

**Region 1** .....Greater LA Area  
**Region 2** ...San Diego, Riverside and San Bernardino Counties  
**Region 3** .....San Francisco and Central Coast  
**Region 4** .....Sacramento and Central Valley Area

**New Dental Fee Schedule - Region 1**

		2010	2011		
ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D0120	Periodic oral evaluation	17.00	<b>20.00</b>	63.00	.15
D0140	Limited oral evaluation - problem focused	31.00	<b>32.00</b>	106.00	.03
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	34.00	<b>35.00</b>	99.00	.03
D0150	Comprehensive oral evaluation - new or established patient	36.00	<b>38.00</b>	112.00	.05
D0170	Re-evaluation-limited; problem focused (established patient; not post-operative visit)	30.00	<b>32.00</b>	75.00	.06
D0180	Comprehensive periodontal evaluation - new or established patient	57.00	<b>59.00</b>	121.00	.03
D0210	Intraoral complete series ( including bitewings)	71.00	<b>75.00</b>	163.00	.05
D0220	Intraoral radiograph - periapical first film	18.00	<b>19.00</b>	33.00	.05
D0230	Intraoral radiograph - periapical each additional film	10.00	<b>11.00</b>	29.00	.09
D0240	Intraoral radiograph - occlusal film	18.00	<b>19.00</b>	50.00	.05
D0270	Bitewing radiograph - single film	16.00	<b>17.00</b>	34.00	.06
D0272	Bitewings radiograph - two films	25.00	<b>26.00</b>	55.00	.04
D0273	Bitewings radiograph; three films	28.00	<b>29.00</b>	67.00	.03
D0274	Bitewings radiograph - four films	31.00	<b>32.00</b>	77.00	.03
D0277	Vertical bitewings - 7 to 8 films	41.00	<b>43.00</b>	116.00	.05
D0290	Posterior-anterior or lateral skull and facial bone survey film	34.00	<b>35.00</b>	157.00	.03
D0321	Radiographs - other temporomandibular joint films	50.00	<b>50.00</b>	.00	
D0322	Radiographs - tomographic survey	145.00	<b>149.00</b>	562.00	
D0330	Radiograph - panoramic film	44.00	<b>46.00</b>	122.00	.03
D0340	Radiograph - cephalometric film	44.00	<b>46.00</b>	137.00	.04
D0350	Oral/facial images	31.00	<b>32.00</b>	65.00	.04
D0415	Collection of microorganisms for culture and sensitivity. By report, provide copy of test results	28.00	<b>29.00</b>	50.00	.03
D0425	Caries susceptibility tests. By report, provide copy of test results	18.00	<b>19.00</b>	43.00	.03
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	<b>43.00</b>	69.00	.05
D0460	Pulp vitality tests	24.00	<b>25.00</b>	69.00	
D0470	Diagnostic casts or study models	68.00	<b>70.00</b>	151.00	.04
D0474	Accession of tissue, gross & microscopic examination	144.00	<b>77.00</b>	224.00	.03
D0480	Accession of exfoliative cytologic smears,microscopic examination	132.00	<b>80.00</b>	138.00	-.47
D0486	Accession of brush biopsy sample	132.00	<b>74.00</b>	166.00	-.44
D1110	Prophylaxis - adult age 12 & older	67.00	<b>70.00</b>	110.00	.04
D1120	Prophylaxis - child	41.00	<b>44.00</b>	76.00	.07
D1203	Topical application of fluoride - child (prophylaxis not included)	23.00	<b>24.00</b>	43.00	.04
D1204	Topical application of fluoride \uc1\u8211X adult (prophylaxis not included) age 12 & older	29.00	<b>30.00</b>	41.00	.03
D1206	Topical fluoride varnish - by report	88.00	<b>30.00</b>	65.00	-.66
D1330	Oral Hygiene instructions	34.00	<b>35.00</b>	89.00	.03
D1351	Sealant - per tooth - under age 16 on permanent molars only	28.00	<b>31.00</b>	72.00	.1
D1510	Space maintainer - fixed - unilateral	139.00	<b>143.00</b>	391.00	.03
D1515	Space maintainer - fixed - bilateral	171.00	<b>176.00</b>	547.00	.03
D1520	Space maintainer - removable - unilateral	150.00	<b>155.00</b>	430.00	.03
D1525	Space maintainer - removable - bilateral	204.00	<b>214.00</b>	664.00	.05

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D1550	Re-cementation of space maintainer	20.00	<b>21.00</b>	85.00	.05
D1555	Removal of fixed space maintainer	41.00	<b>43.00</b>	81.00	.05
D2140	Amalgam - one surface - primary or permanent	68.00	<b>70.00</b>	174.00	.03
D2150	Amalgam - two surfaces - primary or permanent	89.00	<b>92.00</b>	225.00	.03
D2160	Amalgam - three surfaces - primary or permanent	111.00	<b>115.00</b>	272.00	.03
D2161	Amalgam - four or more surfaces - primary or permanent	125.00	<b>129.00</b>	332.00	.03
D2330	Resin-based composite - one surface - anterior	92.00	<b>95.00</b>	174.00	.03
D2331	Resin-based composite - two surfaces - anterior	110.00	<b>114.00</b>	222.00	.04
D2332	Resin-based composite - three surfaces - anterior	140.00	<b>144.00</b>	272.00	.03
D2335	Resin-based composite - four or more surfaces or involving incisal angle - anterior	145.00	<b>152.00</b>	322.00	.05
D2390	Resin-based composite crown - anterior	167.00	<b>175.00</b>	356.00	.05
D2391	Resin-based composite - one surface - posterior	95.00	<b>100.00</b>	204.00	.05
D2392	Resin-based composite - two surfaces - posterior	137.00	<b>144.00</b>	267.00	.05
D2393	Resin-based composite - three surfaces - posterior	168.00	<b>176.00</b>	332.00	.05
D2394	Resin-based composite - four or more surfaces - posterior	193.00	<b>203.00</b>	406.00	.05
D2510	Metallic inlay - one surface	291.00	<b>300.00</b>	874.00	.03
D2520	Metallic inlay - two surfaces	397.00	<b>409.00</b>	992.00	.03
D2530	Metallic inlay - three or more surfaces	437.00	<b>450.00</b>	1143.00	.03
D2542	Metallic onlay - two surfaces	446.00	<b>459.00</b>	1121.00	.03
D2543	Metallic onlay - three surfaces	500.00	<b>515.00</b>	1173.00	.03
D2544	Metallic onlay - four or more surfaces	649.00	<b>668.00</b>	1220.00	.03
D2610	Porcelain/ceramic inlay - one surface	417.00	<b>430.00</b>	1029.00	.03
D2620	Porcelain/ceramic inlay - two surfaces	459.00	<b>473.00</b>	1086.00	.03
D2630	Porcelain/ceramic inlay - three or more surfaces	486.00	<b>501.00</b>	1157.00	.03
D2642	Porcelain/ceramic onlay - two surfaces	489.00	<b>504.00</b>	1124.00	.03
D2643	Porcelain/ceramic onlay - three surfaces	525.00	<b>541.00</b>	1212.00	.03
D2644	Porcelain/ceramic onlay - four or more surfaces	646.00	<b>665.00</b>	1286.00	.03
D2650	Resin-based composite inlay - 1 surface (lab)	361.00	<b>372.00</b>	676.00	.03
D2651	Resin-based composite inlay - 2 surfaces (lab)	397.00	<b>409.00</b>	805.00	.03
D2652	Resin-based composite inlay - 3 or more surfaces (lab)	437.00	<b>450.00</b>	846.00	.03
D2662	Resin-based composite onlay - 2 surfaces (lab)	445.00	<b>458.00</b>	735.00	.03
D2663	Resin-based composite onlay - 3 surfaces (lab)	479.00	<b>493.00</b>	864.00	.03
D2664	Resin-based composite onlay - 4 or more surfaces (lab)	560.00	<b>577.00</b>	926.00	.03
D2710	Crown - resin based composite (indirect)	475.00	<b>240.00</b>	482.00	-.49
D2720	Crown - resin with high noble metal	620.00	<b>639.00</b>	1188.00	.03
D2721	Crown - resin with predominantly base metal	498.00	<b>513.00</b>	1114.00	.03
D2722	Crown - resin with noble metal	547.00	<b>563.00</b>	1138.00	.03
D2740	Crown - porcelain/ceramic substrate	750.00	<b>787.00</b>	1220.00	.05
D2750	Crown - porcelain fused to high noble metal	727.00	<b>763.00</b>	1203.00	.05
D2751	Crown - porcelain fused to predominantly base metal	627.00	<b>658.00</b>	1121.00	.05

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D2752	Crown - porcelain fused to noble metal	670.00	<b>703.00</b>	1148.00	.05
D2780	Crown - ¾ cast high noble metal	695.00	<b>730.00</b>	1154.00	.05
D2781	Crown - ¾ cast predominantly base metal	579.00	<b>608.00</b>	1087.00	.05
D2782	Crown - ¾ cast noble metal	615.00	<b>646.00</b>	1122.00	.05
D2783	Crown - ¾ cast porcelain /ceramic	666.00	<b>699.00</b>	1187.00	.05
D2790	Crown - full cast high noble metal	681.00	<b>715.00</b>	1161.00	.05
D2791	Crown - full cast predominantly base metal	597.00	<b>627.00</b>	1100.00	.05
D2792	Crown - full cast noble metal	638.00	<b>670.00</b>	1121.00	.05
D2794	Crown - titanium	638.00	<b>670.00</b>	1188.00	.05
D2799	Provisional crown	149.00	<b>153.00</b>	482.00	.03
D2910	Recement inlay, onlay, or partial coverage restoration	37.00	<b>38.00</b>	108.00	.03
D2915	Recement cast or prefabricated post and core	37.00	<b>38.00</b>	108.00	.03
D2920	Recement crown	37.00	<b>39.00</b>	109.00	.05
D2930	Prefabricated stainless steel crown - primary tooth	111.00	<b>117.00</b>	298.00	.05
D2931	Prefabricated stainless steel crown - permanent tooth	117.00	<b>123.00</b>	337.00	.05
D2932	Prefabricated resin crown	96.00	<b>101.00</b>	359.00	.05
D2933	Prefabricated stainless steel crown with resin window	132.00	<b>139.00</b>	411.00	.05
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	111.00	<b>117.00</b>	411.00	.05
D2940	Sedative filling	38.00	<b>40.00</b>	114.00	.05
D2950	Core buildup - including pins	117.00	<b>123.00</b>	284.00	.05
D2951	Pin retention - per tooth - in addition to restoration	29.00	<b>31.00</b>	64.00	.06
D2952	Post and core in addition to crown, indirectly fabricated	152.00	<b>160.00</b>	449.00	.05
D2954	Prefabricated post and core in addition to crown	117.00	<b>123.00</b>	359.00	.05
D2960	Labial veneer (resin laminate) - chairside	272.00	<b>286.00</b>	868.00	.05
D2961	Labial veneer (resin laminate) - laboratory	418.00	<b>439.00</b>	985.00	.05
D2962	Labial veneer (porcelain laminate) - laboratory	571.00	<b>600.00</b>	1070.00	.05
D2970	Temporary crown (fractured tooth) - by report	139.00	<b>146.00</b>	269.00	.05
D2971	Additional procedures to construct new crown under existing partial denture framework	37.00	<b>38.00</b>	172.00	.03
D3110	Pulp cap - direct	31.00	<b>33.00</b>	108.00	.06
D3120	Pulp cap - indirect	27.00	<b>29.00</b>	86.00	.07
D3220	Therapeutic pulpotomy	79.00	<b>83.00</b>	221.00	.05
D3221	Pulpal debridement - primary and permanent teeth	70.00	<b>74.00</b>	243.00	.05
D3222	Partial pulpotomy for apexogenesis \uc1\u8211X permanent tooth with incomplete root development	165.00	<b>173.00</b>	225.00	.05
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) Primary incisors and cuspids.	97.00	<b>102.00</b>	204.00	.05
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) Primary first and second molars.	109.00	<b>114.00</b>	251.00	.04
D3310	Root canal therapy - anterior - traditional	469.00	<b>492.00</b>	801.00	.05
D3320	Root canal therapy - bicuspid - traditional	555.00	<b>583.00</b>	982.00	.05
D3330	Root canal therapy - molar - traditional	809.00	<b>849.00</b>	1217.00	.05
D3331	Treatment of root canal obstruction; non-surgical access	104.00	<b>109.00</b>	314.00	.05
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	276.00	<b>290.00</b>	597.00	.05

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ADACode	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D3333	Internal root repair of perforation defects	290.00	<b>160.00</b>	275.00	-.45
D3346	Retreatment of root canal - anterior	594.00	<b>624.00</b>	1068.00	.05
D3347	Retreatment of root canal - bicuspid	667.00	<b>700.00</b>	1256.00	.05
D3348	Retreatment of root canal - molar	855.00	<b>909.00</b>	1555.00	.06
D3410	Apicoectomy/Periradicular surgery - anterior - performed as separate surgical procedure	476.00	<b>500.00</b>	913.00	.05
D3421	Apicoectomy/Periradicular surgery - bicuspid - first root	602.00	<b>632.00</b>	1016.00	.05
D3425	Apicoectomy/Periradicular surgery - molar - first root	609.00	<b>639.00</b>	1151.00	.05
D3426	Apicoectomy/Periradicular surgery - each additional root	213.00	<b>224.00</b>	389.00	.05
D3430	Retrograde filling - per root - in addition to apicoectomy	104.00	<b>109.00</b>	286.00	.05
D3450	Root amputation - per root	307.00	<b>322.00</b>	596.00	.05
D3920	Hemisection (including any root removal)	269.00	<b>282.00</b>	453.00	.05
D3950	Canal preparation and fitting of preformed dowel or post	65.00	<b>68.00</b>	207.00	.04
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or bounded teeth spaces per quadrant	254.00	<b>259.00</b>	822.00	.02
D4211	Gingivectomy or gingivoplasty - one to three contiguous or bounded teeth spaces per quadrant	119.00	<b>121.00</b>	365.00	.02
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	659.00	<b>659.00</b>	1151.00	.02
D4231	Anatomical crown exposure - one to three teeth per quadrant	350.00	<b>357.00</b>	548.00	.02
D4240	Gingival flap procedure - includes root planing - 4 plus contiguous teeth or bounded teeth spaces per quadrant	349.00	<b>356.00</b>	1041.00	.02
D4241	Gingival flap procedure, including root planing - 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	176.00	<b>176.00</b>	603.00	.02
D4249	Crown lengthening - hard tissue - by report	473.00	<b>482.00</b>	1142.00	.02
D4260	Osseous surgery - four or more contiguous teeth or bounded teeth spaces per quadrant	771.00	<b>771.00</b>	1736.00	.02
D4261	Osseous surgery (including flap entry and closure)- 1 to 3 contiguous or bounded teeth spaces per quadrant	425.00	<b>433.00</b>	932.00	.02
D4263	Bone replacement graft - first site in quadrant	284.00	<b>289.00</b>	621.00	.02
D4264	Bone replacement graft - each additional site in quadrant	168.00	<b>171.00</b>	530.00	.02
D4266	Guided tissue regeneration - resorbable barrier - per site	300.00	<b>306.00</b>	640.00	.02
D4267	Guided tissue regeneration - nonresorbable barrier - per site (includes membrane removal)	287.00	<b>292.00</b>	822.00	.02
D4270	Pedicle soft tissue graft procedure	519.00	<b>529.00</b>	1233.00	.02
D4271	Free soft tissue graft procedure (including donor site surgery)	519.00	<b>529.00</b>	1279.00	.02
D4273	Subepithelial connective tissue graft procedures - per tooth (includes donor site surgery)	632.00	<b>644.00</b>	1508.00	.02
D4274	Distal or proximal wedge procedure	280.00	<b>285.00</b>	855.00	.02
D4275	Soft tissue allograft	542.00	<b>552.00</b>	1133.00	.02
D4276	Combined connective tissue and double pedicle graft - per tooth	1312.00	<b>700.00</b>	1690.00	-.47
D4320	Provisional splinting - intracoronal - by report	163.00	<b>166.00</b>	461.00	.02
D4321	Provisional splinting - extracoronal - by report	163.00	<b>166.00</b>	419.00	.02
D4341	Periodontal scaling & root planing - four or more teeth - per quadrant	132.00	<b>134.00</b>	265.00	.01
D4342	Periodontal scaling & root planing - one to three teeth - per quadrant	91.00	<b>93.00</b>	154.00	.02
D4355	Full mouth debridement	72.00	<b>74.00</b>	181.00	.03
D4910	Periodontal maintenance procedures following active therapy	89.00	<b>91.00</b>	163.00	.02
D5110	Complete maxillary denture	881.00	<b>925.00</b>	1756.00	.05
D5120	Complete mandibular denture	881.00	<b>925.00</b>	1756.00	.05
D5130	Immediate maxillary denture	946.00	<b>993.00</b>	1915.00	.05

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D5140	Immediate mandibular denture	946.00	<b>993.00</b>	1915.00	.05
D5211	Maxillary partial denture - resin base	523.00	<b>549.00</b>	1482.00	.05
D5212	Mandibular partial denture - resin base	523.00	<b>549.00</b>	1723.00	.05
D5213	Maxillary partial denture - cast metal framework with resin denture base	1007.00	<b>1057.00</b>	1941.00	.05
D5214	Mandibular partial denture - cast metal framework with resin denture base	1007.00	<b>1057.00</b>	1941.00	.05
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	781.00	<b>820.00</b>	1482.00	.05
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	781.00	<b>820.00</b>	1723.00	.05
D5281	Removable unilateral partial denture - one piece cast metal	460.00	<b>483.00</b>	1131.00	.05
D5410	Adjust complete denture - maxillary	32.00	<b>34.00</b>	96.00	.06
D5411	Adjust complete denture - mandibular	32.00	<b>34.00</b>	96.00	.06
D5421	Adjust partial denture - maxillary	32.00	<b>34.00</b>	96.00	.06
D5422	Adjust partial denture - mandibular	32.00	<b>34.00</b>	96.00	.06
D5510	Repair broken complete denture base	89.00	<b>93.00</b>	192.00	.04
D5520	Replace missing or broken teeth - complete denture (each tooth)	76.00	<b>79.00</b>	160.00	.04
D5610	Repair resin denture base	81.00	<b>86.00</b>	208.00	.06
D5620	Repair cast framework	95.00	<b>100.00</b>	224.00	.05
D5630	Repair or replace broken clasp	114.00	<b>120.00</b>	272.00	.05
D5640	Replace broken teeth - per tooth	89.00	<b>93.00</b>	176.00	.04
D5650	Add tooth to existing partial denture	83.00	<b>87.00</b>	240.00	.05
D5660	Add clasp to existing partial denture	113.00	<b>119.00</b>	288.00	.05
D5710	Rebase complete denture - maxillary	251.00	<b>263.00</b>	713.00	.05
D5711	Rebase complete denture - mandibular	251.00	<b>263.00</b>	681.00	.05
D5720	Rebase partial denture - maxillary	246.00	<b>258.00</b>	673.00	.05
D5721	Rebase partial denture - mandibular	246.00	<b>258.00</b>	673.00	.05
D5730	Reline complete denture - maxillary - chairside	133.00	<b>140.00</b>	402.00	.05
D5731	Reline complete denture - mandibular - chairside	133.00	<b>140.00</b>	402.00	.05
D5740	Reline partial denture - maxillary - chairside	133.00	<b>140.00</b>	368.00	.05
D5741	Reline partial denture - mandibular - chairside	133.00	<b>140.00</b>	368.00	.05
D5750	Reline complete denture - maxillary - laboratory	217.00	<b>228.00</b>	537.00	.05
D5751	Reline complete denture - mandibular - laboratory	217.00	<b>228.00</b>	537.00	.05
D5760	Reline partial denture - maxillary - laboratory	205.00	<b>216.00</b>	529.00	.05
D5761	Reline partial denture - mandibular - laboratory	205.00	<b>216.00</b>	529.00	.05
D5810	Interim complete denture - maxillary	398.00	<b>410.00</b>	849.00	.03
D5811	Interim complete denture - mandibular	398.00	<b>410.00</b>	913.00	.03
D5820	Interim partial denture - maxillary	289.00	<b>297.00</b>	657.00	.03
D5821	Interim partial denture - mandibular	289.00	<b>297.00</b>	697.00	.03
D5850	Tissue conditioning - maxillary	61.00	<b>64.00</b>	168.00	.05
D5851	Tissue conditioning - mandibular	61.00	<b>64.00</b>	168.00	.05
D5860	Overdenture - complete - by report	946.00	<b>987.00</b>	.00	.04
D5861	Overdenture - partial - by report	946.00	<b>987.00</b>	.00	.04



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D5862	Precision attachment - by report	240.00	<b>252.00</b>	.00	.05
D5982	Surgical stent - by report	295.00	<b>303.00</b>	713.00	.03
D6010	Surgical placement of implant body - endosteal implant	1545.00	<b>1545.00</b>	2934.00	
D6056	Prefabricated abutment - includes placement	357.00	<b>367.00</b>	609.00	.03
D6058	Abutment supported crown - porcelain/ceramic	1068.00	<b>1100.00</b>	1689.00	.03
D6059	Abutment supported crown - porcelain fused to high noble metal	1055.00	<b>1086.00</b>	1667.00	.03
D6060	Abutment supported crown - porcelain fused to predominantly base metal	996.00	<b>1025.00</b>	1575.00	.03
D6061	Abutment supported crown - porcelain fused to noble metal	1016.00	<b>1046.00</b>	1607.00	.03
D6062	Abutment supported crown - cast high noble metal	965.00	<b>994.00</b>	1601.00	.03
D6063	Abutment supported crown - cast predominantly base metal	828.00	<b>852.00</b>	1394.00	.03
D6064	Abutment supported crown - cast noble metal	878.00	<b>904.00</b>	1458.00	.03
D6065	Implant supported crown - porcelain/ceramic	1001.00	<b>1031.00</b>	1662.00	.03
D6066	Implant supported crown - porcelain fused to high noble metal or titanium	975.00	<b>1004.00</b>	1619.00	.03
D6067	Implant supported crown - high noble metal or titanium	946.00	<b>974.00</b>	1570.00	.03
D6068	Abutment supported retainer for porcelain/ceramic FPD	1068.00	<b>1100.00</b>	1675.00	.03
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1055.00	<b>1086.00</b>	1667.00	.03
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	996.00	<b>1025.00</b>	1575.00	.03
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	1016.00	<b>1046.00</b>	1607.00	.03
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	989.00	<b>1018.00</b>	1627.00	.03
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	896.00	<b>922.00</b>	1485.00	.03
D6074	Abutment supported retainer for cast metal FPD (noble metal)	965.00	<b>993.00</b>	1579.00	.03
D6075	Implant supported retainer for ceramic FPD	1051.00	<b>1082.00</b>	1662.00	.03
D6076	Implant supported retainer for porcelain fused to metal FPD (high noble metal or titanium)	1152.00	<b>1186.00</b>	1619.00	.03
D6077	Implant supported retainer for cast metal FPD (high noble metal or titanium)	946.00	<b>974.00</b>	1570.00	.03
D6078	Implant/Abutment supported fixed denture for completely edentulous arch	1046.00	<b>1046.00</b>	.00	
D6079	Implant/Abutment supported fixed denture for partially edentulous arch	1046.00	<b>1046.00</b>	.00	
D6092	Recement implant/abutment supported crown	40.00	<b>41.00</b>	130.00	.02
D6093	Recement implant/abutment supported fixed partial denture	59.00	<b>60.00</b>	204.00	.02
D6094	Abutment supported crown - (titanium)	638.00	<b>657.00</b>	1322.00	.03
D6190	Radiographic/surgical implant index - by report	315.00	<b>165.00</b>	296.00	-.48
D6194	Abutment supported retainer crown for FPD - (titanium)	638.00	<b>657.00</b>	1362.00	.03
D6210	Bridge pontic - cast high noble metal	652.00	<b>684.00</b>	1149.00	.05
D6211	Bridge pontic - cast predominantly base metal	572.00	<b>600.00</b>	1076.00	.05
D6212	Bridge pontic - cast noble metal	638.00	<b>669.00</b>	1120.00	.05
D6214	Bridge pontic - titanium	638.00	<b>669.00</b>	1156.00	.05
D6240	Bridge pontic - porcelain fused to high noble metal	685.00	<b>719.00</b>	1134.00	.05
D6241	Bridge pontic - porcelain fused to predominantly base metal	601.00	<b>631.00</b>	1048.00	.05
D6242	Bridge pontic - porcelain fused to noble metal	642.00	<b>674.00</b>	1106.00	.05
D6245	Bridge pontic - porcelain/ceramic	660.00	<b>693.00</b>	1170.00	.05
D6250	Bridge pontic - resin with high noble metal	586.00	<b>615.00</b>	1120.00	.05

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**New Dental Fee Schedule - Region 1**

		2010	2011		
ADACode	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D6251	Bridge pontic - resin with predominantly base metal	470.00	<b>493.00</b>	1033.00	.05
D6252	Bridge pontic - resin with noble metal	519.00	<b>545.00</b>	1066.00	.05
D6253	Provisional pontic	132.00	<b>138.00</b>	483.00	.04
D6545	Retainer - cast metal for resin bonded fixed prothesis	217.00	<b>227.00</b>	429.00	.04
D6600	Bridge retainer inlay - porcelain/ceramic - two surfaces	459.00	<b>482.00</b>	852.00	.05
D6601	Bridge retainer inlay - porcelain/ceramic - three or more surfaces	486.00	<b>510.00</b>	894.00	.05
D6602	Bridge retainer inlay - cast high noble metal - two surfaces	386.00	<b>405.00</b>	911.00	.05
D6603	Bridge retainer inlay - cast high noble metal - three or more surfaces	438.00	<b>459.00</b>	1002.00	.05
D6604	Bridge retainer inlay - cast predominantly base metal - two surfaces	340.00	<b>357.00</b>	893.00	.05
D6605	Bridge retainer inlay - cast predominantly base metal - three or more surfaces	398.00	<b>417.00</b>	946.00	.05
D6606	Bridge retainer inlay - cast noble metal - two surfaces	397.00	<b>416.00</b>	878.00	.05
D6607	Bridge retainer inlay - cast noble metal - three or more surfaces	437.00	<b>458.00</b>	975.00	.05
D6608	Bridge retainer onlay - porcelain/ceramic - two surfaces	489.00	<b>513.00</b>	926.00	.05
D6609	Bridge retainer onlay - porcelain/ceramic - three or more surfaces	525.00	<b>551.00</b>	967.00	.05
D6610	Bridge retainer onlay - cast high noble metal - two surfaces	501.00	<b>526.00</b>	982.00	.05
D6611	Bridge retainer onlay - cast high noble metal - three or more surfaces	654.00	<b>686.00</b>	1075.00	.05
D6612	Bridge retainer onlay - cast predominantly base metal - two surfaces	399.00	<b>418.00</b>	977.00	.05
D6613	Bridge retainer onlay - cast predominantly base metal - three or more surfaces	542.00	<b>569.00</b>	1021.00	.05
D6614	Bridge retainer onlay - cast noble metal - two surfaces	446.00	<b>468.00</b>	956.00	.05
D6615	Bridge retainer onlay - cast noble metal - three or more surfaces	649.00	<b>681.00</b>	994.00	.05
D6720	Bridge retainer crown - resin with high noble metal	620.00	<b>651.00</b>	1139.00	.05
D6721	Bridge retainer crown - resin with predominantly base metal	498.00	<b>522.00</b>	1080.00	.05
D6722	Bridge retainer crown - resin with noble metal	547.00	<b>574.00</b>	1099.00	.05
D6740	Bridge retainer crown - porcelain/ceramic	714.00	<b>749.00</b>	1197.00	.05
D6750	Bridge retainer crown - porcelain fused to high noble metal	727.00	<b>763.00</b>	1166.00	.05
D6751	Bridge retainer crown - porcelain fused to predominantly base metal	627.00	<b>658.00</b>	1088.00	.05
D6752	Bridge retainer crown - porcelain fused to noble metal	670.00	<b>703.00</b>	1114.00	.05
D6780	Bridge retainer crown - ¾ cast high noble metal	695.00	<b>729.00</b>	1099.00	.05
D6781	Bridge retainer crown - ¾ cast predominantly base metal	579.00	<b>607.00</b>	1099.00	.05
D6782	Bridge retainer crown - ¾ cast noble metal	615.00	<b>645.00</b>	1021.00	.05
D6783	Bridge retainer crown - ¾ porcelain/ceramic	666.00	<b>699.00</b>	1132.00	.05
D6790	Bridge retainer crown - full cast high noble metal	681.00	<b>715.00</b>	1125.00	.05
D6791	Bridge retainer crown - full cast predominantly base metal	597.00	<b>626.00</b>	1067.00	.05
D6792	Bridge retainer crown - full cast noble metal	638.00	<b>669.00</b>	1106.00	.05
D6793	Provisional retainer crown	149.00	<b>156.00</b>	462.00	.04
D6794	Bridge retainer crown - titanium	638.00	<b>669.00</b>	1106.00	.05
D6930	Recement fixed partial denture	59.00	<b>61.00</b>	171.00	.03
D6940	Stress breaker - by report	169.00	<b>174.00</b>	389.00	.03
D6950	Precision attachment - by report	280.00	<b>288.00</b>	752.00	.03
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	170.00	<b>173.00</b>	474.00	.02

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**New Dental Fee Schedule - Region 1**

		2010	2011		
ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D6972	Prefabricated post & core in addition to FPD retainer	116.00	<b>121.00</b>	386.00	.04
D6973	Core build up for retainer - including any pins	110.00	<b>115.00</b>	311.00	.04
D7111	Extraction - coronal remnants - deciduous tooth	63.00	<b>66.00</b>	138.00	.05
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	79.00	<b>82.00</b>	183.00	.04
D7210	Surgical removal of erupted tooth	140.00	<b>147.00</b>	301.00	.05
D7220	Removal of impacted tooth - soft tissue	183.00	<b>192.00</b>	377.00	.05
D7230	Removal of impacted tooth - partially bony	259.00	<b>271.00</b>	502.00	.04
D7240	Removal of impacted tooth - completely bony	332.00	<b>348.00</b>	590.00	.05
D7241	Removal of impacted tooth - completely bony - with unusual surgical complications - by report	368.00	<b>386.00</b>	741.00	.05
D7250	Surgical removal of residual tooth roots - cutting procedure	151.00	<b>158.00</b>	318.00	.04
D7260	Oroantral fistula closure	436.00	<b>457.00</b>	1939.00	.05
D7261	Primary closure of a sinus perforation	377.00	<b>395.00</b>	808.00	.05
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth - by report	302.00	<b>317.00</b>	606.00	.05
D7272	Tooth transplantation (includes reimplantation from one site to another & splinting &/or stabilization) - by report	302.00	<b>317.00</b>	808.00	.05
D7280	Surgical access of an erupted tooth	320.00	<b>336.00</b>	566.00	.05
D7283	Placement of device to facilitate eruption of impacted tooth	114.00	<b>119.00</b>	242.00	.04
D7285	Biopsy of oral tissue - hard (bone, tooth) - by report	152.00	<b>159.00</b>	1131.00	.04
D7286	Biopsy of oral tissue - soft (all others) - by report	122.00	<b>128.00</b>	485.00	.05
D7287	Exfoliative cytological sample collection - by report	103.00	<b>108.00</b>	194.00	.05
D7288	Brush biopsy - transepithelial sample collection - by report	48.00	<b>50.00</b>	194.00	.04
D7291	Transseptal fibrotomy/supra crestial fibrotomy - by report	35.00	<b>35.00</b>	.00	
D7310	Alveoloplasty in conjunction with extractions \uc1\u8211X four or more teeth or tooth spaces, per quadrant	142.00	<b>149.00</b>	467.00	
D7311	Alveoloplasty - in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	71.00	<b>74.00</b>	409.00	.05
D7320	Alveoloplasty not in conjunction with extractions \uc1\u8211Xfour or more teeth or tooth spaces, per quadrant	191.00	<b>200.00</b>	759.00	.04
D7321	Alveoloplasty - not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	96.00	<b>100.00</b>	642.00	.05
D7340	Vestibuloplasty - ridge extension - secondary epithelialization	730.00	<b>766.00</b>	3211.00	.05
D7350	Vestibuloplasty - ridge extension	1125.00	<b>1181.00</b>	9341.00	.05
D7410	Excision of benign lesion up to 1.25 cm	172.00	<b>180.00</b>	1401.00	.04
D7411	Excision of benign lesion greater than 1.25 cm	226.00	<b>237.00</b>	2218.00	.05
D7412	Excision of benign lesion - complicated - by report	322.00	<b>338.00</b>	2452.00	.05
D7413	Excision of malignant lesion up to 1.25 cm	195.00	<b>214.00</b>	1635.00	.09
D7414	Excision of malignant lesion greater than 1.25 cm	252.00	<b>264.00</b>	2452.00	.05
D7415	Excision of malignant lesion - complicated - by report	349.00	<b>366.00</b>	2744.00	.05
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	216.00	<b>226.00</b>	2218.00	.04
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	291.00	<b>305.00</b>	3269.00	.05
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	185.00	<b>194.00</b>	1401.00	.05
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	301.00	<b>316.00</b>	1915.00	.05
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	186.00	<b>195.00</b>	1401.00	.05
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	267.00	<b>280.00</b>	1915.00	.05
D7471	Removal of lateral exostosis (maxilla or mandible)	340.00	<b>357.00</b>	1735.00	.05



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**New Dental Fee Schedule - Region 1**

		2010	2011		
ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D7472	Removal of torus palatinus	378.00	<b>396.00</b>	2062.00	.05
D7473	Removal of torus mandibularis	377.00	<b>395.00</b>	1945.00	.05
D7485	Surgical reduction of osseous tuberosity	253.00	<b>265.00</b>	1735.00	.05
D7510	Incision and drainage of abscess - intraoral soft tissue	82.00	<b>86.00</b>	502.00	.05
D7530	Removal of a foreign body from mucosa, skin, or subcutaneous alveolar tissue	84.00	<b>88.00</b>	862.00	.05
D7880	Occlusal orthotic device (TMJ treatment appliance) - by report	492.00	<b>516.00</b>	1289.00	.05
D7910	Suture of recent small wounds up to 5 cm	64.00	<b>67.00</b>	766.00	.04
D7911	Complicated suture - up to 5 cm	76.00	<b>79.00</b>	1912.00	.04
D7912	Complicated suture - greater than 5 cm	73.00	<b>76.00</b>	3442.00	.04
D7953	Bone replacement graft for ridge preservation - per site	265.00	<b>278.00</b>	397.00	.05
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	210.00	<b>220.00</b>	642.00	.05
D7970	Excision of hyperplastic tissue - per arch	172.00	<b>180.00</b>	934.00	.04
D7971	Excision of pericoronal gingiva	66.00	<b>69.00</b>	350.00	.04
D7972	Surgical reduction of fibrous tuberosity	277.00	<b>290.00</b>	1308.00	.04
D8010	Limited orthodontic treatment of the primary dentition	566.00	<b>566.00</b>	.00	
D8020	Limited orthodontic treatment of the transitional dentition	1987.00	<b>1987.00</b>	.00	
D8030	Limited orthodontic treatment of the adolescent dentition	1987.00	<b>1987.00</b>	.00	
D8040	Limited orthodontic treatment of the adult dentition	1987.00	<b>1987.00</b>	.00	
D8050	Interceptive orthodontic treatment of the primary dentition	566.00	<b>566.00</b>	.00	
D8060	Interceptive orthodontic treatment of the transitional dentition	602.00	<b>602.00</b>	.00	
D8070	Comprehensive orthodontic treatment of the transitional dentition	3973.00	<b>3973.00</b>	.00	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	3973.00	<b>3973.00</b>	.00	
D8090	Comprehensive orthodontic treatment of the adult dentition	3973.00	<b>3973.00</b>	.00	
D8210	Removable appliance therapy - by report	227.00	<b>227.00</b>	.00	
D8220	Fixed appliance therapy - by report	284.00	<b>284.00</b>	.00	
D8660	Pre-orthodontic treatment visit	31.00	<b>31.00</b>	.00	
D8680	Orthodontic retention - removal of appliances, construction/placement of retainer(s)	198.00	<b>136.00</b>	.00	-.31
D8691	Repair of orthodontic appliance	71.00	<b>71.00</b>	.00	
D8692	Replacement of lost or broken retainer	147.00	<b>147.00</b>	.00	
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	55.00	<b>57.00</b>	.00	
D9110	Palliative emergency treatment of dental pain - minor procedure - by report	50.00	<b>52.00</b>	165.00	.04
D9120	Fixed partial denture sectioning - by report	52.00	<b>53.00</b>	186.00	.04
D9220	Deep sedation/general anesthesia - first 30 minutes	225.00	<b>231.00</b>	471.00	.02
D9221	Deep sedation/general anesthesia - each additional 15 minutes	100.00	<b>103.00</b>	211.00	.03
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide - per visit	41.00	<b>42.00</b>	78.00	.03
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	164.00	<b>168.00</b>	365.00	.02
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	63.00	<b>64.00</b>	179.00	.02
D9248	Non-intravenous conscious sedation	98.00	<b>75.00</b>	113.00	.02
D9310	Consultation - per session	56.00	<b>57.00</b>	175.00	-.23
D9420	Hospital call	183.00	<b>188.00</b>	324.00	.02

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**New Dental Fee Schedule - Region 1**

		2010	2011		
ADACode	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D9430	Office visit - for observation during office hours, no other services performed	31.00	<b>31.00</b>	.00	.03
D9440	Office visit - after regularly scheduled office hours	54.00	<b>70.00</b>	110.00	
D9610	Therapeutic parenteral drug, single administration	22.00	<b>22.00</b>	.00	
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	36.00	<b>36.00</b>	.00	.23
D9910	Application of desensitizing medicament, per visit	22.00	<b>23.00</b>	75.00	
D9920	Behavior management - by report	41.00	<b>41.00</b>	.00	
D9940	Occlusal guard - by report	226.00	<b>237.00</b>	620.00	
D9942	Repair and/or relines of occlusal guard. Provide placement date of nightguard	89.00	<b>91.00</b>	256.00	.04
D9950	Occlusion analysis - mounted case - by report	217.00	<b>223.00</b>	406.00	
D9951	Limited occlusal adjustment - per visit	66.00	<b>68.00</b>	181.00	
D9952	Complete occlusal adjustment - by report	179.00	<b>184.00</b>	855.00	.03
D9972	External bleaching - per arch	150.00	<b>200.00</b>	427.00	.25
D9973	External bleaching - per tooth	58.00	<b>51.00</b>	70.00	-.12
D9974	Internal bleaching - per tooth	127.00	<b>133.00</b>	374.00	.05

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New Dental Fee Schedule - Region 2

		2010	2011		
ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D0120	Periodic oral evaluation	17.00	20.00	58.00	.15
D0140	Limited oral evaluation - problem focused	29.00	30.00	97.00	.03
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	31.00	32.00	89.00	.03
D0150	Comprehensive oral evaluation - new or established patient	36.00	38.00	102.00	.05
D0170	Re-evaluation-limited; problem focused (established patient; not post-operative visit)	29.00	31.00	68.00	.06
D0180	Comprehensive periodontal evaluation - new or established patient	57.00	58.00	110.00	.02
D0210	Intraoral complete series ( including bitewings)	68.00	71.00	148.00	.04
D0220	Intraoral radiograph - periapical first film	18.00	19.00	30.00	.05
D0230	Intraoral radiograph - periapical each additional film	9.00	10.00	27.00	.1
D0240	Intraoral radiograph - occlusal film	17.00	18.00	46.00	.06
D0270	Bitewing radiograph - single film	14.00	15.00	31.00	.07
D0272	Bitewings radiograph - two films	24.00	25.00	50.00	.04
D0273	Bitewings radiograph; three films	26.00	27.00	61.00	.04
D0274	Bitewings radiograph - four films	30.00	31.00	70.00	.03
D0277	Vertical bitewings - 7 to 8 films	38.00	39.00	106.00	.03
D0290	Posterior-anterior or lateral skull and facial bone survey film	29.00	30.00	159.00	.03
D0321	Radiographs - other temporomandibular joint films	46.00	47.00	.00	.02
D0322	Radiographs - tomographic survey	130.00	134.00	571.00	.03
D0330	Radiograph - panoramic film	43.00	45.00	124.00	.04
D0340	Radiograph - cephalometric film	43.00	45.00	140.00	.04
D0350	Oral/facial images	30.00	31.00	67.00	.03
D0415	Collection of microorganisms for culture and sensitivity. By report, provide copy of test results	28.00	29.00	42.00	.03
D0425	Caries susceptibility tests. By report, provide copy of test results	18.00	19.00	36.00	.05
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	38.00	39.00	58.00	.03
D0460	Pulp vitality tests	22.00	23.00	58.00	.04
D0470	Diagnostic casts or study models	46.00	48.00	126.00	.04
D0474	Accession of tissue, gross & microscopic examination	140.00	77.00	188.00	-.45
D0480	Accession of exfoliative cytologic smears,microscopic examination	129.00	80.00	115.00	-.38
D0486	Accession of brush biopsy sample	129.00	74.00	139.00	-.43
D1110	Prophylaxis - adult age 12 & older	67.00	70.00	102.00	.04
D1120	Prophylaxis - child	40.00	43.00	70.00	.07
D1203	Topical application of fluoride - child (prophylaxis not included)	23.00	24.00	39.00	.04
D1204	Topical application of fluoride \uc1\u8211X adult (prophylaxis not included) age 12 & older	27.00	28.00	37.00	.04
D1206	Topical fluoride varnish - by report	84.00	30.00	58.00	-.64
D1330	Oral Hygiene instructions	34.00	35.00	71.00	.03
D1351	Sealant - per tooth - under age 16 on permanent molars only	26.00	27.00	58.00	.04
D1510	Space maintainer - fixed - unilateral	128.00	131.00	330.00	.02
D1515	Space maintainer - fixed - bilateral	162.00	166.00	462.00	.02
D1520	Space maintainer - removable - unilateral	129.00	131.00	364.00	.02
D1525	Space maintainer - removable - bilateral	186.00	191.00	562.00	.03
D1550	Re-cementation of space maintainer	19.00	20.00	71.00	.05

- Region 1 .....Greater LA Area
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New Dental Fee Schedule - Region 2

		2010	2011		
ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D1555	Removal of fixed space maintainer	41.00	42.00	69.00	.02
D2140	Amalgam - one surface - primary or permanent	65.00	67.00	139.00	.03
D2150	Amalgam - two surfaces - primary or permanent	86.00	88.00	180.00	.02
D2160	Amalgam - three surfaces - primary or permanent	107.00	110.00	217.00	.03
D2161	Amalgam - four or more surfaces - primary or permanent	118.00	121.00	265.00	.02
D2330	Resin-based composite - one surface - anterior	92.00	94.00	162.00	.02
D2331	Resin-based composite - two surfaces - anterior	109.00	112.00	206.00	.03
D2332	Resin-based composite - three surfaces - anterior	145.00	149.00	252.00	.03
D2335	Resin-based composite - four or more surfaces or involving incisal angle - anterior	145.00	152.00	299.00	.05
D2390	Resin-based composite crown - anterior	162.00	170.00	330.00	.05
D2391	Resin-based composite - one surface - posterior	92.00	96.00	189.00	.04
D2392	Resin-based composite - two surfaces - posterior	132.00	138.00	248.00	.04
D2393	Resin-based composite - three surfaces - posterior	163.00	171.00	308.00	.05
D2394	Resin-based composite - four or more surfaces - posterior	190.00	199.00	377.00	.05
D2510	Metallic inlay - one surface	279.00	287.00	884.00	.03
D2520	Metallic inlay - two surfaces	364.00	374.00	1003.00	.03
D2530	Metallic inlay - three or more surfaces	413.00	425.00	1156.00	.03
D2542	Metallic onlay - two surfaces	441.00	454.00	1133.00	.03
D2543	Metallic onlay - three surfaces	483.00	497.00	1186.00	.03
D2544	Metallic onlay - four or more surfaces	605.00	623.00	1233.00	.03
D2610	Porcelain/ceramic inlay - one surface	293.00	301.00	1040.00	.03
D2620	Porcelain/ceramic inlay - two surfaces	382.00	393.00	1098.00	.03
D2630	Porcelain/ceramic inlay - three or more surfaces	434.00	447.00	1169.00	.03
D2642	Porcelain/ceramic onlay - two surfaces	423.00	435.00	1136.00	.03
D2643	Porcelain/ceramic onlay - three surfaces	507.00	522.00	1225.00	.03
D2644	Porcelain/ceramic onlay - four or more surfaces	635.00	654.00	1299.00	.03
D2650	Resin-based composite inlay - 1 surface (lab)	252.00	259.00	683.00	.03
D2651	Resin-based composite inlay - 2 surfaces (lab)	332.00	341.00	814.00	.03
D2652	Resin-based composite inlay - 3 or more surfaces (lab)	376.00	387.00	856.00	.03
D2662	Resin-based composite onlay - 2 surfaces (lab)	380.00	391.00	743.00	.03
D2663	Resin-based composite onlay - 3 surfaces (lab)	439.00	452.00	873.00	.03
D2664	Resin-based composite onlay - 4 or more surfaces (lab)	550.00	566.00	936.00	.03
D2710	Crown - resin based composite (indirect)	467.00	240.00	446.00	-.49
D2720	Crown - resin with high noble metal	611.00	629.00	1098.00	.03
D2721	Crown - resin with predominantly base metal	490.00	504.00	1029.00	.03
D2722	Crown - resin with noble metal	539.00	555.00	1051.00	.03
D2740	Crown - porcelain/ceramic substrate	688.00	722.00	1127.00	.05
D2750	Crown - porcelain fused to high noble metal	727.00	763.00	1112.00	.05
D2751	Crown - porcelain fused to predominantly base metal	596.00	625.00	1035.00	.05
D2752	Crown - porcelain fused to noble metal	634.00	665.00	1060.00	.05
D2780	Crown - ¾ cast high noble metal	681.00	715.00	1067.00	.05
D2781	Crown - ¾ cast predominantly base metal	568.00	596.00	1004.00	.05
D2782	Crown - ¾ cast noble metal	604.00	634.00	1037.00	.05

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		2010	2011		
ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D2783	Crown - ¾ cast porcelain /ceramic	655.00	687.00	1097.00	.05
D2790	Crown - full cast high noble metal	681.00	715.00	1073.00	.05
D2791	Crown - full cast predominantly base metal	568.00	596.00	1017.00	.05
D2792	Crown - full cast noble metal	604.00	634.00	1035.00	.05
D2794	Crown - titanium	604.00	634.00	1098.00	.05
D2799	Provisional crown	145.00	152.00	446.00	.05
D2910	Recement inlay, onlay, or partial coverage restoration	37.00	39.00	101.00	.05
D2915	Recement cast or prefabricated post and core	37.00	39.00	101.00	.05
D2920	Recement crown	37.00	39.00	103.00	.05
D2930	Prefabricated stainless steel crown - primary tooth	109.00	114.00	280.00	.04
D2931	Prefabricated stainless steel crown - permanent tooth	119.00	125.00	317.00	.05
D2932	Prefabricated resin crown	92.00	96.00	338.00	.04
D2933	Prefabricated stainless steel crown with resin window	130.00	136.00	387.00	.04
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	109.00	114.00	387.00	.04
D2940	Sedative filling	36.00	38.00	107.00	.05
D2950	Core buildup - including pins	109.00	114.00	267.00	.04
D2951	Pin retention - per tooth - in addition to restoration	29.00	31.00	61.00	.06
D2952	Post and core in addition to crown, indirectly fabricated	169.00	177.00	422.00	.05
D2954	Prefabricated post and core in addition to crown	115.00	120.00	338.00	.04
D2960	Labial veneer (resin laminate) - chairside	219.00	229.00	816.00	.04
D2961	Labial veneer (resin laminate) - laboratory	411.00	431.00	925.00	.05
D2962	Labial veneer (porcelain laminate) - laboratory	572.00	600.00	1006.00	.05
D2970	Temporary crown (fractured tooth) - by report	135.00	141.00	253.00	.04
D2971	Additional procedures to construct new crown under existing partial denture framework	37.00	39.00	162.00	.05
D3110	Pulp cap - direct	31.00	33.00	97.00	.06
D3120	Pulp cap - indirect	27.00	29.00	77.00	.07
D3220	Therapeutic pulpotomy	79.00	82.00	198.00	.04
D3221	Pulpal debridement - primary and permanent teeth	68.00	71.00	217.00	.04
D3222	Partial pulpotomy for apexogenesis luc1u8211X permanent tooth with incomplete root development	163.00	171.00	201.00	.05
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) Primary incisors and cuspids.	92.00	96.00	186.00	.04
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) Primary first and second mo	103.00	108.00	228.00	.05
D3310	Root canal therapy - anterior - traditional	455.00	477.00	727.00	.05
D3320	Root canal therapy - bicuspid - traditional	536.00	561.00	891.00	.04
D3330	Root canal therapy - molar - traditional	805.00	845.00	1104.00	.05
D3331	Treatment of root canal obstruction; non-surgical access	98.00	102.00	285.00	.04
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	263.00	276.00	541.00	.05
D3333	Internal root repair of perforation defects	278.00	160.00	249.00	-.42
D3346	Retreatment of root canal - anterior	573.00	601.00	969.00	.05
D3347	Retreatment of root canal - bicuspid	669.00	702.00	1140.00	.05
D3348	Retreatment of root canal - molar	856.00	898.00	1411.00	.05
D3410	Apicoectomy/Periradicular surgery - anterior - performed as separate surgical procedure	469.00	492.00	889.00	.05



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ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D3421	Apicoectomy/Periradicular surgery - bicuspid - first root	602.00	632.00	989.00	.05
D3425	Apicoectomy/Periradicular surgery - molar - first root	602.00	632.00	1121.00	.05
D3426	Apicoectomy/Periradicular surgery - each additional root	202.00	212.00	379.00	.05
D3430	Retrograde filling - per root - in addition to apicoectomy	89.00	93.00	278.00	.04
D3450	Root amputation - per root	268.00	281.00	580.00	.05
D3920	Hemisection (including any root removal)	268.00	281.00	440.00	.05
D3950	Canal preparation and fitting of preformed dowel or post	59.00	62.00	201.00	.05
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or bounded teeth spaces per quadrant	235.00	239.00	781.00	.02
D4211	Gingivectomy or gingivoplasty - one to three contiguous or bounded teeth spaces per quadrant	116.00	118.00	347.00	.02
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	654.00	667.00	1093.00	.02
D4231	Anatomical crown exposure - one to three teeth per quadrant	340.00	346.00	521.00	.02
D4240	Gingival flap procedure - includes root planing - 4 plus contiguous teeth or bounded teeth spaces per quadrant	338.00	344.00	989.00	.02
D4241	Gingival flap procedure, including root planing - 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	171.00	173.00	573.00	.01
D4249	Crown lengthening - hard tissue - by report	473.00	482.00	1085.00	.02
D4260	Osseous surgery - four or more contiguous teeth or bounded teeth spaces per quadrant	771.00	786.00	1649.00	.02
D4261	Osseous surgery (including flap entry and closure)- 1 to 3 contiguous or bounded teeth spaces per quadrant	421.00	429.00	885.00	.02
D4263	Bone replacement graft - first site in quadrant	252.00	257.00	590.00	.02
D4264	Bone replacement graft - each additional site in quadrant	150.00	153.00	503.00	.02
D4266	Guided tissue regeneration - resorbable barrier - per site	270.00	275.00	608.00	.02
D4267	Guided tissue regeneration - nonresorbable barrier - per site (includes membrane removal)	270.00	275.00	781.00	.02
D4270	Pedicle soft tissue graft procedure	511.00	521.00	1171.00	.02
D4271	Free soft tissue graft procedure (including donor site surgery)	511.00	521.00	1215.00	.02
D4273	Subepithelial connective tissue graft procedures - per tooth (includes donor site surgery)	632.00	645.00	1432.00	.02
D4274	Distal or proximal wedge procedure	275.00	280.00	812.00	.02
D4275	Soft tissue allograft	541.00	552.00	1076.00	.02
D4276	Combined connective tissue and double pedicle graft - per tooth	1312.00	700.00	1605.00	-.47
D4320	Provisional splinting - intracoronar - by report	155.00	158.00	451.00	.02
D4321	Provisional splinting - extracoronar - by report	155.00	158.00	410.00	.02
D4341	Periodontal scaling & root planing - four or more teeth - per quadrant	132.00	135.00	260.00	.02
D4342	Periodontal scaling & root planing - one to three teeth - per quadrant	90.00	92.00	150.00	.02
D4355	Full mouth debridement	69.00	71.00	178.00	.03
D4910	Periodontal maintenance procedures following active therapy	89.00	91.00	160.00	.02
D5110	Complete maxillary denture	856.00	898.00	1615.00	.05
D5120	Complete mandibular denture	856.00	898.00	1615.00	.05
D5130	Immediate maxillary denture	900.00	945.00	1762.00	.05
D5140	Immediate mandibular denture	900.00	945.00	1762.00	.05
D5211	Maxillary partial denture - resin base	447.00	469.00	1364.00	.05
D5212	Mandibular partial denture - resin base	447.00	469.00	1585.00	.05
D5213	Maxillary partial denture - cast metal framework with resin denture base	974.00	1022.00	1785.00	.05
D5214	Mandibular partial denture - cast metal framework with resin denture base	974.00	1022.00	1785.00	.05
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	669.00	702.00	1364.00	.05
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	669.00	702.00	1585.00	.05
D5281	Removable unilateral partial denture - one piece cast metal	405.00	425.00	1041.00	.05

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		2010	2011		
ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D5410	Adjust complete denture - maxillary	30.00	32.00	89.00	.06
D5411	Adjust complete denture - mandibular	30.00	32.00	89.00	.06
D5421	Adjust partial denture - maxillary	30.00	32.00	89.00	.06
D5422	Adjust partial denture - mandibular	30.00	32.00	89.00	.06
D5510	Repair broken complete denture base	89.00	93.00	177.00	.04
D5520	Replace missing or broken teeth - complete denture (each tooth)	76.00	79.00	148.00	.04
D5610	Repair resin denture base	76.00	79.00	192.00	.04
D5620	Repair cast framework	90.00	94.00	207.00	.04
D5630	Repair or replace broken clasp	114.00	119.00	250.00	.04
D5640	Replace broken teeth - per tooth	89.00	93.00	162.00	.04
D5650	Add tooth to existing partial denture	89.00	93.00	221.00	.04
D5660	Add clasp to existing partial denture	114.00	119.00	265.00	.04
D5710	Rebase complete denture - maxillary	236.00	247.00	656.00	.04
D5711	Rebase complete denture - mandibular	236.00	247.00	627.00	.04
D5720	Rebase partial denture - maxillary	217.00	227.00	619.00	.04
D5721	Rebase partial denture - mandibular	217.00	227.00	619.00	.04
D5730	Reline complete denture - maxillary - chairside	127.00	133.00	370.00	.05
D5731	Reline complete denture - mandibular - chairside	127.00	133.00	370.00	.05
D5740	Reline partial denture - maxillary - chairside	127.00	133.00	339.00	.05
D5741	Reline partial denture - mandibular - chairside	127.00	133.00	339.00	.05
D5750	Reline complete denture - maxillary - laboratory	217.00	227.00	494.00	.04
D5751	Reline complete denture - mandibular - laboratory	217.00	227.00	494.00	.04
D5760	Reline partial denture - maxillary - laboratory	203.00	213.00	486.00	.05
D5761	Reline partial denture - mandibular - laboratory	203.00	213.00	486.00	.05
D5810	Interim complete denture - maxillary	396.00	415.00	781.00	.05
D5811	Interim complete denture - mandibular	396.00	415.00	841.00	.05
D5820	Interim partial denture - maxillary	300.00	315.00	604.00	.05
D5821	Interim partial denture - mandibular	300.00	315.00	641.00	.05
D5850	Tissue conditioning - maxillary	61.00	64.00	155.00	.05
D5851	Tissue conditioning - mandibular	61.00	64.00	155.00	.05
D5860	Overdenture - complete - by report	900.00	945.00	.00	.05
D5861	Overdenture - partial - by report	900.00	945.00	.00	.05
D5862	Precision attachment - by report	233.00	244.00	.00	.05
D5982	Surgical stent - by report	236.00	247.00	656.00	.04
D6010	Surgical placement of implant body - endosteal implant	1545.00	1545.00	2699.00	
D6056	Prefabricated abutment - includes placement	349.00	359.00	561.00	.03
D6058	Abutment supported crown - porcelain/ceramic	993.00	1022.00	1554.00	.03
D6059	Abutment supported crown - porcelain fused to high noble metal	980.00	1009.00	1534.00	.03
D6060	Abutment supported crown - porcelain fused to predominantly base metal	926.00	953.00	1449.00	.03
D6061	Abutment supported crown - porcelain fused to noble metal	946.00	974.00	1479.00	.03
D6062	Abutment supported crown - cast high noble metal	897.00	923.00	1473.00	.03
D6063	Abutment supported crown - cast predominantly base metal	771.00	794.00	1283.00	.03
D6064	Abutment supported crown - cast noble metal	816.00	840.00	1341.00	.03

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ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D6065	Implant supported crown - porcelain/ceramic	930.00	957.00	1529.00	.03
D6066	Implant supported crown - porcelain fused to high noble metal or titanium	906.00	933.00	1489.00	.03
D6067	Implant supported crown - high noble metal or titanium	880.00	906.00	1445.00	.03
D6068	Abutment supported retainer for porcelain/ceramic FPD	993.00	1022.00	1541.00	.03
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	980.00	1009.00	1534.00	.03
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	926.00	953.00	1449.00	.03
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	946.00	974.00	1479.00	.03
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	919.00	946.00	1497.00	.03
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	833.00	858.00	1367.00	.03
D6074	Abutment supported retainer for cast metal FPD (noble metal)	897.00	924.00	1452.00	.03
D6075	Implant supported retainer for ceramic FPD	977.00	1006.00	1529.00	.03
D6076	Implant supported retainer for porcelain fused to metal FPD (high noble metal or titanium)	951.00	979.00	1489.00	.03
D6077	Implant supported retainer for cast metal FPD (high noble metal or titanium)	880.00	906.00	1445.00	.03
D6078	Implant/Abutment supported fixed denture for completely edentulous arch	998.00	998.00	.00	
D6079	Implant/Abutment supported fixed denture for partially edentulous arch	998.00	998.00	.00	
D6092	Recement implant/abutment supported crown	40.00	42.00	119.00	.05
D6093	Recement implant/abutment supported fixed partial denture	59.00	61.00	187.00	.03
D6094	Abutment supported crown - (titanium)	604.00	622.00	1216.00	.03
D6190	Radiographic/surgical implant index - by report	301.00	165.00	273.00	-.45
D6194	Abutment supported retainer crown for FPD - (titanium)	604.00	622.00	1253.00	.03
D6210	Bridge pontic - cast high noble metal	652.00	684.00	1066.00	.05
D6211	Bridge pontic - cast predominantly base metal	544.00	571.00	999.00	.05
D6212	Bridge pontic - cast noble metal	604.00	634.00	1039.00	.05
D6214	Bridge pontic - titanium	604.00	634.00	1072.00	.05
D6240	Bridge pontic - porcelain fused to high noble metal	685.00	719.00	1052.00	.05
D6241	Bridge pontic - porcelain fused to predominantly base metal	571.00	599.00	972.00	.05
D6242	Bridge pontic - porcelain fused to noble metal	607.00	637.00	1025.00	.05
D6245	Bridge pontic - porcelain/ceramic	657.00	689.00	1086.00	.05
D6250	Bridge pontic - resin with high noble metal	585.00	614.00	1039.00	.05
D6251	Bridge pontic - resin with predominantly base metal	469.00	492.00	958.00	.05
D6252	Bridge pontic - resin with noble metal	516.00	541.00	989.00	.05
D6253	Provisional pontic	130.00	136.00	448.00	.04
D6545	Retainer - cast metal for resin bonded fixed prothesis	165.00	173.00	396.00	.05
D6600	Bridge retainer inlay - porcelain/ceramic - two surfaces	382.00	401.00	786.00	.05
D6601	Bridge retainer inlay - porcelain/ceramic - three or more surfaces	434.00	455.00	824.00	.05
D6602	Bridge retainer inlay - cast high noble metal - two surfaces	383.00	402.00	840.00	.05
D6603	Bridge retainer inlay - cast high noble metal - three or more surfaces	436.00	457.00	924.00	.05
D6604	Bridge retainer inlay - cast predominantly base metal - two surfaces	338.00	354.00	823.00	.05
D6605	Bridge retainer inlay - cast predominantly base metal - three or more surfaces	396.00	415.00	872.00	.05
D6606	Bridge retainer inlay - cast noble metal - two surfaces	364.00	382.00	810.00	.05
D6607	Bridge retainer inlay - cast noble metal - three or more surfaces	413.00	433.00	899.00	.05
D6608	Bridge retainer onlay - porcelain/ceramic - two surfaces	423.00	444.00	854.00	.05
D6609	Bridge retainer onlay - porcelain/ceramic - three or more surfaces	507.00	532.00	892.00	.05

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D6610	Bridge retainer onlay - cast high noble metal - two surfaces	499.00	524.00	906.00	.05
D6611	Bridge retainer onlay - cast high noble metal - three or more surfaces	652.00	684.00	991.00	.05
D6612	Bridge retainer onlay - cast predominantly base metal - two surfaces	396.00	415.00	901.00	.05
D6613	Bridge retainer onlay - cast predominantly base metal - three or more surfaces	538.00	564.00	942.00	.05
D6614	Bridge retainer onlay - cast noble metal - two surfaces	441.00	463.00	882.00	.05
D6615	Bridge retainer onlay - cast noble metal - three or more surfaces	605.00	635.00	917.00	.05
D6720	Bridge retainer crown - resin with high noble metal	611.00	641.00	1050.00	.05
D6721	Bridge retainer crown - resin with predominantly base metal	490.00	514.00	996.00	.05
D6722	Bridge retainer crown - resin with noble metal	539.00	566.00	1014.00	.05
D6740	Bridge retainer crown - porcelain/ceramic	655.00	687.00	1104.00	.05
D6750	Bridge retainer crown - porcelain fused to high noble metal	727.00	763.00	1075.00	.05
D6751	Bridge retainer crown - porcelain fused to predominantly base metal	596.00	625.00	1003.00	.05
D6752	Bridge retainer crown - porcelain fused to noble metal	634.00	665.00	1027.00	.05
D6780	Bridge retainer crown - ¾ cast high noble metal	681.00	715.00	1014.00	.05
D6781	Bridge retainer crown - ¾ cast predominantly base metal	568.00	596.00	1014.00	.05
D6782	Bridge retainer crown - ¾ cast noble metal	604.00	634.00	942.00	.05
D6783	Bridge retainer crown - ¾ porcelain/ceramic	655.00	687.00	1044.00	.05
D6790	Bridge retainer crown - full cast high noble metal	681.00	715.00	1038.00	.05
D6791	Bridge retainer crown - full cast predominantly base metal	568.00	596.00	984.00	.05
D6792	Bridge retainer crown - full cast noble metal	604.00	634.00	1020.00	.05
D6793	Provisional retainer crown	145.00	152.00	426.00	.05
D6794	Bridge retainer crown - titanium	604.00	634.00	1020.00	.05
D6930	Recement fixed partial denture	59.00	61.00	151.00	.03
D6940	Stress breaker - by report	169.00	174.00	341.00	.03
D6950	Precision attachment - by report	280.00	288.00	660.00	.03
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	169.00	177.00	416.00	.05
D6972	Prefabricated post & core in addition to FPD retainer	115.00	120.00	338.00	.04
D6973	Core build up for retainer - including any pins	109.00	114.00	273.00	.04
D7111	Extraction - coronal remnants - deciduous tooth	60.00	63.00	124.00	.05
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	76.00	79.00	164.00	.04
D7210	Surgical removal of erupted tooth	139.00	146.00	302.00	.05
D7220	Removal of impacted tooth - soft tissue	183.00	192.00	379.00	.05
D7230	Removal of impacted tooth - partially bony	259.00	272.00	503.00	.05
D7240	Removal of impacted tooth - completely bony	332.00	348.00	591.00	.05
D7241	Removal of impacted tooth - completely bony - with unusual surgical complications - by report	368.00	386.00	743.00	.05
D7250	Surgical removal of residual tooth roots - cutting procedure	150.00	157.00	319.00	.04
D7260	Oroantral fistula closure	423.00	444.00	1871.00	.05
D7261	Primary closure of a sinus perforation	375.00	393.00	780.00	.05
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth - by report	310.00	325.00	585.00	.05
D7272	Tooth transplantation (includes reimplantation from one site to another & splinting &/or stabilization) - by report	310.00	325.00	780.00	.05
D7280	Surgical access of an erupted tooth	320.00	336.00	546.00	.05
D7283	Placement of device to facilitate eruption of impacted tooth	105.00	110.00	234.00	.05
D7285	Biopsy of oral tissue - hard (bone, tooth) - by report	112.00	117.00	1091.00	.04



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New Dental Fee Schedule - Region 2

2010

2011

ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D7286	Biopsy of oral tissue - soft (all others) - by report	112.00	117.00	468.00	.04
D7287	Exfoliative cytological sample collection - by report	102.00	107.00	187.00	.05
D7288	Brush biopsy - transepithelial sample collection - by report	48.00	50.00	187.00	.04
D7291	Transseptal fiberotomy/supra crestial fiberotomy - by report	32.00	32.00	.00	
D7310	Alveoloplasty in conjunction with extractions \uc1\u8211X four or more teeth or tooth spaces, per quadrant	135.00	141.00	445.00	
D7311	Alveoloplasty - in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	68.00	71.00	388.00	.04
D7320	Alveoloplasty not in conjunction with extractions \uc1\u8211Xfour or more teeth or tooth spaces, per quadrant	191.00	200.00	722.00	.04
D7321	Alveoloplasty - not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	96.00	100.00	611.00	.05
D7340	Vestibuloplasty - ridge extension - secondary epithelialization	675.00	708.00	3054.00	.05
D7350	Vestibuloplasty - ridge extension	1125.00	1181.00	8886.00	.05
D7410	Excision of benign lesion up to 1.25 cm	169.00	177.00	1333.00	.05
D7411	Excision of benign lesion greater than 1.25 cm	225.00	236.00	2110.00	.05
D7412	Excision of benign lesion - complicated - by report	321.00	337.00	2332.00	.05
D7413	Excision of malignant lesion up to 1.25 cm	193.00	202.00	1555.00	.04
D7414	Excision of malignant lesion greater than 1.25 cm	251.00	263.00	2332.00	.05
D7415	Excision of malignant lesion - complicated - by report	348.00	365.00	2610.00	.05
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	214.00	224.00	2110.00	.04
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	289.00	303.00	3110.00	.05
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	185.00	194.00	1333.00	.05
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	265.00	278.00	1822.00	.05
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	185.00	194.00	1333.00	.05
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	265.00	278.00	1822.00	.05
D7471	Removal of lateral exostosis (maxilla or mandible)	304.00	319.00	1651.00	.05
D7472	Removal of torus palatinus	375.00	393.00	1962.00	.05
D7473	Removal of torus mandibularis	375.00	393.00	1850.00	.05
D7485	Surgical reduction of osseous tuberosity	250.00	262.00	1651.00	.05
D7510	Incision and drainage of abscess - intraoral soft tissue	90.00	94.00	477.00	.04
D7530	Removal of a foreign body from mucosa, skin, or subcutaneous alveolar tissue	84.00	88.00	820.00	.05
D7880	Occlusal orthotic device (TMJ treatment appliance) - by report	458.00	480.00	1226.00	.05
D7910	Suture of recent small wounds up to 5 cm	56.00	59.00	729.00	.05
D7911	Complicated suture - up to 5 cm	75.00	79.00	1820.00	.05
D7912	Complicated suture - greater than 5 cm	62.00	65.00	3274.00	.05
D7953	Bone replacement graft for ridge preservation - per site	236.00	247.00	378.00	.04
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	203.00	213.00	611.00	.05
D7970	Excision of hyperplastic tissue - per arch	158.00	166.00	888.00	.05
D7971	Excision of pericoronal gingiva	66.00	69.00	333.00	.04
D7972	Surgical reduction of fibrous tuberosity	275.00	288.00	1244.00	.05
D8010	Limited orthodontic treatment of the primary dentition	566.00	566.00	.00	
D8020	Limited orthodontic treatment of the transitional dentition	1987.00	1987.00	.00	
D8030	Limited orthodontic treatment of the adolescent dentition	1987.00	1987.00	.00	
D8040	Limited orthodontic treatment of the adult dentition	1987.00	1987.00	.00	
D8050	Interceptive orthodontic treatment of the primary dentition	566.00	594.00	.00	.05
D8060	Interceptive orthodontic treatment of the transitional dentition	602.00	632.00	.00	.05



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New Dental Fee Schedule - Region 2

		2010	2011		
ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D8070	Comprehensive orthodontic treatment of the transitional dentition	3973.00	3973.00	.00	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	3973.00	3973.00	.00	
D8090	Comprehensive orthodontic treatment of the adult dentition	3973.00	3973.00	.00	
D8210	Removable appliance therapy - by report	339.00	339.00	.00	
D8220	Fixed appliance therapy - by report	270.00	270.00	.00	
D8660	Pre-orthodontic treatment visit	30.00	30.00	.00	
D8680	Orthodontic retention - removal of appliances, construction/placement of retainer(s)	134.00	134.00	.00	
D8691	Repair of orthodontic appliance	70.00	70.00	.00	
D8692	Replacement of lost or broken retainer	144.00	144.00	.00	
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	55.00	55.00	.00	
D9110	Palliative emergency treatment of dental pain - minor procedure - by report	48.00	49.00	151.00	
D9120	Fixed partial denture sectioning - by report	49.00	50.00	171.00	
D9220	Deep sedation/general anesthesia - first 30 minutes	217.00	223.00	517.00	
D9221	Deep sedation/general anesthesia - each additional 15 minutes	100.00	103.00	232.00	
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide - per visit	41.00	42.00	86.00	
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	117.00	120.00	401.00	.02
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	60.00	62.00	196.00	.02
D9248	Non-intravenous conscious sedation	96.00	75.00	125.00	.03
D9310	Consultation - per session	53.00	54.00	225.00	.03
D9420	Hospital call	180.00	185.00	415.00	.02
D9430	Office visit - for observation during office hours, no other services performed	29.00	29.00	.00	.03
D9440	Office visit - after regularly scheduled office hours	45.00	70.00	140.00	.03
D9610	Therapeutic parenteral drug, single administration	21.00	21.00	.00	-.22
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	34.00	34.00	.00	.02
D9910	Application of desensitizing medicament, per visit	20.00	23.00	63.00	.03
D9920	Behavior management - by report	39.00	39.00	.00	
D9940	Occlusal guard - by report	214.00	224.00	523.00	
D9942	Repair and/or reline of occlusal guard. Provide placement date of nightguard	89.00	91.00	216.00	.36
D9950	Occlusion analysis - mounted case - by report	206.00	212.00	343.00	
D9951	Limited occlusal adjustment - per visit	71.00	73.00	153.00	
D9952	Complete occlusal adjustment - by report	188.00	193.00	721.00	.03
D9972	External bleaching - per arch	147.00	197.00	360.00	.25
D9973	External bleaching - per tooth	56.00	51.00	60.00	-.09
D9974	Internal bleaching - per tooth	125.00	131.00	315.00	.05

- Region 1 .....Greater LA Area
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**New Dental Choice - Region 3**

ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D0120	Periodic oral evaluation	19.00	22.00	64.00	0.14
D0140	Limited oral evaluation - problem focused	36.00	37.00	107.00	.03
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	44.00	45.00	99.00	.02
D0150	Comprehensive oral evaluation - new or established patient	46.00	50.00	112.00	.08
D0170	Re-evaluation-limited; problem focused (established patient; not post-operative visit)	35.00	39.00	75.00	.1
D0180	Comprehensive periodontal evaluation - new or established patient	68.00	70.00	122.00	.03
D0210	Intraoral complete series ( including bitewings)	84.00	88.00	179.00	.05
D0220	Intraoral radiograph - periapical first film	20.00	21.00	36.00	.05
D0230	Intraoral radiograph - periapical each additional film	14.00	15.00	32.00	.07
D0240	Intraoral radiograph - occlusal film	21.00	22.00	55.00	.05
D0270	Bitewing radiograph - single film	19.00	20.00	36.00	.05
D0272	Bitewings radiograph - two films	30.00	31.00	58.00	.03
D0273	Bitewings radiograph; three films	36.00	37.00	71.00	.03
D0274	Bitewings radiograph - four films	38.00	39.00	81.00	.03
D0277	Vertical bitewings - 7 to 8 films	49.00	50.00	123.00	.02
D0290	Posterior-anterior or lateral skull and facial bone survey film	40.00	41.00	166.00	.02
D0321	Radiographs - other temporomandibular joint films	60.00	62.00	.00	.03
D0322	Radiographs - tomographic survey	174.00	179.00	595.00	.03
D0330	Radiograph - panoramic film	54.00	56.00	129.00	.04
D0340	Radiograph - cephalometric film	52.00	54.00	146.00	.04
D0350	Oral/facial images	37.00	38.00	69.00	.03
D0415	Collection of microorganisms for culture and sensitivity. By report, provide copy of test results	36.00	37.00	52.00	.03
D0425	Caries susceptibility tests. By report, provide copy of test results	22.00	23.00	45.00	.04
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	46.00	47.00	72.00	.02
D0460	Pulp vitality tests	31.00	32.00	72.00	.03
D0470	Diagnostic casts or study models	56.00	58.00	157.00	.03
D0474	Accession of tissue, gross & microscopic examination	174.00	77.00	233.00	-.56
D0480	Accession of exfoliative cytologic smears,microscopic examination	157.00	80.00	143.00	-.49
D0486	Accession of brush biopsy sample	157.00	74.00	172.00	-.53
D1110	Prophylaxis - adult age 12 & older	78.00	83.00	118.00	.06
D1120	Prophylaxis - child	47.00	52.00	81.00	.1
D1203	Topical application of fluoride - child (prophylaxis not included)	28.00	29.00	45.00	.03
D1204	Topical application of fluoride \uc1\u8211X adult (prophylaxis not included) age 12 & older	34.00	35.00	42.00	.03
D1206	Topical fluoride varnish - by report	98.00	30.00	68.00	-.69
D1330	Oral Hygiene instructions	44.00	45.00	93.00	.02
D1351	Sealant - per tooth - under age 16 on permanent molars only	35.00	37.00	76.00	.05
D1510	Space maintainer - fixed - unilateral	158.00	162.00	435.00	.02
D1515	Space maintainer - fixed - bilateral	194.00	200.00	609.00	.03
D1520	Space maintainer - removable - unilateral	169.00	174.00	478.00	.03
D1525	Space maintainer - removable - bilateral	231.00	238.00	739.00	.03
D1550	Re-cementation of space maintainer	22.00	23.00	94.00	.04
D1555	Removal of fixed space maintainer	62.00	64.00	90.00	.03
D2140	Amalgam - one surface - primary or permanent	82.00	84.00	195.00	.02
D2150	Amalgam - two surfaces - primary or permanent	108.00	111.00	252.00	.03

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**New Dental Choice - Region 3**

ADACode	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D2160	Amalgam - three surfaces - primary or permanent	130.00	134.00	305.00	.03
D2161	Amalgam - four or more surfaces - primary or permanent	147.00	151.00	371.00	.03
D2330	Resin-based composite - one surface - anterior	108.00	111.00	188.00	.03
D2331	Resin-based composite - two surfaces - anterior	128.00	131.00	240.00	.02
D2332	Resin-based composite - three surfaces - anterior	161.00	165.00	294.00	.02
D2335	Resin-based composite - four or more surfaces or involving incisal angle - anterior	168.00	176.00	348.00	.05
D2390	Resin-based composite crown - anterior	198.00	208.00	386.00	.05
D2391	Resin-based composite - one surface - posterior	114.00	119.00	220.00	.04
D2392	Resin-based composite - two surfaces - posterior	166.00	174.00	289.00	.05
D2393	Resin-based composite - three surfaces - posterior	198.00	208.00	359.00	.05
D2394	Resin-based composite - four or more surfaces - posterior	232.00	243.00	439.00	.05
D2510	Metallic inlay - one surface	343.00	353.00	900.00	.03
D2520	Metallic inlay - two surfaces	454.00	470.00	1022.00	.03
D2530	Metallic inlay - three or more surfaces	519.00	534.00	1177.00	.03
D2542	Metallic onlay - two surfaces	519.00	534.00	1155.00	.03
D2543	Metallic onlay - three surfaces	610.00	628.00	1208.00	.03
D2544	Metallic onlay - four or more surfaces	769.00	792.00	1256.00	.03
D2610	Porcelain/ceramic inlay - one surface	456.00	469.00	1059.00	.03
D2620	Porcelain/ceramic inlay - two surfaces	500.00	515.00	1119.00	.03
D2630	Porcelain/ceramic inlay - three or more surfaces	545.00	561.00	1191.00	.03
D2642	Porcelain/ceramic onlay - two surfaces	558.00	574.00	1158.00	.03
D2643	Porcelain/ceramic onlay - three surfaces	641.00	660.00	1249.00	.03
D2644	Porcelain/ceramic onlay - four or more surfaces	807.00	831.00	1324.00	.03
D2650	Resin-based composite inlay - 1 surface (lab)	376.00	387.00	696.00	.03
D2651	Resin-based composite inlay - 2 surfaces (lab)	507.00	522.00	829.00	.03
D2652	Resin-based composite inlay - 3 or more surfaces (lab)	557.00	573.00	872.00	.03
D2662	Resin-based composite onlay - 2 surfaces (lab)	602.00	620.00	757.00	.03
D2663	Resin-based composite onlay - 3 surfaces (lab)	655.00	674.00	890.00	.03
D2664	Resin-based composite onlay - 4 or more surfaces (lab)	744.00	766.00	953.00	.03
D2710	Crown - resin based composite (indirect)	532.00	240.00	491.00	-.55
D2720	Crown - resin with high noble metal	686.00	706.00	1211.00	.03
D2721	Crown - resin with predominantly base metal	557.00	573.00	1135.00	.03
D2722	Crown - resin with noble metal	612.00	630.00	1160.00	.03
D2740	Crown - porcelain/ceramic substrate	815.00	855.00	1242.00	.05
D2750	Crown - porcelain fused to high noble metal	852.00	894.00	1226.00	.05
D2751	Crown - porcelain fused to predominantly base metal	713.00	748.00	1142.00	.05
D2752	Crown - porcelain fused to noble metal	739.00	775.00	1169.00	.05
D2780	Crown - ¾ cast high noble metal	801.00	841.00	1176.00	.05
D2781	Crown - ¾ cast predominantly base metal	668.00	701.00	1107.00	.05
D2782	Crown - ¾ cast noble metal	713.00	748.00	1143.00	.05
D2783	Crown - ¾ cast porcelain /ceramic	771.00	809.00	1209.00	.05
D2790	Crown - full cast high noble metal	798.00	838.00	1183.00	.05
D2791	Crown - full cast predominantly base metal	660.00	693.00	1121.00	.05
D2792	Crown - full cast noble metal	704.00	739.00	1142.00	.05
D2794	Crown - titanium	704.00	739.00	1211.00	.05

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**New Dental Choice - Region 3**

ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D2799	Provisional crown	179.00	188.00	491.00	.05
D2910	Recement inlay, onlay, or partial coverage restoration	43.00	45.00	116.00	.04
D2915	Recement cast or prefabricated post and core	43.00	45.00	116.00	.04
D2920	Recement crown	43.00	45.00	118.00	.04
D2930	Prefabricated stainless steel crown - primary tooth	130.00	136.00	321.00	.04
D2931	Prefabricated stainless steel crown - permanent tooth	137.00	143.00	363.00	.04
D2932	Prefabricated resin crown	111.00	116.00	387.00	.04
D2933	Prefabricated stainless steel crown with resin window	160.00	168.00	444.00	.05
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	130.00	136.00	444.00	.04
D2940	Sedative filling	44.00	46.00	123.00	.04
D2950	Core buildup - including pins	137.00	143.00	307.00	.04
D2951	Pin retention - per tooth - in addition to restoration	34.00	36.00	69.00	.06
D2952	Post and core in addition to crown, indirectly fabricated	196.00	205.00	484.00	.04
D2954	Prefabricated post and core in addition to crown	137.00	143.00	387.00	.04
D2960	Labial veneer (resin laminate) - chairside	288.00	302.00	936.00	.05
D2961	Labial veneer (resin laminate) - laboratory	484.00	508.00	1062.00	.05
D2962	Labial veneer (porcelain laminate) - laboratory	740.00	777.00	1154.00	.05
D2970	Temporary crown (fractured tooth) - by report	167.00	175.00	291.00	.05
D2971	Additional procedures to construct new crown under existing partial denture framework	43.00	45.00	185.00	.04
D3110	Pulp cap - direct	39.00	41.00	112.00	.05
D3120	Pulp cap - indirect	37.00	39.00	90.00	.05
D3220	Therapeutic pulpotomy	100.00	105.00	231.00	.05
D3221	Pulpal debridement - primary and permanent teeth	92.00	96.00	253.00	.04
D3222	Partial pulpotomy for apexogenesis permanent tooth with incomplete root development	181.00	190.00	235.00	.05
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) Primary incisors and cuspids.	103.00	108.00	219.00	.05
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) Primary first and second mo	128.00	134.00	270.00	.04
D3310	Root canal therapy - anterior - traditional	576.00	604.00	861.00	.05
D3320	Root canal therapy - bicuspid - traditional	684.00	718.00	1055.00	.05
D3330	Root canal therapy - molar - traditional	964.00	1012.00	1308.00	.05
D3331	Treatment of root canal obstruction; non-surgical access	116.00	121.00	338.00	.04
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	296.00	310.00	641.00	.05
D3333	Internal root repair of perforation defects	307.00	160.00	296.00	-.48
D3346	Retreatment of root canal - anterior	725.00	761.00	1148.00	.05
D3347	Retreatment of root canal - bicuspid	814.00	854.00	1350.00	.05
D3348	Retreatment of root canal - molar	1009.00	1059.00	1671.00	.05
D3410	Apicoectomy/Periradicular surgery - anterior - performed as separate surgical procedure	553.00	580.00	1052.00	.05
D3421	Apicoectomy/Periradicular surgery - bicuspid - first root	696.00	730.00	1171.00	.05
D3425	Apicoectomy/Periradicular surgery - molar - first root	702.00	737.00	1326.00	.05
D3426	Apicoectomy/Periradicular surgery - each additional root	261.00	274.00	448.00	.05
D3430	Retrograde filling - per root - in addition to apicoectomy	138.00	144.00	329.00	.04
D3450	Root amputation - per root	350.00	367.00	686.00	.05
D3920	Hemisection (including any root removal)	317.00	332.00	522.00	.05
D3950	Canal preparation and fitting of preformed dowel or post	94.00	98.00	238.00	.04
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or bounded teeth spaces per quadrant	318.00	324.00	888.00	.02
D4211	Gingivectomy or gingivoplasty - one to three contiguous or bounded teeth spaces per quadrant	127.00	129.00	395.00	.02



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**New Dental Choice - Region 3**

ADACode	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	726.00	740.00	1243.00	.02
D4231	Anatomical crown exposure - one to three teeth per quadrant	376.00	383.00	592.00	.02
D4240	Gingival flap procedure - includes root planing - 4 plus contiguous teeth or bounded teeth spaces per quadrant	437.00	445.00	1124.00	.02
D4241	Gingival flap procedure, including root planing - 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	213.00	217.00	651.00	.02
D4249	Crown lengthening - hard tissue - by report	593.00	604.00	1233.00	.02
D4260	Osseous surgery - four or more contiguous teeth or bounded teeth spaces per quadrant	947.00	965.00	1874.00	.02
D4261	Osseous surgery (including flap entry and closure)- 1 to 3 contiguous or bounded teeth spaces per quadrant	507.00	517.00	1006.00	.02
D4263	Bone replacement graft - first site in quadrant	354.00	361.00	671.00	.02
D4264	Bone replacement graft - each additional site in quadrant	247.00	251.00	572.00	.02
D4266	Guided tissue regeneration - resorbable barrier - per site	375.00	382.00	691.00	.02
D4267	Guided tissue regeneration - nonresorbable barrier - per site (includes membrane removal)	390.00	397.00	888.00	.02
D4270	Pedicle soft tissue graft procedure	659.00	672.00	1331.00	.02
D4271	Free soft tissue graft procedure (including donor site surgery)	659.00	672.00	1381.00	.02
D4273	Subepithelial connective tissue graft procedures - per tooth (includes donor site surgery)	794.00	809.00	1627.00	.02
D4274	Distal or proximal wedge procedure	347.00	353.00	923.00	.02
D4275	Soft tissue allograft	649.00	661.00	1223.00	.02
D4276	Combined connective tissue and double pedicle graft - per tooth	1544.00	700.00	1825.00	-.55
D4320	Provisional splinting - intracoronaral - by report	204.00	208.00	488.00	.02
D4321	Provisional splinting - extracoronaral - by report	204.00	208.00	443.00	.02
D4341	Periodontal scaling & root planing - four or more teeth - per quadrant	170.00	173.00	280.00	.02
D4342	Periodontal scaling & root planing - one to three teeth - per quadrant	111.00	113.00	162.00	.02
D4355	Full mouth debridement	98.00	100.00	192.00	.02
D4910	Periodontal maintenance procedures following active therapy	113.00	115.00	173.00	.02
D5110	Complete maxillary denture	1138.00	1195.00	1870.00	.05
D5120	Complete mandibular denture	1138.00	1195.00	1870.00	.05
D5130	Immediate maxillary denture	1162.00	1220.00	2038.00	.05
D5140	Immediate mandibular denture	1162.00	1220.00	2038.00	.05
D5211	Maxillary partial denture - resin base	622.00	653.00	1578.00	.05
D5212	Mandibular partial denture - resin base	622.00	653.00	1834.00	.05
D5213	Maxillary partial denture - cast metal framework with resin denture base	1236.00	1297.00	2066.00	.05
D5214	Mandibular partial denture - cast metal framework with resin denture base	1236.00	1297.00	2066.00	.05
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	929.00	975.00	1578.00	.05
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	929.00	975.00	1834.00	.05
D5281	Removable unilateral partial denture - one piece cast metal	568.00	596.00	1204.00	.05
D5410	Adjust complete denture - maxillary	38.00	40.00	102.00	.05
D5411	Adjust complete denture - mandibular	38.00	40.00	102.00	.05
D5421	Adjust partial denture - maxillary	38.00	40.00	102.00	.05
D5422	Adjust partial denture - mandibular	38.00	40.00	102.00	.05
D5510	Repair broken complete denture base	110.00	115.00	205.00	.04
D5520	Replace missing or broken teeth - complete denture (each tooth)	96.00	100.00	171.00	.04
D5610	Repair resin denture base	96.00	100.00	222.00	.04
D5620	Repair cast framework	111.00	116.00	239.00	.04
D5630	Repair or replace broken clasp	143.00	150.00	290.00	.05
D5640	Replace broken teeth - per tooth	110.00	115.00	188.00	.04
D5650	Add tooth to existing partial denture	110.00	115.00	256.00	.04



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**New Dental Choice - Region 3**

ADACode	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D5660	Add clasp to existing partial denture	142.00	149.00	307.00	.05
D5710	Rebase complete denture - maxillary	298.00	312.00	759.00	.04
D5711	Rebase complete denture - mandibular	298.00	312.00	725.00	.04
D5720	Rebase partial denture - maxillary	293.00	307.00	717.00	.05
D5721	Rebase partial denture - mandibular	293.00	307.00	717.00	.05
D5730	Reline complete denture - maxillary - chairside	158.00	165.00	428.00	.04
D5731	Reline complete denture - mandibular - chairside	158.00	165.00	428.00	.04
D5740	Reline partial denture - maxillary - chairside	158.00	165.00	393.00	.04
D5741	Reline partial denture - mandibular - chairside	158.00	165.00	393.00	.04
D5750	Reline complete denture - maxillary - laboratory	272.00	285.00	572.00	.05
D5751	Reline complete denture - mandibular - laboratory	272.00	285.00	572.00	.05
D5760	Reline partial denture - maxillary - laboratory	254.00	266.00	563.00	.05
D5761	Reline partial denture - mandibular - laboratory	254.00	266.00	563.00	.05
D5810	Interim complete denture - maxillary	467.00	490.00	904.00	.05
D5811	Interim complete denture - mandibular	467.00	490.00	972.00	.05
D5820	Interim partial denture - maxillary	350.00	367.00	699.00	.05
D5821	Interim partial denture - mandibular	350.00	367.00	742.00	.05
D5850	Tissue conditioning - maxillary	73.00	76.00	179.00	.04
D5851	Tissue conditioning - mandibular	73.00	76.00	179.00	.04
D5860	Overdenture - complete - by report	1140.00	1197.00	.00	.05
D5861	Overdenture - partial - by report	1140.00	1197.00	.00	.05
D5862	Precision attachment - by report	305.00	320.00	.00	.05
D5982	Surgical stent - by report	346.00	363.00	759.00	.05
D6010	Surgical placement of implant body - endosteal implant	1962.00	1962.00	3124.00	
D6056	Prefabricated abutment - includes placement	420.00	432.00	648.00	.03
D6058	Abutment supported crown - porcelain/ceramic	1166.00	1201.00	1798.00	.03
D6059	Abutment supported crown - porcelain fused to high noble metal	1151.00	1185.00	1774.00	.03
D6060	Abutment supported crown - porcelain fused to predominantly base metal	1087.00	1119.00	1677.00	.03
D6061	Abutment supported crown - porcelain fused to noble metal	1109.00	1142.00	1711.00	.03
D6062	Abutment supported crown - cast high noble metal	1053.00	1084.00	1704.00	.03
D6063	Abutment supported crown - cast predominantly base metal	904.00	931.00	1484.00	.03
D6064	Abutment supported crown - cast noble metal	958.00	986.00	1552.00	.03
D6065	Implant supported crown - porcelain/ceramic	1092.00	1124.00	1769.00	.03
D6066	Implant supported crown - porcelain fused to high noble metal or titanium	1064.00	1095.00	1723.00	.03
D6067	Implant supported crown - high noble metal or titanium	1033.00	1064.00	1672.00	.03
D6068	Abutment supported retainer for porcelain/ceramic FPD	1166.00	1201.00	1783.00	.03
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1151.00	1185.00	1774.00	.03
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1087.00	1119.00	1677.00	.03
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	1109.00	1142.00	1711.00	.03
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	1079.00	1111.00	1732.00	.03
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	977.00	1006.00	1582.00	.03
D6074	Abutment supported retainer for cast metal FPD (noble metal)	1055.00	1086.00	1680.00	.03
D6075	Implant supported retainer for ceramic FPD	1147.00	1181.00	1769.00	.03
D6076	Implant supported retainer for porcelain fused to metal FPD (high noble metal or titanium)	1117.00	1150.00	1723.00	.03
D6077	Implant supported retainer for cast metal FPD (high noble metal or titanium)	1033.00	1064.00	1672.00	.03

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**New Dental Choice - Region 3**

ADACode	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D6078	Implant/Abutment supported fixed denture for completely edentulous arch	1240.00	1240.00	.00	
D6079	Implant/Abutment supported fixed denture for partially edentulous arch	1240.00	1240.00	.00	
D6092	Recement implant/abutment supported crown	46.00	48.00	138.00	.04
D6093	Recement implant/abutment supported fixed partial denture	67.00	69.00	217.00	.03
D6094	Abutment supported crown - (titanium)	704.00	725.00	1407.00	.03
D6190	Radiographic/surgical implant index - by report	344.00	165.00	315.00	-.52
D6194	Abutment supported retainer crown for FPD - (titanium)	704.00	725.00	1450.00	.03
D6210	Bridge pontic - cast high noble metal	798.00	838.00	1167.00	.05
D6211	Bridge pontic - cast predominantly base metal	660.00	693.00	1094.00	.05
D6212	Bridge pontic - cast noble metal	704.00	739.00	1138.00	.05
D6214	Bridge pontic - titanium	704.00	739.00	1174.00	.05
D6240	Bridge pontic - porcelain fused to high noble metal	838.00	880.00	1152.00	.05
D6241	Bridge pontic - porcelain fused to predominantly base metal	711.00	746.00	1064.00	.05
D6242	Bridge pontic - porcelain fused to noble metal	739.00	776.00	1123.00	.05
D6245	Bridge pontic - porcelain/ceramic	772.00	810.00	1189.00	.05
D6250	Bridge pontic - resin with high noble metal	683.00	717.00	1138.00	.05
D6251	Bridge pontic - resin with predominantly base metal	560.00	588.00	1049.00	.05
D6252	Bridge pontic - resin with noble metal	614.00	644.00	1083.00	.05
D6253	Provisional pontic	166.00	174.00	490.00	.05
D6545	Retainer - cast metal for resin bonded fixed prosthesis	254.00	266.00	437.00	.05
D6600	Bridge retainer inlay - porcelain/ceramic - two surfaces	500.00	525.00	867.00	.05
D6601	Bridge retainer inlay - porcelain/ceramic - three or more surfaces	545.00	572.00	910.00	.05
D6602	Bridge retainer inlay - cast high noble metal - two surfaces	466.00	489.00	927.00	.05
D6603	Bridge retainer inlay - cast high noble metal - three or more surfaces	520.00	546.00	1020.00	.05
D6604	Bridge retainer inlay - cast predominantly base metal - two surfaces	408.00	428.00	908.00	.05
D6605	Bridge retainer inlay - cast predominantly base metal - three or more surfaces	476.00	499.00	963.00	.05
D6606	Bridge retainer inlay - cast noble metal - two surfaces	454.00	476.00	894.00	.05
D6607	Bridge retainer inlay - cast noble metal - three or more surfaces	519.00	545.00	992.00	.05
D6608	Bridge retainer onlay - porcelain/ceramic - two surfaces	558.00	586.00	943.00	.05
D6609	Bridge retainer onlay - porcelain/ceramic - three or more surfaces	641.00	673.00	984.00	.05
D6610	Bridge retainer onlay - cast high noble metal - two surfaces	601.00	631.00	1000.00	.05
D6611	Bridge retainer onlay - cast high noble metal - three or more surfaces	757.00	794.00	1094.00	.05
D6612	Bridge retainer onlay - cast predominantly base metal - two surfaces	471.00	494.00	995.00	.05
D6613	Bridge retainer onlay - cast predominantly base metal - three or more surfaces	634.00	665.00	1040.00	.05
D6614	Bridge retainer onlay - cast noble metal - two surfaces	519.00	545.00	973.00	.05
D6615	Bridge retainer onlay - cast noble metal - three or more surfaces	769.00	807.00	1012.00	.05
D6720	Bridge retainer crown - resin with high noble metal	686.00	720.00	1159.00	.05
D6721	Bridge retainer crown - resin with predominantly base metal	557.00	590.00	1099.00	.06
D6722	Bridge retainer crown - resin with noble metal	612.00	642.00	1119.00	.05
D6740	Bridge retainer crown - porcelain/ceramic	776.00	814.00	1219.00	.05
D6750	Bridge retainer crown - porcelain fused to high noble metal	852.00	894.00	1186.00	.05
D6751	Bridge retainer crown - porcelain fused to predominantly base metal	713.00	748.00	1107.00	.05
D6752	Bridge retainer crown - porcelain fused to noble metal	739.00	776.00	1134.00	.05
D6780	Bridge retainer crown - ¾ cast high noble metal	801.00	841.00	1119.00	.05
D6781	Bridge retainer crown - ¾ cast predominantly base metal	668.00	701.00	1119.00	.05

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ADACode	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D6782	Bridge retainer crown - ¾ cast noble metal	713.00	748.00	1040.00	.05
D6783	Bridge retainer crown - ¾ porcelain/ceramic	771.00	809.00	1152.00	.05
D6790	Bridge retainer crown - full cast high noble metal	798.00	838.00	1146.00	.05
D6791	Bridge retainer crown - full cast predominantly base metal	660.00	693.00	1086.00	.05
D6792	Bridge retainer crown - full cast noble metal	704.00	739.00	1126.00	.05
D6793	Provisional retainer crown	179.00	188.00	470.00	.05
D6794	Bridge retainer crown - titanium	704.00	739.00	1126.00	.05
D6930	Recement fixed partial denture	67.00	69.00	184.00	.03
D6940	Stress breaker - by report	262.00	269.00	417.00	.03
D6950	Precision attachment - by report	392.00	403.00	805.00	.03
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	205.00	215.00	507.00	.05
D6972	Prefabricated post & core in addition to FPD retainer	156.00	163.00	413.00	.04
D6973	Core build up for retainer - including any pins	134.00	140.00	332.00	.04
D7111	Extraction - coronal remnants - deciduous tooth	89.00	93.00	150.00	.04
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	106.00	111.00	200.00	.05
D7210	Surgical removal of erupted tooth	195.00	204.00	322.00	.04
D7220	Removal of impacted tooth - soft tissue	255.00	267.00	403.00	.04
D7230	Removal of impacted tooth - partially bony	375.00	393.00	537.00	.05
D7240	Removal of impacted tooth - completely bony	483.00	507.00	630.00	.05
D7241	Removal of impacted tooth - completely bony - with unusual surgical complications - by report	499.00	524.00	792.00	.05
D7250	Surgical removal of residual tooth roots - cutting procedure	222.00	233.00	340.00	.05
D7260	Oroantral fistula closure	663.00	696.00	2163.00	.05
D7261	Primary closure of a sinus perforation	458.00	481.00	901.00	.05
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth - by report	412.00	432.00	676.00	.05
D7272	Tooth transplantation (includes reimplantation from one site to another & splinting &/or stabilization) - by report	412.00	432.00	901.00	.05
D7280	Surgical access of an erupted tooth	467.00	490.00	631.00	.05
D7283	Placement of device to facilitate eruption of impacted tooth	131.00	137.00	271.00	.04
D7285	Biopsy of oral tissue - hard (bone, tooth) - by report	227.00	238.00	1262.00	.05
D7286	Biopsy of oral tissue - soft (all others) - by report	190.00	199.00	541.00	.05
D7287	Exfoliative cytological sample collection - by report	125.00	131.00	216.00	.05
D7288	Brush biopsy - transepithelial sample collection - by report	57.00	60.00	216.00	.05
D7291	Transseptal fiberotomy/supra crestial fiberotomy - by report	48.00	48.00	.00	
D7310	Alveoloplasty in conjunction with extractions \uc1\u8211X four or more teeth or tooth spaces, per quadrant	203.00	213.00	486.00	
D7311	Alveoloplasty - in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	102.00	107.00	425.00	.05
D7320	Alveoloplasty not in conjunction with extractions \uc1\u8211Xfour or more teeth or tooth spaces, per quadrant	278.00	292.00	790.00	.05
D7321	Alveoloplasty - not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	139.00	146.00	668.00	.05
D7340	Vestibuloplasty - ridge extension - secondary epithelialization	1059.00	1112.00	3340.00	.05
D7350	Vestibuloplasty - ridge extension	1976.00	2074.00	9718.00	.05
D7410	Excision of benign lesion up to 1.25 cm	236.00	247.00	1458.00	.04
D7411	Excision of benign lesion greater than 1.25 cm	274.00	287.00	2308.00	.05
D7412	Excision of benign lesion - complicated - by report	394.00	413.00	2551.00	.05
D7413	Excision of malignant lesion up to 1.25 cm	237.00	248.00	1701.00	.04
D7414	Excision of malignant lesion greater than 1.25 cm	308.00	323.00	2551.00	.05
D7415	Excision of malignant lesion - complicated - by report	421.00	442.00	2855.00	.05
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	269.00	282.00	2308.00	.05

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ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	358.00	376.00	3401.00	.05
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	185.00	194.00	1458.00	.05
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	437.00	458.00	1992.00	.05
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	240.00	252.00	1458.00	.05
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	330.00	346.00	1992.00	.05
D7471	Removal of lateral exostosis (maxilla or mandible)	490.00	514.00	1805.00	.05
D7472	Removal of torus palatinus	456.00	478.00	2145.00	.05
D7473	Removal of torus mandibularis	458.00	481.00	2024.00	.05
D7485	Surgical reduction of osseous tuberosity	304.00	319.00	1805.00	.05
D7510	Incision and drainage of abscess - intraoral soft tissue	121.00	127.00	522.00	.05
D7530	Removal of a foreign body from mucosa, skin, or subcutaneous alveolar tissue	103.00	108.00	897.00	.05
D7880	Occlusal orthotic device (TMJ treatment appliance) - by report	756.00	794.00	1341.00	.05
D7910	Suture of recent small wounds up to 5 cm	98.00	103.00	797.00	.05
D7911	Complicated suture - up to 5 cm	97.00	101.00	1990.00	.04
D7912	Complicated suture - greater than 5 cm	109.00	114.00	3581.00	.04
D7953	Bone replacement graft for ridge preservation - per site	331.00	347.00	413.00	.05
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	277.00	290.00	668.00	.04
D7970	Excision of hyperplastic tissue - per arch	272.00	285.00	972.00	.05
D7971	Excision of pericoronal gingiva	92.00	96.00	365.00	.04
D7972	Surgical reduction of fibrous tuberosity	331.00	347.00	1360.00	.05
D8010	Limited orthodontic treatment of the primary dentition	653.00	653.00	.00	
D8020	Limited orthodontic treatment of the transitional dentition	2291.00	2291.00	.00	
D8030	Limited orthodontic treatment of the adolescent dentition	2291.00	2291.00	.00	
D8040	Limited orthodontic treatment of the adult dentition	2291.00	2291.00	.00	
D8050	Interceptive orthodontic treatment of the primary dentition	653.00	653.00	.00	
D8060	Interceptive orthodontic treatment of the transitional dentition	693.00	693.00	.00	
D8070	Comprehensive orthodontic treatment of the transitional dentition	4580.00	4580.00	.00	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	4580.00	4580.00	.00	
D8090	Comprehensive orthodontic treatment of the adult dentition	4580.00	4580.00	.00	
D8210	Removable appliance therapy - by report	410.00	410.00	.00	
D8220	Fixed appliance therapy - by report	326.00	326.00	.00	
D8660	Pre-orthodontic treatment visit	36.00	36.00	.00	
D8680	Orthodontic retention - removal of appliances, construction/placement of retainer(s)	230.00	230.00	.00	
D8691	Repair of orthodontic appliance	85.00	85.00	.00	
D8692	Replacement of lost or broken retainer	174.00	174.00	.00	
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	63.00	63.00	.00	
D9110	Palliative emergency treatment of dental pain - minor procedure - by report	57.00	59.00	178.00	.03
D9120	Fixed partial denture sectioning - by report	62.00	64.00	202.00	.03
D9220	Deep sedation/general anesthesia - first 30 minutes	280.00	288.00	437.00	.03
D9221	Deep sedation/general anesthesia - each additional 15 minutes	130.00	134.00	196.00	.03
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide - per visit	47.00	49.00	72.00	.04
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	174.00	179.00	340.00	.03
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	85.00	87.00	166.00	.02
D9248	Non-intravenous conscious sedation	119.00	75.00	106.00	-.37
D9310	Consultation - per session	69.00	71.00	185.00	.03

- Region 1** .....Greater LA Area
- Region 2** ...San Diego, Riverside and San Bernardino Counties
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- Region 4** .....Sacramento and Central Valley Area

**New Dental Choice - Region 3**

<b>ADACode</b>	<b>Description</b>	<b>Plan Fee</b>	<b>Plan Fee</b>	<b>Med Fee</b>	<b>% Chnge</b>
D9420	Hospital call	222.00	228.00	342.00	.03
D9430	Office visit - for observation during office hours, no other services performed	36.00	36.00	.00	
D9440	Office visit - after regularly scheduled office hours	62.00	75.00	115.00	
D9610	Therapeutic parenteral drug, single administration	25.00	25.00	.00	.17
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	46.00	46.00	.00	
D9910	Application of desensitizing medicament, per visit	25.00	26.00	72.00	
D9920	Behavior management - by report	49.00	49.00	.00	
D9940	Occlusal guard - by report	278.00	292.00	596.00	.04
D9942	Repair and/or relines of occlusal guard. Provide placement date of nightguard	110.00	113.00	246.00	
D9950	Occlusion analysis - mounted case - by report	237.00	244.00	391.00	
D9951	Limited occlusal adjustment - per visit	77.00	79.00	175.00	.05
D9952	Complete occlusal adjustment - by report	246.00	253.00	822.00	.03
D9972	External bleaching - per arch	182.00	232.00	411.00	.22
D9973	External bleaching - per tooth	70.00	51.00	68.00	-.27
D9974	Internal bleaching - per tooth	152.00	159.00	359.00	.04



**Region 1** .....Greater LA Area  
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**New Dental Choice - Region 4**

		2010	2011		
ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D0120	Periodic oral evaluation	19.00	22.00	53.00	.14
D0140	Limited oral evaluation - problem focused	34.00	35.00	88.00	.03
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	43.00	44.00	82.00	.02
D0150	Comprehensive oral evaluation - new or established patient	45.00	48.00	93.00	.06
D0170	Re-evaluation-limited; problem focused (established patient; not post-operative visit)	35.00	38.00	62.00	.08
D0180	Comprehensive periodontal evaluation - new or established patient	66.00	68.00	101.00	.03
D0210	Intraoral complete series ( including bitewings)	82.00	86.00	150.00	.05
D0220	Intraoral radiograph - periapical first film	19.00	20.00	30.00	.05
D0230	Intraoral radiograph - periapical each additional film	9.00	10.00	27.00	.1
D0240	Intraoral radiograph - occlusal film	19.00	20.00	46.00	.05
D0270	Bitewing radiograph - single film	17.00	18.00	31.00	.06
D0272	Bitewings radiograph - two films	27.00	28.00	49.00	.04
D0273	Bitewings radiograph; three films	31.00	32.00	60.00	.03
D0274	Bitewings radiograph - four films	36.00	37.00	70.00	.03
D0277	Vertical bitewings - 7 to 8 films	47.00	48.00	105.00	.02
D0290	Posterior-anterior or lateral skull and facial bone survey film	34.00	35.00	146.00	.03
D0321	Radiographs - other temporomandibular joint films	54.00	56.00	.00	.04
D0322	Radiographs - tomographic survey	150.00	154.00	521.00	.03
D0330	Radiograph - panoramic film	50.00	52.00	113.00	.04
D0340	Radiograph - cephalometric film	50.00	52.00	127.00	.04
D0350	Oral/facial images	36.00	37.00	60.00	.03
D0415	Collection of microorganisms for culture and sensitivity. By report, provide copy of test results	36.00	37.00	43.00	.03
D0425	Caries susceptibility tests. By report, provide copy of test results	22.00	23.00	38.00	.04
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	43.00	44.00	59.00	.02
D0460	Pulp vitality tests	28.00	29.00	59.00	.03
D0470	Diagnostic casts or study models	54.00	56.00	130.00	.04
D0474	Accession of tissue, gross & microscopic examination	168.00	77.00	194.00	-.54
D0480	Accession of exfoliative cytologic smears,microscopic examination	150.00	80.00	119.00	-.47
D0486	Accession of brush biopsy sample	150.00	74.00	143.00	-.51
D1110	Prophylaxis - adult age 12 & older	72.00	76.00	102.00	.05
D1120	Prophylaxis - child	43.00	47.00	70.00	.09
D1203	Topical application of fluoride - child (prophylaxis not included)	28.00	29.00	38.00	.03
D1204	Topical application of fluoride \uc1u8211X adult (prophylaxis not included) age 12 & older	31.00	32.00	36.00	.03
D1206	Topical fluoride varnish - by report	93.00	30.00	57.00	-.68
D1330	Oral Hygiene instructions	44.00	45.00	74.00	.02
D1351	Sealant - per tooth - under age 16 on permanent molars only	29.00	30.00	60.00	.03
D1510	Space maintainer - fixed - unilateral	143.00	147.00	366.00	.03
D1515	Space maintainer - fixed - bilateral	182.00	187.00	513.00	.03
D1520	Space maintainer - removable - unilateral	146.00	150.00	403.00	.03
D1525	Space maintainer - removable - bilateral	211.00	217.00	622.00	.03
D1550	Re-cementation of space maintainer	21.00	22.00	79.00	.05
D1555	Removal of fixed space maintainer	56.00	57.00	76.00	.02

- Region 1 .....Greater LA Area
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**New Dental Choice - Region 4**

		2010	2011		
ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D2140	Amalgam - one surface - primary or permanent	80.00	82.00	156.00	.02
D2150	Amalgam - two surfaces - primary or permanent	106.00	109.00	202.00	.03
D2160	Amalgam - three surfaces - primary or permanent	128.00	131.00	244.00	.02
D2161	Amalgam - four or more surfaces - primary or permanent	144.00	148.00	297.00	.03
D2330	Resin-based composite - one surface - anterior	100.00	103.00	164.00	.03
D2331	Resin-based composite - two surfaces - anterior	118.00	121.00	209.00	.02
D2332	Resin-based composite - three surfaces - anterior	160.00	164.00	256.00	.02
D2335	Resin-based composite - four or more surfaces or involving incisal angle - anterior	160.00	168.00	303.00	.05
D2390	Resin-based composite crown - anterior	189.00	198.00	336.00	.05
D2391	Resin-based composite - one surface - posterior	109.00	114.00	192.00	.04
D2392	Resin-based composite - two surfaces - posterior	155.00	162.00	252.00	.04
D2393	Resin-based composite - three surfaces - posterior	189.00	198.00	313.00	.05
D2394	Resin-based composite - four or more surfaces - posterior	218.00	229.00	383.00	.05
D2510	Metallic inlay - one surface	332.00	342.00	796.00	.03
D2520	Metallic inlay - two surfaces	441.00	454.00	903.00	.03
D2530	Metallic inlay - three or more surfaces	504.00	519.00	1041.00	.03
D2542	Metallic onlay - two surfaces	505.00	520.00	1021.00	.03
D2543	Metallic onlay - three surfaces	592.00	609.00	1068.00	.03
D2544	Metallic onlay - four or more surfaces	732.00	754.00	1111.00	.03
D2610	Porcelain/ceramic inlay - one surface	349.00	359.00	937.00	.03
D2620	Porcelain/ceramic inlay - two surfaces	463.00	476.00	989.00	.03
D2630	Porcelain/ceramic inlay - three or more surfaces	529.00	544.00	1053.00	.03
D2642	Porcelain/ceramic onlay - two surfaces	515.00	530.00	1024.00	.03
D2643	Porcelain/ceramic onlay - three surfaces	622.00	640.00	1104.00	.03
D2644	Porcelain/ceramic onlay - four or more surfaces	769.00	792.00	1171.00	.03
D2650	Resin-based composite inlay - 1 surface (lab)	298.00	307.00	616.00	.03
D2651	Resin-based composite inlay - 2 surfaces (lab)	396.00	407.00	733.00	.03
D2652	Resin-based composite inlay - 3 or more surfaces (lab)	454.00	467.00	771.00	.03
D2662	Resin-based composite onlay - 2 surfaces (lab)	454.00	467.00	669.00	.03
D2663	Resin-based composite onlay - 3 surfaces (lab)	531.00	547.00	787.00	.03
D2664	Resin-based composite onlay - 4 or more surfaces (lab)	673.00	693.00	843.00	.03
D2710	Crown - resin based composite (indirect)	512.00	240.00	442.00	-.53
D2720	Crown - resin with high noble metal	669.00	689.00	1091.00	.03
D2721	Crown - resin with predominantly base metal	539.00	555.00	1022.00	.03
D2722	Crown - resin with noble metal	592.00	609.00	1044.00	.03
D2740	Crown - porcelain/ceramic substrate	776.00	814.00	1119.00	.05
D2750	Crown - porcelain fused to high noble metal	827.00	868.00	1104.00	.05
D2751	Crown - porcelain fused to predominantly base metal	675.00	708.00	1028.00	.05
D2752	Crown - porcelain fused to noble metal	718.00	754.00	1053.00	.05
D2780	Crown - ¾ cast high noble metal	780.00	819.00	1060.00	.05
D2781	Crown - ¾ cast predominantly base metal	649.00	681.00	997.00	.05
D2782	Crown - ¾ cast noble metal	693.00	727.00	1030.00	.05
D2783	Crown - ¾ cast porcelain /ceramic	751.00	788.00	1089.00	.05

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**New Dental Choice - Region 4**

		2010	2011		
ADACode	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D2790	Crown - full cast high noble metal	776.00	814.00	1066.00	.05
D2791	Crown - full cast predominantly base metal	643.00	675.00	1010.00	.05
D2792	Crown - full cast noble metal	684.00	718.00	1028.00	.05
D2794	Crown - titanium	684.00	718.00	1091.00	.05
D2799	Provisional crown	169.00	177.00	442.00	.05
D2910	Recement inlay, onlay, or partial coverage restoration	43.00	45.00	101.00	.04
D2915	Recement cast or prefabricated post and core	43.00	45.00	101.00	.04
D2920	Recement crown	43.00	45.00	102.00	.04
D2930	Prefabricated stainless steel crown - primary tooth	128.00	134.00	279.00	.04
D2931	Prefabricated stainless steel crown - permanent tooth	137.00	143.00	315.00	.04
D2932	Prefabricated resin crown	108.00	113.00	336.00	.04
D2933	Prefabricated stainless steel crown with resin window	153.00	160.00	385.00	.04
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	128.00	134.00	385.00	.04
D2940	Sedative filling	42.00	44.00	106.00	.05
D2950	Core buildup - including pins	128.00	134.00	266.00	.04
D2951	Pin retention - per tooth - in addition to restoration	34.00	35.00	60.00	.03
D2952	Post and core in addition to crown, indirectly fabricated	196.00	205.00	420.00	.04
D2954	Prefabricated post and core in addition to crown	134.00	140.00	336.00	.04
D2960	Labial veneer (resin laminate) - chairside	278.00	292.00	813.00	.05
D2961	Labial veneer (resin laminate) - laboratory	494.00	518.00	922.00	.05
D2962	Labial veneer (porcelain laminate) - laboratory	706.00	741.00	1002.00	.05
D2970	Temporary crown (fractured tooth) - by report	158.00	166.00	252.00	.05
D2971	Additional procedures to construct new crown under existing partial denture framework	43.00	45.00	161.00	.04
D3110	Pulp cap - direct	35.00	36.00	95.00	.03
D3120	Pulp cap - indirect	30.00	31.00	76.00	.03
D3220	Therapeutic pulpotomy	89.00	93.00	195.00	.04
D3221	Pulpal debridement - primary and permanent teeth	81.00	85.00	214.00	.05
D3222	Partial pulpotomy for apexogenesis \uc1\u8211X permanent tooth with incomplete root development	167.00	175.00	198.00	.05
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) Primary incisors a	99.00	104.00	195.00	.05
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) Primary first and	117.00	122.00	240.00	.04
D3310	Root canal therapy - anterior - traditional	480.00	504.00	765.00	.05
D3320	Root canal therapy - bicuspid - traditional	570.00	598.00	937.00	.05
D3330	Root canal therapy - molar - traditional	939.00	986.00	1162.00	.05
D3331	Treatment of root canal obstruction; non-surgical access	106.00	111.00	300.00	.05
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	282.00	296.00	570.00	.05
D3333	Internal root repair of perforation defects	299.00	160.00	263.00	-.46
D3346	Retreatment of root canal - anterior	612.00	642.00	1020.00	.05
D3347	Retreatment of root canal - bicuspid	720.00	756.00	1199.00	.05
D3348	Retreatment of root canal - molar	977.00	1025.00	1485.00	.05
D3410	Apicoectomy/Periradicular surgery - anterior - performed as separate surgical procedure	525.00	551.00	895.00	.05
D3421	Apicoectomy/Periradicular surgery - bicuspid - first root	674.00	707.00	996.00	.05
D3425	Apicoectomy/Periradicular surgery - molar - first root	674.00	707.00	1128.00	.05
D3426	Apicoectomy/Periradicular surgery - each additional root	225.00	236.00	381.00	.05

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**New Dental Choice - Region 4**

		2010	2011		
ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D3430	Retrograde filling - per root - in addition to apicoectomy	101.00	106.00	280.00	.05
D3450	Root amputation - per root	299.00	314.00	584.00	.05
D3920	Hemisection (including any root removal)	312.00	327.00	443.00	.05
D3950	Canal preparation and fitting of preformed dowel or post	66.00	69.00	202.00	.04
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or bounded teeth spaces per quadrant	279.00	284.00	803.00	.02
D4211	Gingivectomy or gingivoplasty - one to three contiguous or bounded teeth spaces per quadrant	127.00	129.00	357.00	.02
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	706.00	720.00	1125.00	.02
D4231	Anatomical crown exposure - one to three teeth per quadrant	361.00	368.00	536.00	.02
D4240	Gingival flap procedure - includes root planing - 4 plus contiguous teeth or bounded teeth spaces per quadrant	400.00	408.00	1018.00	.02
D4241	Gingival flap procedure, including root planing - 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	201.00	204.00	590.00	.01
D4249	Crown lengthening - hard tissue - by report	561.00	572.00	1116.00	.02
D4260	Osseous surgery - four or more contiguous teeth or bounded teeth spaces per quadrant	923.00	941.00	1697.00	.02
D4261	Osseous surgery (including flap entry and closure)- 1 to 3 contiguous or bounded teeth spaces per quadrant	494.00	503.00	911.00	.02
D4263	Bone replacement graft - first site in quadrant	299.00	306.00	607.00	.02
D4264	Bone replacement graft - each additional site in quadrant	177.00	180.00	518.00	.02
D4266	Guided tissue regeneration - resorbable barrier - per site	320.00	326.00	625.00	.02
D4267	Guided tissue regeneration - nonresorbable barrier - per site (includes membrane removal)	320.00	326.00	803.00	.02
D4270	Pedicle soft tissue graft procedure	607.00	619.00	1206.00	.02
D4271	Free soft tissue graft procedure (including donor site surgery)	607.00	619.00	1250.00	.02
D4273	Subepithelial connective tissue graft procedures - per tooth (includes donor site surgery)	751.00	766.00	1474.00	.02
D4274	Distal or proximal wedge procedure	336.00	342.00	836.00	.02
D4275	Soft tissue allograft	625.00	637.00	1108.00	.02
D4276	Combined connective tissue and double pedicle graft - per tooth	1514.00	700.00	1652.00	-.54
D4320	Provisional splinting - intracoronal - by report	182.00	185.00	449.00	.02
D4321	Provisional splinting - extracoronal - by report	182.00	185.00	408.00	.02
D4341	Periodontal scaling & root planing - four or more teeth - per quadrant	164.00	167.00	258.00	.02
D4342	Periodontal scaling & root planing - one to three teeth - per quadrant	106.00	108.00	149.00	.02
D4355	Full mouth debridement	83.00	85.00	177.00	.02
D4910	Periodontal maintenance procedures following active therapy	110.00	112.00	159.00	.02
D5110	Complete maxillary denture	1105.00	1160.00	1601.00	.05
D5120	Complete mandibular denture	1105.00	1160.00	1601.00	.05
D5130	Immediate maxillary denture	1143.00	1200.00	1745.00	.05
D5140	Immediate mandibular denture	1143.00	1200.00	1745.00	.05
D5211	Maxillary partial denture - resin base	576.00	604.00	1351.00	.05
D5212	Mandibular partial denture - resin base	576.00	604.00	1570.00	.05
D5213	Maxillary partial denture - cast metal framework with resin denture base	1189.00	1248.00	1769.00	.05
D5214	Mandibular partial denture - cast metal framework with resin denture base	1189.00	1248.00	1769.00	.05
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	862.00	905.00	1351.00	.05
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	862.00	905.00	1570.00	.05
D5281	Removable unilateral partial denture - one piece cast metal	482.00	506.00	1031.00	.05
D5410	Adjust complete denture - maxillary	35.00	36.00	88.00	.03
D5411	Adjust complete denture - mandibular	35.00	36.00	88.00	.03
D5421	Adjust partial denture - maxillary	35.00	36.00	88.00	.03



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**New Dental Choice - Region 4**

ADACode	Description	2010	2011		
		Plan Fee	Plan Fee	Med Fee	% Chnge
D5422	Adjust partial denture - mandibular	35.00	36.00	88.00	.03
D5510	Repair broken complete denture base	108.00	113.00	175.00	.04
D5520	Replace missing or broken teeth - complete denture (each tooth)	94.00	98.00	146.00	.04
D5610	Repair resin denture base	94.00	98.00	190.00	.04
D5620	Repair cast framework	109.00	114.00	204.00	.04
D5630	Repair or replace broken clasp	140.00	147.00	248.00	.05
D5640	Replace broken teeth - per tooth	108.00	113.00	161.00	.04
D5650	Add tooth to existing partial denture	108.00	113.00	219.00	.04
D5660	Add clasp to existing partial denture	138.00	145.00	263.00	.05
D5710	Rebase complete denture - maxillary	288.00	302.00	650.00	.05
D5711	Rebase complete denture - mandibular	288.00	302.00	621.00	.05
D5720	Rebase partial denture - maxillary	265.00	278.00	614.00	.05
D5721	Rebase partial denture - mandibular	265.00	278.00	614.00	.05
D5730	Reline complete denture - maxillary - chairside	152.00	159.00	366.00	.04
D5731	Reline complete denture - mandibular - chairside	152.00	159.00	366.00	.04
D5740	Reline partial denture - maxillary - chairside	152.00	159.00	336.00	.04
D5741	Reline partial denture - mandibular - chairside	152.00	159.00	336.00	.04
D5750	Reline complete denture - maxillary - laboratory	265.00	278.00	489.00	.05
D5751	Reline complete denture - mandibular - laboratory	265.00	278.00	489.00	.05
D5760	Reline partial denture - maxillary - laboratory	247.00	259.00	482.00	.05
D5761	Reline partial denture - mandibular - laboratory	247.00	259.00	482.00	.05
D5810	Interim complete denture - maxillary	453.00	475.00	774.00	.05
D5811	Interim complete denture - mandibular	453.00	475.00	833.00	.05
D5820	Interim partial denture - maxillary	350.00	367.00	599.00	.05
D5821	Interim partial denture - mandibular	350.00	367.00	635.00	.05
D5850	Tissue conditioning - maxillary	71.00	74.00	153.00	.04
D5851	Tissue conditioning - mandibular	71.00	74.00	153.00	.04
D5860	Overdenture - complete - by report	1121.00	1177.00	.00	.05
D5861	Overdenture - partial - by report	1121.00	1177.00	.00	.05
D5862	Precision attachment - by report	295.00	309.00	.00	.05
D5982	Surgical stent - by report	301.00	316.00	650.00	.05
D6010	Surgical placement of implant body - endosteal implant	1700.00	1700.00	2675.00	
D6056	Prefabricated abutment - includes placement	405.00	417.00	555.00	.03
D6058	Abutment supported crown - porcelain/ceramic	932.00	960.00	1540.00	.03
D6059	Abutment supported crown - porcelain fused to high noble metal	921.00	948.00	1519.00	.03
D6060	Abutment supported crown - porcelain fused to predominantly base metal	872.00	898.00	1436.00	.03
D6061	Abutment supported crown - porcelain fused to noble metal	887.00	913.00	1465.00	.03
D6062	Abutment supported crown - cast high noble metal	842.00	867.00	1459.00	.03
D6063	Abutment supported crown - cast predominantly base metal	723.00	744.00	1271.00	.03
D6064	Abutment supported crown - cast noble metal	767.00	790.00	1329.00	.03
D6065	Implant supported crown - porcelain/ceramic	875.00	901.00	1515.00	.03
D6066	Implant supported crown - porcelain fused to high noble metal or titanium	852.00	877.00	1475.00	.03
D6067	Implant supported crown - high noble metal or titanium	827.00	851.00	1432.00	.03



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**New Dental Choice - Region 4**

		2010	2011		
ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D6068	Abutment supported retainer for porcelain/ceramic FPD	932.00	960.00	1526.00	.03
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	921.00	948.00	1519.00	.03
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	872.00	898.00	1436.00	.03
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	887.00	913.00	1465.00	.03
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	863.00	888.00	1483.00	.03
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	781.00	804.00	1354.00	.03
D6074	Abutment supported retainer for cast metal FPD (noble metal)	842.00	867.00	1439.00	.03
D6075	Implant supported retainer for ceramic FPD	919.00	946.00	1515.00	.03
D6076	Implant supported retainer for porcelain fused to metal FPD (high noble metal or titanium)	895.00	921.00	1475.00	.03
D6077	Implant supported retainer for cast metal FPD (high noble metal or titanium)	827.00	851.00	1432.00	.03
D6078	Implant/Abutment supported fixed denture for completely edentulous arch	1223.00	1223.00	.00	
D6079	Implant/Abutment supported fixed denture for partially edentulous arch	1223.00	1223.00	.00	
D6092	Recement implant/abutment supported crown	46.00	47.00	118.00	.02
D6093	Recement implant/abutment supported fixed partial denture	66.00	68.00	186.00	.03
D6094	Abutment supported crown - (titanium)	684.00	704.00	1205.00	.03
D6190	Radiographic/surgical implant index - by report	325.00	165.00	270.00	-.49
D6194	Abutment supported retainer crown for FPD - (titanium)	684.00	704.00	1242.00	.03
D6210	Bridge pontic - cast high noble metal	776.00	814.00	1087.00	.05
D6211	Bridge pontic - cast predominantly base metal	643.00	675.00	1018.00	.05
D6212	Bridge pontic - cast noble metal	684.00	718.00	1060.00	.05
D6214	Bridge pontic - titanium	684.00	718.00	1094.00	.05
D6240	Bridge pontic - porcelain fused to high noble metal	815.00	855.00	1073.00	.05
D6241	Bridge pontic - porcelain fused to predominantly base metal	675.00	708.00	992.00	.05
D6242	Bridge pontic - porcelain fused to noble metal	718.00	754.00	1046.00	.05
D6245	Bridge pontic - porcelain/ceramic	746.00	783.00	1108.00	.05
D6250	Bridge pontic - resin with high noble metal	665.00	698.00	1060.00	.05
D6251	Bridge pontic - resin with predominantly base metal	533.00	559.00	978.00	.05
D6252	Bridge pontic - resin with noble metal	590.00	619.00	1009.00	.05
D6253	Provisional pontic	151.00	158.00	457.00	.04
D6545	Retainer - cast metal for resin bonded fixed prothesis	182.00	191.00	414.00	.05
D6600	Bridge retainer inlay - porcelain/ceramic - two surfaces	463.00	486.00	821.00	.05
D6601	Bridge retainer inlay - porcelain/ceramic - three or more surfaces	529.00	555.00	862.00	.05
D6602	Bridge retainer inlay - cast high noble metal - two surfaces	440.00	462.00	878.00	.05
D6603	Bridge retainer inlay - cast high noble metal - three or more surfaces	498.00	523.00	966.00	.05
D6604	Bridge retainer inlay - cast predominantly base metal - two surfaces	389.00	408.00	860.00	.05
D6605	Bridge retainer inlay - cast predominantly base metal - three or more surfaces	453.00	475.00	912.00	.05
D6606	Bridge retainer inlay - cast noble metal - two surfaces	441.00	463.00	846.00	.05
D6607	Bridge retainer inlay - cast noble metal - three or more surfaces	504.00	529.00	939.00	.05
D6608	Bridge retainer onlay - porcelain/ceramic - two surfaces	515.00	540.00	893.00	.05
D6609	Bridge retainer onlay - porcelain/ceramic - three or more surfaces	622.00	653.00	932.00	.05
D6610	Bridge retainer onlay - cast high noble metal - two surfaces	570.00	598.00	947.00	.05
D6611	Bridge retainer onlay - cast high noble metal - three or more surfaces	741.00	778.00	1036.00	.05
D6612	Bridge retainer onlay - cast predominantly base metal - two surfaces	454.00	476.00	942.00	.05

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**New Dental Choice - Region 4**

		2010	2011		
ADA Code	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D6613	Bridge retainer onlay - cast predominantly base metal - three or more surfaces	616.00	646.00	984.00	.05
D6614	Bridge retainer onlay - cast noble metal - two surfaces	505.00	530.00	922.00	.05
D6615	Bridge retainer onlay - cast noble metal - three or more surfaces	732.00	768.00	958.00	.05
D6720	Bridge retainer crown - resin with high noble metal	669.00	702.00	1097.00	.05
D6721	Bridge retainer crown - resin with predominantly base metal	539.00	566.00	1041.00	.05
D6722	Bridge retainer crown - resin with noble metal	592.00	621.00	1060.00	.05
D6740	Bridge retainer crown - porcelain/ceramic	739.00	776.00	1154.00	.05
D6750	Bridge retainer crown - porcelain fused to high noble metal	827.00	868.00	1123.00	.05
D6751	Bridge retainer crown - porcelain fused to predominantly base metal	675.00	708.00	1048.00	.05
D6752	Bridge retainer crown - porcelain fused to noble metal	718.00	754.00	1073.00	.05
D6780	Bridge retainer crown - ¾ cast high noble metal	780.00	819.00	1060.00	.05
D6781	Bridge retainer crown - ¾ cast predominantly base metal	649.00	681.00	1060.00	.05
D6782	Bridge retainer crown - ¾ cast noble metal	693.00	727.00	984.00	.05
D6783	Bridge retainer crown - ¾ porcelain/ceramic	751.00	788.00	1091.00	.05
D6790	Bridge retainer crown - full cast high noble metal	776.00	814.00	1085.00	.05
D6791	Bridge retainer crown - full cast predominantly base metal	643.00	675.00	1028.00	.05
D6792	Bridge retainer crown - full cast noble metal	684.00	718.00	1066.00	.05
D6793	Provisional retainer crown	169.00	177.00	445.00	.05
D6794	Bridge retainer crown - titanium	684.00	718.00	1066.00	.05
D6930	Recement fixed partial denture	66.00	68.00	155.00	.03
D6940	Stress breaker - by report	196.00	201.00	352.00	.02
D6950	Precision attachment - by report	327.00	336.00	680.00	.03
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	194.00	203.00	429.00	.04
D6972	Prefabricated post & core in addition to FPD retainer	132.00	138.00	349.00	.04
D6973	Core build up for retainer - including any pins	127.00	133.00	281.00	.05
D7111	Extraction - coronal remnants - deciduous tooth	73.00	76.00	129.00	.04
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	90.00	94.00	171.00	.04
D7210	Surgical removal of erupted tooth	192.00	201.00	288.00	.04
D7220	Removal of impacted tooth - soft tissue	250.00	262.00	361.00	.05
D7230	Removal of impacted tooth - partially bony	368.00	386.00	481.00	.05
D7240	Removal of impacted tooth - completely bony	469.00	492.00	565.00	.05
D7241	Removal of impacted tooth - completely bony - with unusual surgical complications - by report	485.00	509.00	709.00	.05
D7250	Surgical removal of residual tooth roots - cutting procedure	217.00	227.00	305.00	.04
D7260	Oroantral fistula closure	645.00	677.00	1841.00	.05
D7261	Primary closure of a sinus perforation	438.00	460.00	767.00	.05
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth - by report	400.00	420.00	576.00	.05
D7272	Tooth transplantation (includes reimplantation from one site to another & splinting &/or stabilization) - by report	400.00	420.00	767.00	.05
D7280	Surgical access of an erupted tooth	453.00	475.00	537.00	.05
D7283	Placement of device to facilitate eruption of impacted tooth	123.00	129.00	230.00	.05
D7285	Biopsy of oral tissue - hard (bone, tooth) - by report	214.00	224.00	1074.00	.04
D7286	Biopsy of oral tissue - soft (all others) - by report	178.00	187.00	460.00	.05
D7287	Exfoliative cytological sample collection - by report	119.00	125.00	184.00	.05
D7288	Brush biopsy - transepithelial sample collection - by report	57.00	59.00	184.00	.03

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D7291	Transseptal fiberotomy/supra crestial fiberotomy - by report	46.00	46.00	.00	
D7310	Alveoloplasty in conjunction with extractions \uc1\u8211X four or more teeth or tooth spaces, per quadra	194.00	203.00	476.00	
D7311	Alveoloplasty - in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	97.00	101.00	416.00	.04
D7320	Alveoloplasty not in conjunction with extractions \uc1\u8211Xfour or more teeth or tooth spaces, per qua	261.00	274.00	773.00	.04
D7340	Vestibuloplasty - ridge extension - secondary epithelialization	1000.00	1050.00	3269.00	.05
D7350	Vestibuloplasty - ridge extension	2001.00	2101.00	9510.00	.05
D7410	Excision of benign lesion up to 1.25 cm	227.00	238.00	1427.00	.05
D7411	Excision of benign lesion greater than 1.25 cm	263.00	276.00	2259.00	.05
D7412	Excision of benign lesion - complicated - by report	375.00	393.00	2496.00	.05
D7413	Excision of malignant lesion up to 1.25 cm	225.00	236.00	1664.00	.05
D7414	Excision of malignant lesion greater than 1.25 cm	295.00	309.00	2496.00	.05
D7415	Excision of malignant lesion - complicated - by report	404.00	424.00	2794.00	.05
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	253.00	265.00	2259.00	.05
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	340.00	357.00	3329.00	.05
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	261.00	274.00	1427.00	.05
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	411.00	431.00	1950.00	.05
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	217.00	227.00	1427.00	.04
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	311.00	326.00	1950.00	.05
D7471	Removal of lateral exostosis (maxilla or mandible)	459.00	482.00	1766.00	.05
D7472	Removal of torus palatinus	438.00	460.00	2099.00	.05
D7473	Removal of torus mandibularis	437.00	458.00	1980.00	.05
D7485	Surgical reduction of osseous tuberosity	295.00	309.00	1766.00	.05
D7510	Incision and drainage of abscess - intraoral soft tissue	113.00	118.00	511.00	.04
D7530	Removal of a foreign body from mucosa, skin, or subcutaneous alveolar tissue	98.00	103.00	877.00	.05
D7880	Occlusal orthotic device (TMJ treatment appliance) - by report	700.00	735.00	1312.00	.05
D7910	Suture of recent small wounds up to 5 cm	92.00	96.00	780.00	.04
D7911	Complicated suture - up to 5 cm	89.00	93.00	1947.00	.04
D7912	Complicated suture - greater than 5 cm	101.00	106.00	3504.00	.05
D7953	Bone replacement graft for ridge preservation - per site	279.00	293.00	404.00	.05
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	262.00	275.00	654.00	.05
D7970	Excision of hyperplastic tissue - per arch	252.00	264.00	951.00	.05
D7971	Excision of pericoronal gingiva	84.00	88.00	357.00	.05
D7972	Surgical reduction of fibrous tuberosity	315.00	330.00	1332.00	.05
D8010	Limited orthodontic treatment of the primary dentition	653.00	653.00	.00	
D8020	Limited orthodontic treatment of the transitional dentition	2291.00	2291.00	.00	
D8030	Limited orthodontic treatment of the adolescent dentition	2291.00	2291.00	.00	
D8040	Limited orthodontic treatment of the adult dentition	2291.00	2291.00	.00	
D8050	Interceptive orthodontic treatment of the primary dentition	653.00	653.00	.00	
D8060	Interceptive orthodontic treatment of the transitional dentition	693.00	693.00	.00	
D8070	Comprehensive orthodontic treatment of the transitional dentition	4580.00	4580.00	.00	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	4580.00	4580.00	.00	
D8090	Comprehensive orthodontic treatment of the adult dentition	4580.00	4580.00	.00	
D8210	Removable appliance therapy - by report	410.00	410.00	.00	

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		2010	2011		
ADACode	Description	Plan Fee	Plan Fee	Med Fee	% Chnge
D8220	Fixed appliance therapy - by report	326.00	326.00	.00	
D8660	Pre-orthodontic treatment visit	35.00	35.00	.00	
D8680	Orthodontic retention - removal of appliances, construction/placement of retainer(s)	156.00	156.00	.00	
D8691	Repair of orthodontic appliance	82.00	82.00	.00	
D8692	Replacement of lost or broken retainer	171.00	179.00	.00	.04
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	62.00	62.00	.00	
D9110	Palliative emergency treatment of dental pain - minor procedure - by report	54.00	55.00	150.00	
D9120	Fixed partial denture sectioning - by report	57.00	58.00	170.00	.02
D9220	Deep sedation/general anesthesia - first 30 minutes	273.00	281.00	382.00	.02
D9221	Deep sedation/general anesthesia - each additional 15 minutes	128.00	131.00	171.00	.03
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide - per visit	47.00	48.00	63.00	.02
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	147.00	151.00	296.00	.02
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	84.00	86.00	145.00	.03
D9248	Non-intravenous conscious sedation	116.00	75.00	92.00	.02
D9310	Consultation - per session	67.00	69.00	155.00	-.35
D9420	Hospital call	215.00	221.00	286.00	.03
D9430	Office visit - for observation during office hours, no other services performed	34.00	34.00	.00	.03
D9440	Office visit - after regularly scheduled office hours	53.00	70.00	97.00	
D9610	Therapeutic parenteral drug, single administration	23.00	23.00	.00	
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	42.00	42.00	.00	.24
D9910	Application of desensitizing medicament, per visit	22.00	23.00	64.00	
D9920	Behavior management - by report	47.00	47.00	.00	
D9940	Occlusal guard - by report	271.00	284.00	533.00	
D9942	Repair and/or reline of occlusal guard. Provide placement date of nightguard	108.00	111.00	220.00	.04
D9950	Occlusion analysis - mounted case - by report	226.00	232.00	349.00	
D9951	Limited occlusal adjustment - per visit	65.00	67.00	156.00	
D9952	Complete occlusal adjustment - by report	239.00	246.00	735.00	.03
D9972	External bleaching - per arch	176.00	226.00	368.00	.22
D9973	External bleaching - per tooth	69.00	51.00	61.00	-.26
U9974	Internal bleaching - per tooth	148.00	155.00	322.00	.05