

2009 Plan Fee Schedule (Effective January 1, 2009)

The 2009 plan fee schedule is effective January 1, 2009 and is the amount a participating Dentist/Specialist in the First Dental Health ACCESS Network will charge a New Dental Choice member. These charges have been negotiated with our dentists and are 15% to 60% less than the dentist's usual and customary fee. The plan fee schedule is based on the dentist's geographic location and will vary by dentist location. To view a different region please visit; www.newdentalchoice.com/PlanFeeSchedule.

Diagnostic Procedures

ADACode	Description	Plan Fee
D0120	Periodic oral evaluation	18.00
D0140	Limited oral evaluation - problem focused	30.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	33.00
D0150	Comprehensive oral evaluation - new or established patient	35.00
D0170	Re-evaluation-limited; problem focused (established patient; not post-operative visit)	28.00
D0180	Comprehensive periodontal evaluation - new or established patient	58.00
D0210	Intraoral complete series (including bitewings)	66.00
D0220	Intraoral radiograph - periapical first film	16.00
D0230	Intraoral radiograph - periapical each additional film	7.00
D0240	Intraoral radiograph - occlusal film	17.00
D0270	Bitewing radiograph - single film	14.00
D0272	Bitewings radiograph - two films	21.00
D0273	Bitewings radiograph; three films	27.00
D0274	Bitewings radiograph - four films	31.00
D0277	Vertical bitewings - 7 to 8 films	41.00
D0290	Posterior-anterior or lateral skull and facial bone survey film	30.00
D0321	Radiographs - other temporomandibular joint films	45.00
D0322	Radiographs - tomographic survey	136.00
D0330	Radiograph - panoramic film	45.00
D0340	Radiograph - cephalometric film	45.00
D0350	Oral/facial images	25.00
D0415	Collection of microorganisms for culture and sensitivity. By report, provide copy of test results	27.00
D0425	Caries susceptibility tests. By report, provide copy of test results	18.00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	41.00
D0460	Pulp vitality tests	23.00
D0470	Diagnostic casts or study models	47.00
D0474	Accession of tissue, gross & microscopic examination	146.00
D0480	Accession of exfoliative cytologic smears,microscopic examination	135.00
D0486	Accession of brush biopsy sample	135.00

Preventive Procedures

ADACode	Description	Plan Fee
D1110	Prophylaxis - adult	69.00
D1120	Prophylaxis - child - under age 16	50.00
D1203	Topical application of fluoride - child (prophylaxis not included) under age 16	18.00
D1204	Topical application of fluoride – adult (prophylaxis not included)	29.00
D1206	Topical fluoride varnish - by report	88.00
D1330	Oral Hygiene instructions	28.00
D1351	Sealant - per tooth - under age 16 on permanent molars only	23.00
D1510	Space maintainer - fixed - unilateral	135.00
D1515	Space maintainer - fixed - bilateral	168.00
D1520	Space maintainer - removable - unilateral	168.00

Preventive Procedures

Continued...

ADACode	Description	Plan Fee
D1525	Space maintainer - removable - bilateral	236.00
D1550	Re-cementation of space maintainer	23.00
D1555	Removal of fixed space maintainer	41.00

Restorative Procedures

ADACode	Description	Plan Fee
D2140	Amalgam - one surface - primary or permanent	63.00
D2150	Amalgam - two surfaces - primary or permanent	83.00
D2160	Amalgam - three surfaces - primary or permanent	101.00
D2161	Amalgam - four or more surfaces - primary or permanent	116.00
D2330	Resin-based composite - one surface - anterior	90.00
D2331	Resin-based composite - two surfaces - anterior	108.00
D2332	Resin-based composite - three surfaces - anterior	139.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle - anterior	139.00
D2390	Resin-based composite crown - anterior	170.00
D2391	Resin-based composite - one surface - posterior	97.00
D2392	Resin-based composite - two surfaces - posterior	139.00
D2393	Resin-based composite - three surfaces - posterior	171.00
D2394	Resin-based composite - four or more surfaces - posterior	200.00
D2510	Metallic inlay - one surface	288.00
D2520	Metallic inlay - two surfaces	391.00
D2530	Metallic inlay - three or more surfaces	433.00
D2542	Metallic onlay - two surfaces	462.00
D2543	Metallic onlay - three surfaces	504.00
D2544	Metallic onlay - four or more surfaces	627.00
D2610	Porcelain/ceramic inlay - one surface	302.00
D2620	Porcelain/ceramic inlay - two surfaces	504.00
D2630	Porcelain/ceramic inlay - three or more surfaces	516.00
D2642	Porcelain/ceramic onlay - two surfaces	529.00
D2643	Porcelain/ceramic onlay - three surfaces	568.00
D2644	Porcelain/ceramic onlay - four or more surfaces	657.00
D2650	Resin-based composite inlay - 1 surface (lab)	258.00
D2651	Resin-based composite inlay - 2 surfaces (lab)	334.00
D2652	Resin-based composite inlay - 3 or more surfaces (lab)	391.00
D2662	Resin-based composite onlay - 2 surfaces (lab)	396.00
D2663	Resin-based composite onlay - 3 surfaces (lab)	456.00
D2664	Resin-based composite onlay - 4 or more surfaces (lab)	565.00
D2710	Crown - resin based composite (indirect)	467.00
D2720	Crown - resin with high noble metal	611.00
D2721	Crown - resin with predominantly base metal	491.00
D2722	Crown - resin with noble metal	541.00
D2740	Crown - porcelain/ceramic substrate	667.00
D2750	Crown - porcelain fused to high noble metal	705.00
D2751	Crown - porcelain fused to predominantly base metal	593.00
D2752	Crown - porcelain fused to noble metal	630.00
D2780	Crown - ¾ cast high noble metal	635.00
D2781	Crown - ¾ cast predominantly base metal	551.00
D2782	Crown - ¾ cast noble metal	581.00
D2783	Crown - ¾ cast porcelain /ceramic	648.00
D2790	Crown - full cast high noble metal	659.00
D2791	Crown - full cast predominantly base metal	557.00
D2792	Crown - full cast noble metal	589.00
D2794	Crown - titanium	638.00
D2799	Provisional crown	146.00

Restorative Procedures

Continued...

ADA Code	Description	Plan Fee
D2910	Recement inlay, onlay, or partial coverage restoration	39.00
D2915	Recement cast or prefabricated post and core	37.00
D2920	Recement crown	39.00
D2930	Prefabricated stainless steel crown - primary tooth	114.00
D2931	Prefabricated stainless steel crown - permanent tooth	126.00
D2932	Prefabricated resin crown	96.00
D2933	Prefabricated stainless steel crown with resin window	136.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	111.00
D2940	Sedative filling	38.00
D2950	Core buildup - including pins	112.00
D2951	Pin retention - per tooth - in addition to restoration	30.00
D2952	Post and core in addition to crown, indirectly fabricated	196.00
D2954	Prefabricated post and core in addition to crown	129.00
D2960	Labial veneer (resin laminate) - chairside	230.00
D2961	Labial veneer (resin laminate) - laboratory	428.00
D2962	Labial veneer (porcelain laminate) - laboratory	581.00
D2970	Temporary crown (fractured tooth) - by report	136.00
D2971	Additional procedures to construct new crown under existing partial denture framework	37.00

Endodontics

ADA Code	Description	Plan Fee
D3110	Pulp cap - direct	32.00
D3120	Pulp cap - indirect	28.00
D3220	Therapeutic pulpotomy	82.00
D3221	Pulpal debridement - primary and permanent teeth	72.00
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	165.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) Primary incisors and cuspids.	97.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) Primary first and second molars.	109.00
D3310	Root canal therapy - anterior - traditional	428.00
D3320	Root canal therapy - bicuspid - traditional	523.00
D3330	Root canal therapy - molar - traditional	743.00
D3331	Treatment of root canal obstruction; non-surgical access	104.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	276.00
D3333	Internal root repair of perforation defects	290.00
D3346	Retreatment of root canal - anterior	480.00
D3347	Retreatment of root canal - bicuspid	648.00
D3348	Retreatment of root canal - molar	774.00
D3410	Apicoectomy/Periradicular surgery - anterior - performed as separate surgical procedure	411.00
D3421	Apicoectomy/Periradicular surgery - bicuspid - first root	573.00
D3425	Apicoectomy/Periradicular surgery - molar - first root	573.00
D3426	Apicoectomy/Periradicular surgery - each additional root	186.00
D3430	Retrograde filling - per root - in addition to apicoectomy	88.00
D3450	Root amputation - per root	265.00
D3920	Hemisection (including any root removal)	265.00
D3950	Canal preparation and fitting of preformed dowel or post	58.00

Periodontics

ADA Code	Description	Plan Fee
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or bounded teeth spaces per quadrant	246.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous or bounded teeth spaces per quadrant	119.00
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	659.00
D4231	Anatomical crown exposure - one to three teeth per quadrant	350.00
D4240	Gingival flap procedure - includes root planing - 4 plus contiguous teeth or bounded teeth spaces per quadrant	337.00

Periodontics

Continued...

ADACode	Description	Plan Fee
D4241	Gingival flap procedure, including root planing - 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	179.00
D4249	Crown lengthening - hard tissue - by report	560.00
D4260	Osseous surgery - four or more contiguous teeth or bounded teeth spaces per quadrant	793.00
D4261	Osseous surgery (including flap entry and closure)- 1 to 3 contiguous or bounded teeth spaces per quadrant	441.00
D4263	Bone replacement graft - first site in quadrant	264.00
D4264	Bone replacement graft - each additional site in quadrant	155.00
D4266	Guided tissue regeneration - resorbable barrier - per site	282.00
D4267	Guided tissue regeneration - nonresorbable barrier - per site (includes membrane removal)	282.00
D4270	Pedicle soft tissue graft procedure	525.00
D4271	Free soft tissue graft procedure (including donor site surgery)	589.00
D4273	Subepithelial connective tissue graft procedures - per tooth (includes donor site surgery)	648.00
D4274	Distal or proximal wedge procedure	259.00
D4275	Soft tissue allograft	565.00
D4276	Combined connective tissue and double pedicle graft - per tooth	1372.00
D4320	Provisional splinting - intracoronal - by report	162.00
D4321	Provisional splinting - extracoronal - by report	162.00
D4341	Periodontal scaling & root planing - four or more teeth - per quadrant	145.00
D4342	Periodontal scaling & root planing - one to three teeth - per quadrant	93.00
D4355	Full mouth debridement	72.00
D4381	Localized delivery of antimicrobial agents - per tooth - by report	32.00
D4910	Periodontal maintenance procedures following active therapy	92.00

Prosthodontics (Removable)

ADACode	Description	Plan Fee
D5110	Complete maxillary denture	868.00
D5120	Complete mandibular denture	868.00
D5130	Immediate maxillary denture	906.00
D5140	Immediate mandibular denture	906.00
D5211	Maxillary partial denture - resin base	467.00
D5212	Mandibular partial denture - resin base	467.00
D5213	Maxillary partial denture - cast metal framework with resin denture base	960.00
D5214	Mandibular partial denture - cast metal framework with resin denture base	960.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	781.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	781.00
D5281	Removable unilateral partial denture - one piece cast metal	414.00
D5410	Adjust complete denture - maxillary	31.00
D5411	Adjust complete denture - mandibular	31.00
D5421	Adjust partial denture - maxillary	31.00
D5422	Adjust partial denture - mandibular	31.00
D5510	Repair broken complete denture base	92.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	76.00
D5610	Repair resin denture base	76.00
D5620	Repair cast framework	92.00
D5630	Repair or replace broken clasp	96.00
D5640	Replace broken teeth - per tooth	88.00
D5650	Add tooth to existing partial denture	88.00
D5660	Add clasp to existing partial denture	106.00
D5710	Rebase complete denture - maxillary	241.00
D5711	Rebase complete denture - mandibular	241.00
D5720	Rebase partial denture - maxillary	224.00
D5721	Rebase partial denture - mandibular	224.00
D5730	Reline complete denture - maxillary - chairside	132.00
D5731	Reline complete denture - mandibular - chairside	132.00
D5740	Reline partial denture - maxillary - chairside	132.00

Prosthodontics (Removable)

Continued...

ADACode	Description	Plan Fee
D5741	Reline partial denture - mandibular - chairside	132.00
D5750	Reline complete denture - maxillary - laboratory	221.00
D5751	Reline complete denture - mandibular - laboratory	221.00
D5760	Reline partial denture - maxillary - laboratory	208.00
D5761	Reline partial denture - mandibular - laboratory	208.00
D5810	Interim complete denture - maxillary	414.00
D5811	Interim complete denture - mandibular	414.00
D5820	Interim partial denture - maxillary	310.00
D5821	Interim partial denture - mandibular	310.00
D5850	Tissue conditioning - maxillary	64.00
D5851	Tissue conditioning - mandibular	64.00
D5860	Overdenture - complete - by report	929.00
D5861	Overdenture - partial - by report	929.00
D5862	Precision attachment - by report	241.00
D5982	Surgical stent - by report	241.00

Implant Services

ADACode	Description	Plan Fee
D6010	Surgical placement of implant body - endosteal implant	1545.00
D6056	Prefabricated abutment - includes placement	365.00
D6058	Abutment supported crown - porcelain/ceramic	1068.00
D6059	Abutment supported crown - porcelain fused to high noble metal	1055.00
D6060	Abutment supported crown - porcelain fused to predominantly base metal	996.00
D6061	Abutment supported crown - porcelain fused to noble metal	1016.00
D6062	Abutment supported crown - cast high noble metal	965.00
D6063	Abutment supported crown - cast predominantly base metal	828.00
D6064	Abutment supported crown - cast noble metal	878.00
D6065	Implant supported crown - porcelain/ceramic	1001.00
D6066	Implant supported crown - porcelain fused to high noble metal or titanium	975.00
D6067	Implant supported crown - high noble metal or titanium	946.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	1068.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1055.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	996.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	1016.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	989.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	896.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	965.00
D6075	Implant supported retainer for ceramic FPD	1051.00
D6076	Implant supported retainer for porcelain fused to metal FPD (high noble metal or titanium)	1152.00
D6077	Implant supported retainer for cast metal FPD (high noble metal or titanium)	946.00
D6078	Implant/Abutment supported fixed denture for completely edentulous arch	1046.00
D6079	Implant/Abutment supported fixed denture for partially edentulous arch	1046.00
D6092	Recement implant/abutment supported crown	42.00
D6093	Recement implant/abutment supported fixed partial denture	61.00
D6094	Abutment supported crown - (titanium)	638.00
D6190	Radiographic/surgical implant index - by report	315.00
D6194	Abutment supported retainer crown for FPD - (titanium)	638.00

Prosthodontics (Fixed)

ADACode	Description	Plan Fee
D6210	Bridge pontic - cast high noble metal	659.00
D6211	Bridge pontic - cast predominantly base metal	551.00
D6212	Bridge pontic - cast noble metal	589.00

Prosthodontics (Fixed)

Continued...

ADA Code	Description	Plan Fee
D6214	Bridge pontic - titanium	638.00
D6240	Bridge pontic - porcelain fused to high noble metal	680.00
D6241	Bridge pontic - porcelain fused to predominantly base metal	593.00
D6242	Bridge pontic - porcelain fused to noble metal	630.00
D6245	Bridge pontic - porcelain/ceramic	688.00
D6250	Bridge pontic - resin with high noble metal	611.00
D6251	Bridge pontic - resin with predominantly base metal	491.00
D6252	Bridge pontic - resin with noble metal	541.00
D6253	Provisional pontic	136.00
D6545	Retainer - cast metal for resin bonded fixed prothesis	168.00
D6600	Bridge retainer inlay - porcelain/ceramic - two surfaces	504.00
D6601	Bridge retainer inlay - porcelain/ceramic - three or more surfaces	516.00
D6602	Bridge retainer inlay - cast high noble metal - two surfaces	401.00
D6603	Bridge retainer inlay - cast high noble metal - three or more surfaces	456.00
D6604	Bridge retainer inlay - cast predominantly base metal - two surfaces	354.00
D6605	Bridge retainer inlay - cast predominantly base metal - three or more surfaces	414.00
D6606	Bridge retainer inlay - cast noble metal - two surfaces	391.00
D6607	Bridge retainer inlay - cast noble metal - three or more surfaces	433.00
D6608	Bridge retainer onlay - porcelain/ceramic - two surfaces	529.00
D6609	Bridge retainer onlay - porcelain/ceramic - three or more surfaces	568.00
D6610	Bridge retainer onlay - cast high noble metal - two surfaces	522.00
D6611	Bridge retainer onlay - cast high noble metal - three or more surfaces	681.00
D6612	Bridge retainer onlay - cast predominantly base metal - two surfaces	414.00
D6613	Bridge retainer onlay - cast predominantly base metal - three or more surfaces	564.00
D6614	Bridge retainer onlay - cast noble metal - two surfaces	462.00
D6615	Bridge retainer onlay - cast noble metal - three or more surfaces	627.00
D6720	Bridge retainer crown - resin with high noble metal	611.00
D6721	Bridge retainer crown - resin with predominantly base metal	491.00
D6722	Bridge retainer crown - resin with noble metal	541.00
D6740	Bridge retainer crown - porcelain/ceramic	655.00
D6750	Bridge retainer crown - porcelain fused to high noble metal	705.00
D6751	Bridge retainer crown - porcelain fused to predominantly base metal	593.00
D6752	Bridge retainer crown - porcelain fused to noble metal	630.00
D6780	Bridge retainer crown - ¾ cast high noble metal	648.00
D6781	Bridge retainer crown - ¾ cast predominantly base metal	551.00
D6782	Bridge retainer crown - ¾ cast noble metal	589.00
D6783	Bridge retainer crown - ¾ porcelain/ceramic	648.00
D6790	Bridge retainer crown - full cast high noble metal	659.00
D6791	Bridge retainer crown - full cast predominantly base metal	557.00
D6792	Bridge retainer crown - full cast noble metal	600.00
D6793	Provisional retainer crown	146.00
D6794	Bridge retainer crown - titanium	638.00
D6930	Recement fixed partial denture	61.00
D6940	Stress breaker - by report	168.00
D6950	Precision attachment - by report	271.00
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	177.00
D6972	Prefabricated post & core in addition to FPD retainer	122.00
D6973	Core build up for retainer - including any pins	114.00

Oral and Maxillofacial Surgery

ADA Code	Description	Plan Fee
D7111	Extraction - coronal remnants - deciduous tooth	62.00
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	80.00
D7210	Surgical removal of erupted tooth	141.00

Oral and Maxillofacial Surgery

Continued...

ADA Code	Description	Plan Fee
D7220	Removal of impacted tooth - soft tissue	182.00
D7230	Removal of impacted tooth - partially bony	264.00
D7240	Removal of impacted tooth - completely bony	323.00
D7241	Removal of impacted tooth - completely bony - with unusual surgical complications - by report	360.00
D7250	Surgical removal of residual tooth roots - cutting procedure	147.00
D7260	Oroantral fistula closure	425.00
D7261	Primary closure of a sinus perforation	392.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth - by report	314.00
D7272	Tooth transplantation (includes reimplantation from one site to another & splinting &/or stabilization) - by report	314.00
D7280	Surgical access of an erupted tooth	321.00
D7283	Placement of device to facilitate eruption of impacted tooth	114.00
D7285	Biopsy of oral tissue - hard (bone, tooth) - by report	117.00
D7286	Biopsy of oral tissue - soft (all others) - by report	117.00
D7287	Exfoliative cytological sample collection - by report	106.00
D7288	Brush biopsy - transepithelial sample collection - by report	48.00
D7291	Transseptal fibrotomy/supra crestal fibrotomy - by report	33.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	139.00
D7311	Alveoloplasty - in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	71.00
D7320	Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant	191.00
D7321	Alveoloplasty - not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	96.00
D7340	Vestibuloplasty - ridge extension - secondary epithelialization	673.00
D7350	Vestibuloplasty - ridge extension	1176.00
D7410	Excision of benign lesion up to 1.25 cm	168.00
D7411	Excision of benign lesion greater than 1.25 cm	236.00
D7412	Excision of benign lesion - complicated - by report	337.00
D7413	Excision of malignant lesion up to 1.25 cm	202.00
D7414	Excision of malignant lesion greater than 1.25 cm	264.00
D7415	Excision of malignant lesion - complicated - by report	365.00
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	224.00
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	302.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	193.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	264.00
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	194.00
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	276.00
D7471	Removal of lateral exostosis (maxilla or mandible)	310.00
D7472	Removal of torus palatinus	392.00
D7473	Removal of torus mandibularis	392.00
D7485	Surgical reduction of osseous tuberosity	263.00
D7510	Incision and drainage of abscess - intraoral soft tissue	90.00
D7530	Removal of a foreign body from mucosa, skin, or subcutaneous alveolar tissue	81.00
D7880	Occlusal orthotic device (TMJ treatment appliance) - by report	467.00
D7910	Suture of recent small wounds up to 5 cm	58.00
D7911	Complicated suture - up to 5 cm	78.00
D7912	Complicated suture - greater than 5 cm	65.00
D7953	Bone replacement graft for ridge preservation - per site	265.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	204.00
D7970	Excision of hyperplastic tissue - per arch	160.00
D7971	Excision of pericoronal gingiva	70.00
D7972	Surgical reduction of fibrous tuberosity	288.00

Orthodontics

ADA Code	Description	Plan Fee
D8010	Limited orthodontic treatment of the primary dentition	579.00
D8020	Limited orthodontic treatment of the transitional dentition	2015.00

Orthodontics

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ADA Code	Description	Plan Fee
D8030	Limited orthodontic treatment of the adolescent dentition	2015.00
D8040	Limited orthodontic treatment of the adult dentition	2015.00
D8050	Interceptive orthodontic treatment of the primary dentition	579.00
D8060	Interceptive orthodontic treatment of the transitional dentition	604.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	3778.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	3778.00
D8090	Comprehensive orthodontic treatment of the adult dentition	3778.00
D8210	Removable appliance therapy - by report	342.00
D8220	Fixed appliance therapy - by report	269.00
D8660	Pre-orthodontic treatment visit	31.00
D8680	Orthodontic retention - removal of appliances, construction/placement of retainer(s)	135.00
D8691	Repair of orthodontic appliance	73.00
D8692	Replacement of lost or broken retainer	145.00
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	57.00

Adjunctive General Services

ADA Code	Description	Plan Fee
D9110	Palliative emergency treatment of dental pain - minor procedure - by report	48.00
D9120	Fixed partial denture sectioning - by report	52.00
D9220	Deep sedation/general anesthesia - first 30 minutes	211.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	105.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide - per visit	43.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	118.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	62.00
D9248	Non-intravenous conscious sedation	98.00
D9310	Consultation - per session	55.00
D9420	Hospital call	182.00
D9430	Office visit - for observation during office hours, no other services performed	30.00
D9440	Office visit - after regularly scheduled office hours	47.00
D9610	Therapeutic parenteral drug, single administration	22.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	36.00
D9910	Application of desensitizing medicament, per visit	21.00
D9920	Behavior management - by report	42.00
D9940	Occlusal guard - by report	224.00
D9942	Repair and/or reline of occlusal guard. Provide placement date of nightguard	89.00
D9950	Occlusion analysis - mounted case - by report	217.00
D9951	Limited occlusal adjustment - per visit	74.00
D9952	Complete occlusal adjustment - by report	193.00
D9972	External bleaching - per arch	150.00
D9973	External bleaching - per tooth	58.00
D9974	Internal bleaching - per tooth	126.00