

DMO Usual and Customary Fee Profile



Type Your Fees Directly into the Form and Use the Submit Buttons at the End to Submit Electronically

Office Name _____

Address _____

City, State, Zip _____

Telephone # _____

Office code (PBG) _____

TIN _____

ADA code*	ADA description	Usual fee
D0120	Periodic oral evaluation	
D0140	Limited oral evaluation – problem focused	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	
D0150	Comprehensive oral evaluation- new or established patient	
D0160	Detailed and extensive oral evaluation – problem focused, by report	
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	
D0180	Comprehensive periodontal evaluation – new or established patient	
D0210	Complete series of radiographic images	
D0220	Intraoral - periapical first radiographic image	
D0230	Intraoral - periapical each additional radiographic image	
D0240	Occlusal radiographic image	
D0250	Extra-oral-2D projection radiographic image created using a stationary radiation source and detector	
D0251	Extra-oral posterior dental radiographic image	
D0270	Bitewing – single radiographic image	
D0272	Bitewings – two radiographic images	
D0273	Bitewings – three radiographic images	
D0274	Bitewings – four radiographic images	
D0277	Vertical bitewings – 7 to 8 radiographic images	
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image-acquisition, measurement and analysis	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	
D0411	HbA1c in office point of service testing	
D0412	Blood glucose level test - in office using a glucose meter	
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	
D0460	Pulp vitality tests	
D0470	Diagnostic casts	
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	

ADA code*	ADA description	Usual fee
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	
D0502	Other oral pathology procedures, by report	
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	
D1110	Prophylaxis – adult	
D1120	Prophylaxis – child	
D1206	Topical application of fluoride varnish	
D1208	Topical application of fluoride – excluding varnish	
D1351	Sealant (per tooth)	
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	
D1353	Sealant repair - per tooth	
D1354	Interim carries arresting medicament application - per tooth	
D1510	Space maintainer – fixed - unilateral - per quadrant (excludes distal shoe space maintainer)	
D1516	Space maintainer - fixed - bilateral, maxillary	
D1517	Space maintainer - fixed - bilateral, mandibular	
D1520	Space maintainer – removable – unilateral - per quadrant	
D1526	Space maintainer - removable - bilateral, maxillary	
D1527	Space maintainer - removable - bilateral, mandibular	
D1551	Recement or rebond bilateral space maintainer - maxillary	
D1552	Recement or rebond bilateral space maintainer - mandibular	
D1553	Recement or rebond unilateral space maintainer - per quadrant	
D1556	Removal of fixed unilateral space maintainer - per quadrant	
D1557	Removal of fixed bilateral space maintainer - maxillary	
D1558	Removal of fixed bilateral space maintainer - mandibular	
D1575	Distal shoe space maintainer - fixed - unilateral - per quadrant	
D2140	Amalgam restoration, one surface, primary or permanent	
D2150	Amalgam restoration, two surfaces, primary or permanent	
D2160	Amalgam restoration, three surfaces, primary or permanent	
D2161	Amalgam restoration, four or more surfaces, primary or permanent	
D2330	Resin-based composite restoration, one surface, anterior	
D2331	Resin-based composite restoration, two surfaces, anterior	
D2332	Resin-based composite restoration, three or more surfaces, anterior	
D2335	Resin-based composite restoration, four or more surfaces or involving incisal angle, anterior	
D2390	Resin-based composite crown, anterior	
D2391	Resin-based composite restoration, one surface, posterior	
D2392	Resin-based composite restoration, two surfaces, posterior	
D2393	Resin-based composite restoration, three surfaces, posterior	
D2394	Resin-based composite restoration, four or more surfaces, posterior	
D2410	Gold foil restoration – one surface	
D2420	Gold foil restoration – two surfaces	
D2430	Gold foil restoration – three surfaces	
D2510	Inlay – metallic – one surface	
D2520	Inlay – metallic – two surfaces	
D2530	Inlay – metallic – three or more surfaces	
D2542	Onlay – metallic – two surfaces	
D2543	Onlay – metallic – three surfaces	
D2544	Onlay – metallic – four or more surfaces	
D2610	Inlay – porcelain/ceramic – one surface	
D2620	Inlay – porcelain/ceramic – two surfaces	
D2630	Inlay – porcelain/ceramic – three or more surfaces	
D2642	Onlay – porcelain/ceramic – two surfaces	
D2643	Onlay – porcelain/ceramic – three surfaces	
D2644	Onlay – porcelain/ceramic – four or more surfaces	
D2650	Inlay – resin-based composite – one surface	
D2651	Inlay – resin-based composite – two surfaces	
D2652	Inlay – resin-based composite – three or more surfaces	
D2662	Onlay – resin-based composite – two surfaces	
D2663	Onlay – resin-based composite – three surfaces	
D2664	Onlay – resin-based composite – four or more surfaces	
D2710	Crown – resin-based composite (indirect)	
D2712	Crown – ¾ resin-based composite (indirect)	
D2720	Crown – resin with high noble metal	

ADA code*	ADA description	Usual fee
D2721	Crown – resin with predominantly base metal	
D2722	Crown – resin with noble metal	
D2740	Crown – porcelain/ceramic	
D2750	Crown – porcelain fused to high noble metal	
D2751	Crown – porcelain fused to predominantly base metal	
D2752	Crown – porcelain fused to noble metal	
D2753	Crown - porcelain fused to titanium and titanium alloys	
D2780	Crown – ¾ cast high noble metal	
D2781	Crown – ¾ cast predominantly base metal	
D2782	Crown – ¾ cast noble metal	
D2790	Crown – full cast high noble metal	
D2791	Crown – full cast predominantly base metal	
D2792	Crown – full cast noble metal	
D2794	Crown – titanium and titanium alloys	
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core	
D2920	Recement crown	
D2921	Reattachment of tooth fragment, incisal edge or cusp.	
D2929	Prefabricated porcelain/ceramic crown - primary tooth	
D2930	Prefabricated stainless steel crown – primary tooth	
D2931	Prefabricated stainless steel crown – permanent tooth	
D2932	Prefabricated resin crown	
D2933	Prefabricated stainless steel crown w/resin window	
D2940	Protective restoration	
D2941	Interim therapeutic restoration - primary dentition	
D2950	Crown buildup, including any pins	
D2951	Pin retention - per tooth	
D2952	Post and core in addition to crown, indirectly fabricated	
D2954	Prefabricated post and core	
D2955	Post removal	
D2957	Each additional prefabricated post – same tooth	
D2960	Labial veneer (resin laminate) - direct	
D2961	Labial veneer (resin laminate) - indirect	
D2962	Labial veneer (porcelain laminate) - indirect	
D2971	Additional procedures to construct new crown under existing partial denture framework	
D2980	Crown repair necessitated by restorative material failure	
D2981	Inlay repair necessitated by restorative material failure	
D2982	Onlay repair necessitated by restorative material failure	
D2983	Veneer repair necessitated by restorative material failure	
D2990	Resin infiltration of incipient smooth surface lesions	
D3110	Pulp-cap – direct	
D3120	Pulp-cap – indirect	
D3220	Therapeutic pulpotomy	
D3221	Pulpal debridement, primary & permanent	
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	
D3230	Pulpal therapy – anterior primary	
D3240	Pulpal therapy – posterior primary	
D3310	Root canal – anterior	
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	
D3330	Endodontic therapy, molar tooth (excluding final restorations)	
D3331	Treatment of root canal obstruction, non-surgical access	
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	
D3333	Internal root repair of perforation	
D3346	Retreatment of root canal - anterior	
D3347	Retreatment of previous root canal - premolar	
D3348	Retreatment of root canal - molar	
D3351	Apexification / recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, pulp space, disinfection, etc.)	
D3352	Apexification / recalcification – Interim medication replacement (apical closure / calcification repair of perforations, root resorption, pulp space disinfection, etc.)	
D3353	Apexification – final visit	
D3410	Apicoectomy – anterior	

ADA code*	ADA description	Usual fee
D3421	Apicoectomy – premolar (first root). Does not include placement of retrograde filling material. If more than one root is treated, see D3426	
D3425	Apicoectomy – molar (first root)	
D3426	Apicoectomy – (each additional root). Typically used for premolar and molar surgeries when more than one root is treated in same procedure. This does not include retrograde filling material placement.	
D3430	Retrograde filling (per root)	
D3450	Root amputation	
D3920	Hemisection	
D4210	Gingivectomy or gingivoplasty– four or more contiguous teeth or tooth bounded spaces per quadrant	
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	
D4212	Gingivectomy or gingivoplasty – to allow access for restorative procedure, per tooth	
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant. This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (ostectomy) to provide anatomically correct gingival relationship.	
D4231	Anatomical crown exposure - one to three contiguous teeth or tooth bounded spaces per quadrant. This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (ostectomy) to provide anatomically correct gingival relationship.	
D4240	Gingival flap, including root planning – four or more contiguous teeth or bounded teeth spaces, per quadrant	
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant	
D4245	Apically positioned flap	
D4249	Clinical crown lengthening - hard tissue	
D4260	Osseous surgery (including evaluation of a full thickness flap entry and closure) – four or more contiguous teeth or bounded teeth spaces, per quadrant	
D4261	Osseous surgery (including evaluation of a full thickness flap entry and closure) – one to three contiguous teeth or bounded teeth spaces, per quadrant	
D4263	Bone replacement graft – first site in quadrant	
D4264	Bone replacement graft – each additional site in quadrant	
D4265	Biologic materials to aid in soft and osseous tissue regeneration - per site	
D4266	Guided tissue regeneration – resorbable barrier, per site	
D4270	Pedicle soft tissue graft procedure	
D4273	Autogenous connective tissue graft procedures(including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	
D4274	Distal or proximal wedge	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft	
D4276	Combined connective tissue and pedicle graft, per tooth	
D4277	Free soft tissue graft procedure(including recipient and donor surgical sites) first	
D4278	Free soft tissue graft procedure(including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	
D4283	Autogenous connective tissue graft procedure(including donor and recipient surgical sites)-each additional contiguous tooth, implant or edentulous tooth position in same graft site	
D4285	Non-autogenous connective tissue graft procedure(including donor and recipient surgical sites)-each additional contiguous tooth, implant or edentulous tooth position in same graft site	
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant	
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit. Full mouth debridement involves the preliminary removal of plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation. Not to be completed on the same day as D0150, D0160, or D0180.	

ADA code*	ADA description	Usual fee
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	
D4910	Periodontal maintenance	
D5110	Complete denture – maxillary	
D5120	Complete denture - mandibular	
D5130	Immediate denture – maxillary	
D5140	Immediate denture - mandibular	
D5211	Maxillary partial denture – resin base	
D5212	Mandibular partial denture – resin base	
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, retentive/clasping materials, rests and teeth)	
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, retentive/clasping materials, rests and teeth)	
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, retentive/clasping materials, rests and teeth) Includes limited follow-up care only; does not include future rebasing/relining procedure(s)	
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, retentive/clasping materials, rests and teeth) Includes limited follow-up care only; does not include future rebasing/relining procedure(s)	
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) Includes limited follow-up care only; does not include future rebasing/relining procedure(s)	
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, retentive/clasping materials, rests and teeth)	
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)	
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)	
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	
D5282	Removable unilateral partial denture one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	
D5283	Removable unilateral partial denture one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	
D5286	Removal unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	
D5410	Adjust complete denture - maxillary	
D5411	Adjust complete denture - mandibular	
D5421	Adjust partial denture - maxillary	
D5422	Adjust partial denture - mandibular	
D5511	Repair broken complete denture base, mandibular	
D5512	Repair broken complete denture base, maxillary	
D5520	Replace broken or missing teeth	
D5611	Repair resin partial denture base, mandibular	
D5612	Repair resin partial denture base, maxillary	
D5621	Repair cast partial framework, mandibular	
D5622	Repair cast partial framework, maxillary	
D5630	Repair or replace broken retentive/clasping materials - per tooth	
D5640	Replace broken tooth – per tooth	
D5650	Add tooth to existing partial denture	
D5660	add clasp to existing partial denture - per tooth	
D5670	Replace all teeth & acrylic on cast metal framework (maxillary)	
D5671	Replace all teeth & acrylic on cast metal framework (mandibular)	
D5710	Rebase complete maxillary denture	
D5711	Rebase complete mandibular denture	
D5720	Rebase maxillary partial denture	
D5721	Rebase mandibular partial denture	
D5725	Rebase hybrid prosthesis	

ADA code*	ADA description	Usual fee
D5730	Reline complete maxillary denture (direct)	
D5731	Reline complete mandibular denture (direct)	
D5740	Reline maxillary partial denture (direct)	
D5741	Reline mandibular partial denture (direct)	
D5750	Reline complete maxillary denture (indirect)	
D5751	Reline complete mandibular denture (indirect)	
D5760	Reline maxillary partial denture (indirect)	
D5761	Reline mandibular partial denture (indirect)	
D5765	Soft liner for complete or partial removable denture - indirect	
D5810	Interim complete denture (maxillary)	
D5811	Interim complete denture (mandibular)	
D5820	Interim partial denture (maxillary) - including retentive/clasping materials, rests, and teeth	
D5821	Interim partial denture (mandibular) - including retentive/clasping materials, rests, and teeth	
D5850	Tissue conditioning, maxillary	
D5851	Tissue conditioning, mandibular	
D5863	Overdenture - complete maxillary	
D5864	Overdenture - partial maxillary	
D5865	Overdenture - complete mandibular	
D5866	Overdenture - partial mandibular	
D5876	Add metal substructure to acrylic full denture (per arch)	
D6058	Abutment supported porcelain/ceramic crown	
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	
D6061	Abutment supported porcelain fused to metal crown (noble metal)	
D6062	Abutment supported cast metal crown (high noble metal)	
D6063	Abutment supported cast metal crown (predominantly base metal)	
D6064	Abutment supported cast metal crown (noble metal)	
D6065	Implant supported porcelain/ceramic crown	
D6066	Implant supported crown - porcelain fused to high noble alloys	
D6067	Implant supported crown (high noble alloys)	
D6068	Abutment supported retainer for porcelain/ceramic FPD	
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	
D6072	Abutment supported retainer cast metal FPD (high noble metal)	
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	
D6074	Abutment supported retainer cast metal FPD (noble metal)	
D6075	Implant supported retainer for ceramic FPD	
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	
D6077	Implant supported retainer for metal FPD - high noble alloys	
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure. Not performed in conjunction w/D1110, D4910 or D4346	
D6082	Implant supported crown - porcelain fused to predominately base alloys	
D6083	Implant supported crown - porcelain fused to noble alloys	
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	
D6085	Interim implant crown	
D6086	Implant supported crown - predominately base alloys	
D6087	Implant supported crown - noble alloys	
D6088	Implant supported crown - titanium and titanium alloys	
D6096	Remove broken implant retaining screw	
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	
D6098	Implant supported retainer - porcelain fused to predominately base alloys	
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	
D6110	Implant/abutment supported removable denture for completely edentulous arch-maxillary	
D6111	Implant/abutment supported removable denture for completely edentulous arch-mandibular	
D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary	

ADA code*	ADA description	Usual fee
D6113	Implant/abutment supported removable denture for partially edentulous arch-mandibular	
D6114	Implant/abutment supported fixed denture for completely edentulous arch-maxillary	
D6115	Implant/abutment supported fixed denture for completely edentulous arch-mandibular	
D6116	Implant/abutment supported fixed denture for partially edentulous arch-maxillary	
D6117	Implant/abutment supported fixed denture for partially edentulous arch-mandibular	
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular	
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary	
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	
D6121	Implant supported retainer for metal FPD - predominately base alloys	
D6122	Implant supported retainer for metal FPD - noble alloys	
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys	
D6205	Pontic – indirect resin based composite	
D6210	Pontic – cast high noble metal	
D6211	Pontic – case base metal	
D6212	Pontic – cast noble metal	
D6214	Pontic – titanium	
D6240	Pontic – porcelain fused to high noble metal	
D6241	Pontic – porcelain fused to predominantly base metal	
D6242	Pontic – porcelain fused to noble metal	
D6243	Pontic - porcelain fused to titanium and titanium alloys	
D6245	Pontic – porcelain/ceramic	
D6250	Pontic – resin with high noble metal	
D6251	Pontic – resin with predominantly base metal	
D6252	Pontic – resin with noble metal	
D6545	Retainer – cast metal for resin bonded fixed prosthesis	
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	
D6549	Resin retainer – for resin bonded fixed prosthesis	
D6600	Inlay – porcelain/ceramic, two surfaces	
D6601	Inlay – porcelain/ceramic, three or more surfaces	
D6602	Inlay – cast high noble metal, two surfaces	
D6603	Inlay – cast high noble metal, three or more surfaces	
D6604	Inlay – cast predominantly base metal, two surfaces	
D6605	Inlay – cast predominantly base metal, three or more surfaces	
D6606	Inlay – cast noble metal, two surfaces	
D6607	Retainer Inlay – cast noble metal, three or more surfaces	
D6608	Retainer Onlay – porcelain/ceramic, two surfaces	
D6609	Retainer Onlay– porcelain/ceramic, three or more surfaces	
D6610	Retainer Onlay– cast high noble metal, two surfaces	
D6611	Retainer Onlay– cast high noble metal, three or more surfaces	
D6612	Retainer Onlay– cast predominantly base metal, two surfaces	
D6613	Retainer Onlay– cast predominantly base metal, three or more surfaces	
D6614	Retainer Onlay– cast noble metal, two surfaces	
D6615	Retainer Onlay– cast noble metal, three or more surfaces	

ADA code*	ADA description	Usual fee
D6624	Retainer Inlay – titanium	
D6634	Retainer Onlay – titanium	
D6710	Retainer Crown - indirect resin based composite	
D6720	Retainer Crown – resin/high noble metal	
D6721	Retainer Crown – resin/predominantly base metal	
D6722	Retainer Crown – resin/noble metal	
D6740	Retainer Crown – porcelain/ceramic	
D6750	Retainer Crown – porcelain/high noble metal	
D6751	Retainer Crown – porcelain/ predominantly base metal	
D6752	Retainer Crown – porcelain/noble metal	
D6753	Retainer Crown - porcelain fused to titanium and titanium alloys	
D6780	Retainer Crown – ¾ high noble metal	
D6781	Retainer Crown – ¾ cast predominantly base metal	
D6782	Retainer Crown – ¾ cast noble metal	
D6783	Retainer Crown – ¾ porcelain/ceramic	
D6784	Retainer Crown - ¾ titanium and titanium alloys	
D6790	Retainer Crown – full cast high noble metal	
D6791	Retainer Crown – full base metal	
D6792	Retainer Crown – full noble metal	
D6794	Retainer Crown – titanium	
D6930	Recement or re-bond fixed partial denture retainers	
D6940	Stress breaker	
D6980	Fixed partial denture repair necessitated by restorative material failure	
D7111	Extraction, coronal remnants – primary tooth. Removal of soft tissue retained coronal remnants.	
D7140	Extraction, erupted teeth or exposed root (elevation and/or forceps removal)	
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	
D7220	Removal of impacted tooth – soft tissue	
D7230	Removal of impacted tooth – partially bony	
D7240	Removal of impacted tooth – completely bony	
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	
D7250	Surgical removal of residual tooth roots	
D7251	Coronectomy – intentional partial tooth removal	
D7260	Oroantral fistula closure	
D7261	Primary closure of a sinus perforation	
D7272	Tooth transplantation (includes reimplantation from one site to another)	
D7280	Surgical access of an unerupted tooth	
D7283	Placement of device to facilitate eruption of impacted tooth	
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	
D7286	Incisional biopsy of oral tissue – soft	
D7287	Exfoliative cytological sample collection	
D7288	Brush biopsy – transepithelial sample collection	
D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant	
D7297	Corticotomy - four or more teeth or tooth spaces, per quadrant	
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	
D7471	Removal of lateral exostosis – per site	
D7472	Removal of torus palatinus	
D7473	Removal of torus mandibularis	
D7485	Surgical reduction of osseous tuberosity	
D7510	Incision & drainage of abscess – intraoral soft tissue	
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	
D7520	Incision & drainage of abscess – extraoral soft tissue	

ADA code*	ADA description	Usual fee
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	
D7530	Remove foreign body from mucosa, skin or subcutaneous alveolar tissue	
D7540	Removal of reaction-producing foreign body	
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site (procedure included in cost of extraction)	
D7953	Bone replacement graft for ridge preservation – per site	
D7961	Frenulectomy – buccal / labial	
D7962	Frenulectomy - lingual	
D7963	Frenuloplasty	
D7970	Excision of hyperplastic tissue – per arch	
D7971	Excision of pericoronal gingiva	
D7979	Non-surgical sialolithotomy	
D7980	Surgical sialolithotomy. Procedure by which a stone within a salivary gland or its duct is removed, either intraorally or extraorally.	
D7983	Closure of salivary fistula	
D8210	Removable appliance therapy	
D8220	Fixed appliance therapy	
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	
D8696	Repair of orthodontic appliance - maxillary (does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.)	
D8697	Repair of orthodontic appliance - mandibular (does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.)	
D8698	Recement or rebond fixed retainer - maxillary	
D8699	Recement or rebond fixed retainer - mandibular	
D8701	Repair of fixed retainer, includes reattachment - maxillary	
D8702	Repair of fixed retainer, includes reattachment - mandibular	
D8703	Replacement of lost or broken retainer - maxillary	
D8704	Replacement of lost or broken retainer - mandibular	
D9110	Palliative (emergency) treatment of dental pain – minor procedures	
D9120	Fixed partial denture sectioning	
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies	
D9222	Deep sedation/general anesthesia - first 15 minute increment	
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	
D9239	Intravenous moderate(conscious) sedation/analgesia - first 15 minutes	
D9243	Intravenous moderate(conscious) sedation/analgesia each subsequent 15 minute increment	
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	
D9430	Office visit for observation – no other services performed	
D9613	Infiltration of sustained release therapeutic drug - per quadrant	
D9932	Cleaning and inspection of removable complete denture, maxillary	
D9933	Cleaning and inspection of removable complete denture, mandibular	
D9934	Cleaning and inspection of removable partial denture, maxillary	
D9935	Cleaning and inspection of removable partial denture, mandibular	
D9942	Repair and/or reline of occlusal guard	
D9943	Occlusal guard adjustment	
D9944	Occlusal guard - hard appliance, full arch	
D9945	Occlusal guard - soft appliance, full arch	
D9946	Occlusal guard - hard appliance, partial arch	

ADA code*	ADA description	Usual fee
D9951	Occlusal adjustment - limited	
D9952	Occlusal adjustment - complete	
D9961	Duplicate/copy patient's records	
D9972	External Bleaching - per arch	
D9973	External Bleaching - per tooth	
D9974	Internal Bleaching - per tooth	
D9975	External Bleaching for home application - per arch (includes materials and fabrication of custom trays)	
D9990	Certified translation or sign language services per visit	
D9995	Teledentistry - synchronous; real-time encounter	
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	
D9997	Dental Case Management - patients with special health care needs (procedure included in cost of primary service)	
----	Other dental procedures authorized by Company	**

Instructions: Please forward this completed form to the Aetna Dental Network Support office shown below:

DMO or Combination of PPO/DMO for all states:

Fax: **860-902-7369**
 e-mail: DentalPDS@aetna.com

Dental Office Guide (3/11) - Page III-3 - Usual and Customary Fee Profile (UCF)

"...Only the Aetna approved fee profile may be used to calculate patient copayments on percentage copayment plans or for noncovered services. If you implement a new UCF profile, (limited to once per year) it must be submitted to Aetna for review and approval. When the updated UCF profile is approved, you can use the new profile for determining patient copayments. If you do not provide an updated UCF, the applicable member copayments will be calculated systematically, based on the current fee on file for your office or the average charge for your zip code area if there is no approved UCF on file."

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