



ADA Code	Service	Avg Fee	Fee
Evaluations			
120	Periodic oral evaluation	43	15
140	Limited oral evaluation	62	20
150	Comprehensive evaluation	83	25
160	Problem focused evaluation	142	35
170	Re-evaluation problem focused	75	30
180	Comprehensive perio eval	55	25
210	Intraoral - complete series	103	25
220	Intraoral - periapical 1st film	23	10
230	Intraoral - each additional film	18	5
240	Intraoral - occlusal film	10	10
270	Bitewing - single film	15	10
272	Bitewings - two films	36	15
274	Bitewings - four films	55	20
277	Vertical bitewings - 7 to 8 films	75	20
330	Panoramic film	90	30
425	Caries susceptibility tests	25	5
460	Pulp vitality tests	25	25
470	Diagnostic casts	75	35

Preventive Dentistry

1110	Prophylaxis - adult (cleaning)	77	35
1120	Prophylaxis - child (cleaning)	55	30
1201	Fluoride and cleaning - child	79	35
1203	Fluoride no cleaning - child	33	5
1204	Fluoride - no cleaning - adult	20	5
1205	Fluoride and cleaning - adult	82	40

Space Maintenance

1510	Maintainer fixed - unilateral	280	125
1515	Maintainer fixed - bilateral	280	150
1520	Maintainer removable unilateral	115	75
1525	Maintainer removable - bilateral	115	75
1550	Re-cementation space maintainer	50	30

Restorations - Fillings and Crowns

2140	amalgam - 1 surface primary/permanent	139	56
2150	amalgam - 2 surfaces primary/permanent	192	69
2160	amalgam - 3 surfaces primary/permanent	248	79
2161	amalgam - 4+ surfaces primary/permanent	265	112
2330	Composite - 1 surface anterior	123	63
2331	Composite - 2 surfaces anterior	160	73
2332	Composite - 3 surfaces anterior	199	93
2335	Composite - 4+ surfaces anterior	252	113

ADA Code	Service	Avg Fee	Fee
2390	Composite crown, anterior	890	595
2391	Composite - 1 surface posterior	139	75
2392	Composite - 2 surfaces posterior	192	95
2393	Composite - 3 surfaces posterior	210	105
2394	Composite - 4+ surfaces posterior	248	115
2510	Inlay - metallic - 1 surface	400	310
2520	Inlay - metallic - 2 surfaces	425	365
2530	Inlay - metallic - 3+ surfaces	625	390
2542	Onlay - metallic 2 surfaces	485	250
2543	Onlay - metallic 3 surfaces	685	385
2544	Onlay - metallic 4+ surfaces	868	435
2610	Inlay - porcelain/ceramic 1 surface	410	325
2620	Inlay - porcelain/ceramic 2 surfaces	450	345
2630	Inlay - porcelain/ceramic 3+ surfaces	475	365
2642	Onlay - porcelain/ceramic 2 surfaces	425	375
2643	Onlay - porcelain/ceramic 3 surfaces	685	395
2644	Onlay - porcelain/ceramic 4+ surfaces	905	420
2650	Inlay - Composite 1 surface	375	250
2651	Inlay - Composite 2 surfaces	425	275
2652	Inlay - Composite 3+ surfaces	225	295
2662	Onlay - Composite 2 surfaces	410	250
2663	Onlay - Composite 3 surfaces	430	295
2664	Onlay - Composite 4+ surfaces	450	335
2740	Crown - porcelain/ceramic	890	675
2750	Crown - porcelain high noble	889	595
2751	Crown - porcelain base metal	820	550
2752	Crown - porcelain noble metal	830	560
2790	Crown - full cast high noble	850	595
2791	Crown - full cast base metal	785	550
2792	Crown - full cast noble metal	812	560
2910	Recement inlay	95	45
2920	Recement crown	92	65
2930	Prefab stainless steel crown - primary	247	155
2931	Prefab stainless steel crown - permanent	282	155
2932	Prefabricated resin crown	234	120
2933	Prefab stainless steel crown/resin window	299	175
2940	Sedative filling	90	75
2950	Core buildup, including any pins	234	120
2951	Pin retention - per tooth	76	25
2952	Cast post & core in addition to crown	403	155
2953	Each additional cast post - same tooth	81	35
2954	Prefab post & core in addition to crown	292	190
2955	Post removal	89	35



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2960	Labial veneer resin - chairside	547	360
2961	Labial veneer resin - laboratory	734	585
2962	Labial veneer porcelain - laboratory	864	610
2970	Temporary crown (fractured tooth)	334	80

Endodontics - Root Canal

3220	Therapeutic pulpotomy	181	120
3221	Pulpal debridement, primary/permanent	115	65
3230	Pulpal therapy - anterior, primary tooth	175	110
3240	Pulpal therapy - posterior, primary tooth	195	125
3310	Anterior (excluding final restoration)	582	385
3320	Bicuspid (excluding final restoration)	654	450
3330	Molar (excluding final restoration)	808	595
3346	Retreatment of previous root canal anterior	670	425
3347	Retreatment previous root canal - bicuspid	742	495

Periodontics

4210	Gingivectomy - 4+ contiguous teeth/quad	544	295
4211	Gingivectomy - 1 to 3 teeth, per quadrant	245	85
4240	Gingival flap - 4+ contiguous teeth/quad	661	295
4241	Gingival flap, 1 to 3 teeth/quadrant	345	195
4341	Periodontal scaling/root planing 4+ teeth	204	110
4342	Periodontal scaling/root planing 1-3 teeth	132	65
4355	Full mouth debridement	178	75
4910	Periodontal maintenance	124	65

Dentures

5110	Complete denture - maxillary	1,407	645
5120	Complete denture - mandibular	1,451	645
5130	Immediate denture - maxillary	1,517	695
5140	Immediate denture - mandibular	1,517	695

Partial Dentures

5211	Maxillary partial denture - resin base	800	575
5212	Mandibular partial denture - resin base	800	575
5213	Maxillary partial denture - cast metal	1,506	685
5214	Mandibular partial denture - cast metal	1,506	685

Adjustments to Dentures

5410	Adjust complete denture - maxillary	80	45
5411	Adjust complete denture - mandibular	80	45
5421	Adjust partial denture - maxillary	80	45
5422	Adjust partial denture - mandibular	80	45

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Repairs to Complete Dentures			
5510	Repair broken complete denture base	180	95
5520	Replace missing/broken teeth (each tooth)	161	95
5610	Repair resin denture base	181	95
5620	Repair cast framework	257	95
5630	Repair or replace broken clasp	229	95
5640	Replace broken teeth - per tooth	165	95
5650	Add tooth to existing partial denture	191	95
5660	Add clasp to existing partial denture	247	125
5730	Reline maxillary denture (chairside)	275	195
5731	Reline mandibular denture (chairside)	285	195
5740	Reline maxillary partial denture (chairside)	265	195
5741	Reline mandibular partial denture (chairside)	275	195
5750	Reline complete maxillary denture (lab)	416	195
5751	Reline complete mandibular denture (lab)	423	195
5760	Reline maxillary partial/denture (lab)	416	195
5761	Reline mandibular partial/denture (lab)	423	195
5850	Tissue conditioning, maxillary	197	90
5851	Tissue conditioning, mandibular	198	90
5860	Overdenture - complete, by report	1,487	775
5861	Overdenture - partial, by report	1,531	775

Fixed Bridge Work

6210	Pontic - cast high noble metal	847	595
6211	Pontic - cast predominantly base metal	804	550
6212	Pontic - cast noble metal	807	560
6240	Pontic - porcelain fused high noble metal	866	595
6241	Pontic - porcelain fused to base metal	819	550
6242	Pontic - porcelain fused to noble metal	840	560
6250	Pontic - resin with high noble metal	840	595
6251	Pontic - resin with predominantly base metal	804	550
6252	Pontic - resin with noble metal	830	560
6545	Retainer - cast metal fixed prosthesis	707	735
6548	Retainer - porcelain/ceramic fixed prosthesis	808	735
6740	Crown - porcelain/ceramic	890	675
6750	Crown - porcelain fused to high noble metal	889	595
6751	Crown - porcelain fused base metal	820	550
6752	Crown - porcelain fused to noble metal	830	560
6790	Crown - full cast high noble metal	850	595
6791	Crown - full cast predominantly base metal	785	550
6792	Crown - full cast noble metal	812	560
6930	Recement fixed partial denture	185	110
6940	Stress breaker	210	95



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6950	Precision attachment	245	100
6970	Cast post/core in addition to fixed partial	399	155
6972	Prefabricated post/core and fixed partial	293	190
6973	Core build up for retainer, including any pins	223	140

Extractions

7111	Coronal remnants - deciduous tooth	116	45
7140	Extraction, erupted tooth or exposed root	166	95
7210	Surgical removal of erupted tooth	228	150
7220	Removal of impacted tooth - soft tissue	265	180
7230	Removal of impacted tooth - partially bony	352	240
7240	Removal of impacted tooth completely bony	430	280
7241	Removal of impacted tooth complications	544	325
7250	Surgical removal of residual tooth roots	275	185
7270	Tooth reimplantation	501	135
7280	Surgical access of an unerupted tooth	435	135
7281	Surgical exposure impacted/unerupted tooth	374	100
7310	Alveoloplasty - with extraction per quadrant	270	175
7320	Alveoloplasty no extractions - per quadrant	396	210

Unclassified Treatment

9110	Emergency treatment of dental pain	101	70
9310	Consultation (second opinion)	83	25
9630	Other drugs and/or medicaments	30	25
9910	Application of desensitizing medicament	35	10
9911	Application resin for cervical/root surface	55	10
9941	Fabrication of athletic mouthguard	285	185
9951	Occlusal adjustment - limited	80	40
9952	Occlusal adjustment - complete	225	175