strong>Diagnostic</strong></td>
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<td>Periodic oral evaluation</td>
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<td>Limited oral evaluation – problem focused</td>
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<td>Bitewing – single radiographic image</td>
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<td>Bitewings – two radiographic images</td>
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<td>Bitewings – four radiographic images</td>
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<td>Panoramic radiographic image</td>
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<td>Diagnostic casts</td>
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<td><strong>Endodontics</strong></td>
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<td>Pulp cap – direct (excluding final restoration)</td>
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<td>Pulp cap – indirect (excluding final restoration)</td>
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<td>Therapeutic pulpotomy (excluding final restoration)</td>
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<tr>
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<td>Root canal therapy – anterior (excluding final restoration)</td>
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<td>Root canal therapy – bicuspid (excluding final restoration)</td>
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<td>Apexification/recalcification – initial visit</td>
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<td>Apexification/recalcification – interim medication replacement</td>
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<td>Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)</td>
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<td>$699</td>
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<td>D3410</td>
<td>Apicoectomy – anterior</td>
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<td>$976</td>
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<tr>
<td></td>
<td><strong>Endodontics (continued)</strong></td>
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<td>D3421</td>
<td>Apicoectomy – bicuspid (first root)</td>
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<td>Apicoectomy – molar (first root)</td>
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<td>Apicoectomy (each additional root)</td>
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<td>D3430</td>
<td>Retrograde filling – per root</td>
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<td>Root amputation – per root</td>
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<td>Hemisection (including any root removal), not including root canal therapy</td>
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<td></td>
<td><strong>Periodontics</strong></td>
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<tr>
<td>D4210</td>
<td>Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant</td>
<td>$721</td>
<td>$845</td>
<td>$124</td>
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<tr>
<td>D4211</td>
<td>Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant</td>
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<td>D4240</td>
<td>Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant</td>
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<td>$985</td>
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<td>Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant</td>
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<td>Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant</td>
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<td>Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant</td>
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<td>D4270</td>
<td>Pedicle soft tissue graft procure</td>
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<td>D4341</td>
<td>Periodontal scaling and root planing – four or more teeth per quadrant</td>
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<td>Periodontal scaling and root planing – one to three teeth per quadrant</td>
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<td>D4355</td>
<td>Full mouth debridement to enable comprehensive evaluation and diagnosis</td>
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<tr>
<td>D4910</td>
<td>Periodontal maintenance</td>
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<td></td>
<td><strong>Oral Surgery</strong></td>
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<tr>
<td>D7111</td>
<td>Extraction, coronal remnants – deciduous tooth</td>
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<tr>
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<td>Extraction, erupted tooth or exposed root – elevation and/or forceps removal</td>
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<td>D7210</td>
<td>Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth</td>
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### Oral Surgery (continued)

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<tr>
<td>D7220</td>
<td>Removal of impacted tooth – soft tissue</td>
<td>$308</td>
<td>$414</td>
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<tr>
<td>D7230</td>
<td>Removal of impacted tooth – partially bony</td>
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<tr>
<td>D7240</td>
<td>Removal of impacted tooth – completely bony</td>
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<tr>
<td>D7241</td>
<td>Removal of impacted tooth – completely bony, with unusual surgical complications</td>
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<td>D7250</td>
<td>Surgical removal of residual tooth roots – cutting procedure</td>
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<td>Removal of lateral exostosis</td>
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<td>D7472</td>
<td>Removal of torus palatinus</td>
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<td>D7473</td>
<td>Removal of torus mandibularis</td>
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<td>D7510</td>
<td>Incision and drainage of abscess – intraoral soft tissue</td>
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<td>D7960</td>
<td>Frenulectomy (frenectomy or frenotomy) - separate procedure</td>
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<td>D7970</td>
<td>Excision of hyperplastic tissue – per arch</td>
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<td>Excision of pericoronal gingiva</td>
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### Comprehensive Orthodontic Treatment

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<td>D8030</td>
<td>Limited orthodontic treatment of the transitional dentition</td>
<td>$2,743</td>
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<td>D8040</td>
<td>Limited orthodontic treatment of the adult dentition</td>
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<td>D8080</td>
<td>Comprehensive orthodontic treatment of the adolescent dentition</td>
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<td>D8680</td>
<td>Orthodontic retention (removal of appliances, construction and placement of retainers(s))</td>
<td>$685</td>
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### Pediatric Dentistry

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<tr>
<td>D1120</td>
<td>Prophylaxis – child</td>
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<td>D1351</td>
<td>Sealant – per tooth</td>
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<td>D1510</td>
<td>Space maintainer – fixed (unilateral)</td>
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<td>D1515</td>
<td>Space maintainer – fixed (bilateral)</td>
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<td>Recement or rebond space maintainer</td>
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<td><strong>Pediatric Dentistry (continued)</strong></td>
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<td>Amalgam – four or more surfaces (primary or permanent)</td>
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<td>Resin-based composite – one surface (anterior)</td>
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<td>Resin-based composite – four or more surfaces or involving incisal angle (anterior)</td>
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<td>Prefabricated stainless steel crown – primary tooth</td>
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<td>Therapeutic pulpotomy – excluding final restoration</td>
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<td><strong>Adjunctive General Services</strong></td>
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<td>Palliative (emergency) treatment of dental pain – minor procedure</td>
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<td>Local anesthesia</td>
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<td>Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician</td>
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<td>D9430</td>
<td>Office visit for observation during regularly scheduled hours – no other services performed</td>
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<td>Office visit – after regularly scheduled hours</td>
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<td>D9450</td>
<td>Case presentation, detailed and extensive treatment planning</td>
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<td>D9930</td>
<td>Treatment of complications (post surgical)</td>
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<td>D9950</td>
<td>Occlusion analysis – mounted case</td>
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<td>$484</td>
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<td>D9951</td>
<td>Occlusal adjustment – limited</td>
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