

CALDWELL COUNTY HEALTH DEPARTMENT

FY 2020-2021

DENTAL CLINIC

CPT CODE	DESCRIPTION	FEE
D0120	Oral Exam Periodic	\$70.93
D0140	Oral Exam-Emer.	\$101.10
D0150	Oral Exam Initial	\$122.68
D0170	Re-Evaluation	\$79.00
D0220	Intraoral Periapical First F	\$41.00
D0230	Pax Film - Add	\$33.08
D0240	Intraoral - occlusal radiographic image	\$43.95
D0270	Bitewing - 1	\$31.18
D0272	Bitewing - 2	\$50.88
D0274	Bitewing - 4	\$88.23
D0330	Panoramic Film	\$162.95
D0414	Laboratory Processing of Microbial specimen	\$133.83
D0460	Pulp Vitality Test	\$0.00
D0470	Diagnostic Cast	\$117.65
D1110	Prophylaxis Adult	\$104.78
D1120	Prophylaxis Child	\$74.83
D1206	Topical Fluoride Varnish	\$43.23
D1208	Topical application of fluoride	\$31.44
D1351	Sealant/Tooth	\$78.60
D1354	Interim Caries arresting medicament application-per tooth	\$27.50
D1510	Space maintainer - fixed - unilateral	\$525.15
D1575	Distal shoe space maintainer- fixed-unilateral	\$525.15
D2140	Amalgam - 1, Perm.	\$195.30

D2150	Amalgam - 2, Perm.	\$247.48
D2160	Amalgam - 3, Perm.	\$286.53
D2161	Amalgam - 4+, Perm.	\$315.40
D2330	Resin- 1 Surface Anterior	\$181.23
D2331	Resin- 2 Surface Anterior	\$223.88
D2332	Resin- 3 Surface Anterior	\$264.65
D2335	Resin- 4 or More Surface Anterior	\$335.25
D2391	Resin- 1 Surface Posterior	\$209.00
D2392	Resin- 2 Surfaces Posterior	\$277.30
D2393	Resin- 3 Surfaces Posterior	\$337.25
D2394	Resin- 4+ Surfaces Posterior	\$408.65
D2920	Recementing	
D2930	SS Crown, Prim.	\$396.78
D2931	SS Crown, Perm.	\$426.70
D2932	Prefabricated resin crown	\$466.18
D2940	Protective Restoration	\$109.38
D2950	Core buildup, including any pins	\$270.20
D2951	Pin Retention- per tooth	\$65.63
D3220	Pulpotomy	\$223.00
D3222	Partial Pulpotomy for apexogenesis	\$216.33
D3230	Pulpal therapy (resorbable filling)- anterior, primary tooth	\$393.85
D3240	Pulpal Therapy - Posterior Tooth	\$525.15
D3310	Endodontic therapy, anterior tooth	\$779.85
D3320	Endodontic therapy, bicuspid tooth	\$921.60
D3330	Endodontic therapy, molar	\$1,127.23
D4210	Gingival flap procedure, including root planing- 4+ per quadrant	\$683.43
D4211	Gingival flap procedure, including root planing- 1-3 per quadrant	\$253.80
D4341	Periodontal scaling and root planing- four or more contiguous teeth per quadrant	\$276.48
D4342	Periodontal scaling and root planing- one to three teeth per quadrant	\$160.83
D4346	Perio Scaling Gross	\$104.78
D4355	Debridement	\$185.28
D0460	Pulp Vitality Test	\$0.00
D4910	Periodontal Maintenance	\$136.38
D5410	Adjust complete denture- maxillary	\$87.48
D5411	Adjust complete denture- mandibular	\$87.48

D5421	Adjust partial denture- maxillary	\$87.48
D5422	Adjust partial denture- mandibular	\$87.48
D7111	Extraction. Coronal Remnants	\$141.80
D7140	Extraction	\$174.73
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$300.38
D7220	Removal of impact tooth- soft tissue	\$341.73
D7230	Removal of impact tooth- partially bony	\$456.48
D7240	Removal of impacted tooth- completely bony	\$531.73
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$581.33
D7285	Biopsy of oral tissue- hard (bone, tooth)	\$375.68
D7286	Biopsy of oral tissue- soft (all others)	\$297.50
D7310	Alveoloplasty in conjunction with extractions 4+ tooth spaces, per quadrant	\$283.05
D7311	Alveoloplasty in conjunction with extractions 1-3 tooth spaces, per quadrant	\$264.65
D7410	Excision of benign lesion up to 1.25 com	\$444.05
D7450	Removal of benign odontogenic cyst or tumor	\$488.90
D7510	Incision and drainage of abscess- intraoral soft tissue	\$305.25
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	\$347.38
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$117.08
D9230	Inhalation of nitrous oxide/anziolysis, analgesia	\$118.18
D9986	Missed Appointment	
D9987	Cancelled Appointment	
D9999	Unspecified, Reportable only	
LU403	Private Co-Pay	\$5.00

