

2019 Dental Fee Schedule

Effective July 1, 2019

Procedure Description

DENTAL		Current
DIAGNOSTIC EXAMS		
D0120	PERIODIC ORAL EVALUATION	54.00
D0140	LIMITED ORAL EVALUATION	78.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER 3 YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	70.00
D0150	COMPREHENSIVE ORAL EVALUATION	92.00
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	73.00
D0171	RE-EVALUATION - POST OPERATIVE OFFICE VISIT	69.00
X-RAYS		
D0210	INTRAORAL X-RAY - COMPLETE SERIES	142.00
D0220	INTRAORAL X-RAY - PERIAPICAL FIRST FILM	31.00
D0230	INTRAORAL X-RAY - PERIAPICAL EACH ADD'L FILM	26.00
D0240	INTRAORAL X-RAY - OCCLUSAL FILM	44.00
D0272	BITEWINGS X-RAY- TWO FILMS	48.00
D0274	BITEWINGS X-RAY - FOUR FILMS	69.00
D0330	PANORAMIC X-RAY FILM	121.00
PREVENTIVE		
D1110	PROPHYLAXIS (ADULT) - ROUTINE CLEANING	96.00
D1120	PROPHYLAXIS (CHILD) - ROUTINE CLEANING	72.00
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	43.00
D1208	TOPICAL APPLICATION OF FLUORIDE	39.00
D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	77.00
D1330	ORAL HYGIENE INSTRUCTIONS	54.00
D1351	SEALANT - PER TOOTH	59.00
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	69.00
D1550	RE-CEMENTATION OF SPACE MAINTAINER	89.00
RESTORATIVE		
D2140	AMALGAM FILLING - ONE SURFACE, PRIMARY OR PERMANENT	150.00
D2150	AMALGAM FILLING - TWO SURFACES, PRIMARY OR PERMANENT	190.00
D2160	AMALGAM FILLING - THREE SURFACES, PRIMARY OR PERMANENT	232.00
D2161	AMALGAM FILLING - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	274.00
D2330	RESIN-BASED COMPOSITE FILLING - ONE SURFACE, ANTERIOR	176.00
D2331	RESIN-BASED COMPOSITE FILLING - TWO SURFACES, ANTERIOR	213.00
D2332	RESIN-BASED COMPOSITE FILLING - THREE SURFACES, ANTERIOR	262.00
D2335	RESIN-BASED COMPOSITE FILLING - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) (COMPOSITE OR ACRYLIC CROWNS)	329.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	468.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	194.00

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D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	245.00
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	303.00
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	359.00
D2920	RECEMENT CROWN	119.00
D2940	SEDATIVE FILLING	129.00
D2951	PIN RETENTION, PER TOOTH	77.00
ENDODONTICS		
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	90.00
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	89.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	215.00
PERIODONTICS		
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH	660.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH	338.00
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	293.00
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	274.00
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	197.00
D4346	PERIODONTAL SCALING AND ROOT PLANING - MODERATE OR SEVERE GINGIVAL INFLAMMATION	164.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	194.00
D4910	PERIODONTAL MAINTENANCE	146.00
D5991	TOPICAL MEDICAMENT CARRIER	224.00
ORAL SURGERY		
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	142.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	191.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	294.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	338.00
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	421.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	318.00
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY DISPLACED TOOTH	586.00
D7285	BIOPSY OF ORAL TISSUE - HARD	446.00
D7286	BIOPSY OF ORAL TISSUE - SOFT	346.00
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	315.00
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - 1 TO 3 TEETH OR TOOTH SPACES, PER QUADRANT	314.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	455.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - 1 TO 3 TEETH OR TOOTH SPACES, PER QUADRANT	439.00
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	436.00
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	720.00

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D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	257.00
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	367.00
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	313.00
D7960	FRENULECTOMY	470.00
ADJUNCTIVE SERVICES		
D0010	OFFICE VISIT - UNABLE TO COMPLETE VISIT	50.00
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN MINOR PROCEDURE	135.00
D9120	FIXED PARTIAL DENTURE SECTIONING	240.00
D9310	CONSULTATION	130.00
D9430	OFFICE VISIT FOR OBSERVATION	81.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	59.00
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT PER TOOTH	78.00
D9930	TREATMENT OF COMPLICATIONS (POST SURGICAL)	132.00
D9951	OCCLUSAL ADJUSTMENT - LIMITED	190.00

The fee schedule changes for the above services are based on the National Dental Advisory 2019 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.