

<b>ADA Code</b>	<b>Description</b>	<b>Amount</b>
	<b>Examinations</b>	
D0100	Missed Appointment (without proper cancellation)	45.00
D0120	Periodic Oral Evaluation (Patient is seen within one year)	60.00
D0140	Limited Oral Evaluation – Problem Focused	85.00
D0150	Comprehensive Oral Evaluation – New or Established Patient	90.00
D0160	Detailed & Extensive Oral Evaluation – Problem Focused (Emergency Exam)	150.00
D0170	Re-evaluation – Limited, Problem Focused	85.00
D0180	Comprehensive Periodontal Evaluation – New or Established Patient	115.00
	<b>Radiography</b>	
D0210	Intraoral – Complete Series (including bitewings)	120.00
D0220	Intraoral – Periapical First Film	35.00
D0230	Intraoral – Periapical Each Additional Film	20.00
D0240	Intraoral – Occlusal Film	55.00
D0250	Extraoral – First Film	55.00
D0260	Extraoral – Each Additional Film	55.00
D0270	Bitewing – Single Film	25.00
D0272	Bitewing – Two Films	40.00
D0274	Bitewing – Four Films	57.00
D0277	Vertical Bitewings – 7 or 8 Films	90.00
D0280	Copy of X-Rays	50.00

D0330	Panoramic Film	115.00
	<b>Custom Trays</b>	
D0333	Custom Tray	40.00
	<b>Prophylaxis</b>	
D1110	Prophylaxis – Adult	105.00
D1330	Oral Hygiene Instructions	40.00
	<b>Restorations</b>	
D2140	Amalgam – One Surface, Primary or Permanent	130.00
D2150	Amalgam – Two Surfaces, Primary or Permanent	145.00
D2160	Amalgam – Three Surfaces, Primary or Permanent	160.00
D2161	Amalgam – Four or More Surfaces, Primary or Permanent	180.00
D2330	Resin-Based Composite – One Surface, Anterior	170.00
D2331	Resin-Based Composite – Two Surfaces, Anterior	235.00
D2332	Resin-Based Composite – Three Surfaces, Anterior	285.00
D2335	Resin-Based Composite – Four or More Surfaces, Anterior or Involving Incisal Area	295.00
D2391	Resin-Based Composite – One Surface, Posterior	200.00
D2392	Resin-Based Composite – Two Surfaces, Posterior	265.00
D2393	Resin-Based Composite – Three Surfaces, Posterior	295.00
D2394	Resin-Based Composite – Four or More Surfaces, Posterior	310.00
	<b>Crowns</b>	
D2700	Crown Delivery	0.00
D2710	Crown – Resin (indirect)	550.00
D2740	Crown – Porcelain/Ceramic	1250.00

D275 1	Crown – Porcelain Fused to Predominantly Base Metal	900.00
D279 9	Provisional Crown (for Crown Prep)	0.00
D292 0	Recement Crown	95.00
D294 0	Sedative Filling (Temp Filling IRM/Cavit)	85.00
D295 0	Core Buildup, including any pins	240.00
D295 4	Prefabricated Post & Core in Addition to Crown	240.00
D297 0	Temporary Crown (for Fractured Tooth or Long Term Use)	350.00
	<b>Endodontics</b>	
D311 0	Pulp Cap – Direct (Excluding Final Restoration)	60.00
D312 0	Pulp Cap – Indirect (Excluding Final Restoration)	55.00
D322 0	Therapeutic Pulpotomy (Excluding Final Restoration)	250.00

D322 1	Pulpal Debridement, Primary & Permanent Teeth	200.00
D330 1	Root Canal Finish	0.00
D331 0	Anterior Root Canal Therapy (Excluding Final Restoration)	650.00
D332 0	Bicuspid Root Canal Therapy (Excluding Final Restoration)	750.00
D333 0	Molar Root Canal Therapy (Excluding Final Restoration)	850.00
D334 6	Retreatment of Previous Root Canal Therapy - Anterior	800.00
D334 7	Retreatment of Previous Root Canal Therapy – Bicuspid	850.00
D334 8	Retreatment of Previous Root Canal Therapy – Molar	900.00

	<b>Periodontics</b>	
D4210	Gingivectomy or Gingivoplasty –Per Quadrant	600.00
D4211	Gingivectomy or Gingivoplasty – 1-3 Teeth	250.00
D4249	Clinical Crown Lengthening – Hard Tissue	750.00
D4341	Periodontal Scaling & Root Planing –Per Quad	198.00
D4342	Periodontal Scaling & Root Planing– 1-3 Teeth	75.00
D4355	Full Mouth Debridement to Enable Comprehensive Periodontal Eval	200.00
D4910	Periodontal Maintenance	85.00
	<b>Prosthodontics</b>	
<b>D5100</b>	Denture/Partial/Interim Delivery	0.00
D5106	Denture Adjustment	75.00
D5110	Complete Denture – Maxillary	1450.00
D5120	Complete Denture – Mandibular	1450.00
D5130	Immediate Denture – Maxillary	1750.00

D5140	Immediate Denture – Mandibular	1750.00
D5211	Maxillary Partial Denture – Resin Base	1450.00
D5212	Mandibular Partial Denture – Resin Base	1450.00
D5281	Removable Unilateral Partial Denture – One Piece Cast Metal	1400.00
D5410	Adjust Complete Denture – Maxillary	85.00
D5411	Adjust Complete Denture – Mandibular	85.00
D5421	Adjust Partial Denture – Maxillary	85.00
D5422	Adjust Partial Denture – Mandibular	85.00
D5510	Repair Broken Complete Denture Base	450.00
D5520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth)	150.00
D5610	Repair Resin Denture Base	200.00
D5620	Repair Cast Framework	250.00
D5630	Repair or Replace Broken Clasp	250.00
D5640	Repair Broken Teeth – Per Tooth	175.00
D5650	Add Tooth to Existing Partial Denture	175.00

D5660	Add Clasp to Existing Partial Denture	275.00
D5670	Replace All Teeth & Acrylic on Cast Metal Framework (Maxillary)	850.00
D5671	Replace All Teeth & Acrylic on Cast Metal Framework (Mandibular)	850.00
D5730	Reline Complete Maxillary Denture (Chairside)	350.00
D5731	Reline Complete Mandibular Denture (Chairside)	350.00
D5740	Reline Maxillary Partial Denture (Chairside)	350.00
D5741	Reline Mandibular Partial Denture (Chairside)	350.00
D5750	Reline Complete Maxillary Denture (Laboratory)	400.00
D5751	Reline Complete Mandibular Denture (Laboratory)	400.00
D5760	Reline Maxillary Partial Denture (Laboratory)	400.00
D5761	Reline Mandibular Partial Denture (Laboratory)	400.00
D5820	Interim Partial Denture Maxillary (Flipper)	750.00
D5821	Interim Partial Denture Mandibular - (Flipper)	750.00
	<b>Bridges</b>	
<b>D6200</b>	Bridge Delivery	0.00
D6242	Pontic – Porcelain Fused to Noble Metal	950.00
D6752	Crown – Porcelain Fused to Noble Metal	960.00
	<b>Extractions</b>	
D7130	Root Removal of Exposed Roots	175.00
D7140	Extraction, Erupted Tooth or Exposed Root (elevation &/or forceps)	150.00
D7210	Surgical Removal of Erupted Tooth Requiring Elevation	450.00
D7220	Removal of Impacted Tooth – Soft Tissue	300.00
D7230	Removal of Impacted Tooth – Partially Bony	450.00
D7240	Removal of Impacted Tooth – Completely Bony	500.00
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	300.00
	<b>Miscellaneous</b>	
D9970	Enamel Microabrasion (Smoothing/Filing of a Tooth)	90.00
D9910	Application of Desensitizing Meds	85.00
	<b>Pharmaceuticals</b>	
D9001	Penicillin (1 tab)	0.50
D9002	Amoxicillin 4 tabs (premed)	1.20
D9003	Amoxicillin 4 tabs (premed)	0.30
D9004	Ibuprofen (1 tab)	0.60
D9005	Cephalexin (1 tab)	1.33
D9006	Clindamycin 2 x 150mg	5.87
D9007	Clindamycin 2 x 300mg	10.45

D9008	Clindamycin HCl 2 x 150mg	1.67
D9009	Clindamycin HCl 2 x 300mg	5.31
D9010	Clindamycin Azasan 2 x 75mg	4.40
	<b>Fees with No Buttons Created (You must manually input these in the patient's ledger)</b>	
D0100	Missed Appointment (without proper cancellation)	45.00
D0280	Copy of X-Rays	50.00
D2710	Crown – Resin (indirect)	550.00
D3346	Retreatment of Previous Root Canal Therapy - Anterior	800.00
D3347	Retreatment of Previous Root Canal Therapy – Bicuspid	850.00
D3348	Retreatment of Previous Root Canal Therapy – Molar	900.00
D4249	Clinical Crown Lengthening – Hard Tissue	750.00
D5750	Reline Complete Maxillary Denture (Laboratory)	400.00
D5751	Reline Complete Mandibular Denture (Laboratory)	400.00
D5760	Reline Maxillary Partial Denture (Laboratory)	400.00
D5761	Reline Mandibular Partial Denture (Laboratory)	400.00
D6242	Pontic – Porcelain Fused to Noble Metal	950.00
D6752	Crown – Porcelain Fused to Noble Metal	960.00
D7130	Root Removal of Exposed Roots	175.00
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	300.00
D9910	Application of Desensitizing Meds	85.00