

2024 PPP GENERAL FEE SCHEDULE



D - Code	Description	PPP General
CLINICAL ORAL EVALUATIONS		
D0120	Periodic Oral Evaluation - Established Patient	\$32
D0140	Limited Oral Evaluation - Problem Focused	\$42
D0145	Oral Evaluation For a Patient Under Three Years of Age and Counseling With Primary Caregiver	\$30
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$45
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	\$61
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	\$53
DIAGNOSTIC IMAGING		
D0210	Intraoral - Comprehensive Series of Radiographic Images	\$102
D0220	Intraoral - Periapical First Radiographic Image	\$21
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$18
D0240	Intraoral - Occlusal Radiographic Image	\$27
D0250	Extra - Oral - 2D Projection Radiographic Image Created Using A Stationary Radiation Source, and Detector	\$51
D0270	Bitewing - Single Radiographic Image	\$20
D0272	Bitewings- Two Radiographic Images	\$31
D0273	Bitewings - Three Radiographic Images	\$33
D0274	Bitewings - Four Radiographic Images	\$40
D0277	Vertical Bitewings - 7 to 8 Radiographic Images	\$67
D0330	Panoramic Radiographic Image	\$78
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement and Analysis	\$75
D0372	Intraoral Tomosynthesis – Comprehensive Series of Radiographic Images	\$102
D0373	Intraoral Tomosynthesis – Bitewing Radiographic Image	\$20
D0374	Intraoral Tomosynthesis – Periapical Radiographic Image	\$21
D0396	3D printing of a 3D dental surface scan	\$42
TESTS AND EXAMINATIONS		
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities Including Premalignant And Malignant Lesions,Not To Include Cytology Or Biopsy Procedures	\$7
D0460	Pulp Vitality Tests	\$33
D0470	Diagnostic Casts	\$42
DENTAL PROPHYLAXIS		
D1110	Prophylaxis - Adult	\$55
D1120	Prophylaxis - Child	\$40
TOPICAL FLUORIDE TREATMENT (Office Procedure)		
D1206	Topical Application of Fluoride Varnish	\$26
D1208	Topical Application of Fluoride - Excluding Varnish	\$25
OTHER PREVENTIVE SERVICES		
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	\$45
D1351	Sealant - Per Tooth	\$33
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient - Permanent Tooth	\$34
D1353	Sealant Repair - Per Tooth	\$31
D1354	Application of caries arresting medicament - per tooth	\$26
D1510	Space Maintainer - Fixed, Unilateral - Per Quadrant	\$209
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$280

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D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$280
D1526	Space Maintainer - Removable-Bilateral, Maxillary	\$280
D1527	Space Maintainer - Removable-Bilateral, Mandibular	\$280
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary	\$45
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular	\$45
D1553	Re-Cement or Re-Bond Bilateral Space Maintainer - Per Quadrant	\$45
D1556	Removal of Fixed Unilateral Space Maintainer - Per Quadrant	\$39
D1557	Removal of Fixed Bilateral Space Maintainer - Maxillary	\$39
D1558	Removal of Fixed Bilateral Space Maintainer - Mandibular	\$39
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant	\$190
	RESTORATIVE SERVICES	
D2140	Amalgam - One Surface, Primary or Permanent	\$80
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$92
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$112
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$132
D2330	Resin-Based Composite - One Surface, Anterior	\$94
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$117
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$134
D2335	Resin-Based Composite -Four or More Surfaces or Involving Incisal Angle (Anterior)	\$174
D2390	Resin-Based Composite Crown, Anterior	\$185
D2391	Resin-Based Composite - One Surface, Posterior	\$112
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$143
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$172
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$190
D2510	Inlay - Metallic - One Surface	\$420
D2520	Inlay - Metallic - Two Surfaces	\$480
D2530	Inlay - Metallic - Three or More Surfaces	\$630
D2542	Onlay - Metallic - Two Surfaces	\$630
D2543	Onlay - Metallic - Three Surfaces	\$700
D2544	Onlay - Metallic - Four or More Surfaces	\$725
D2610	Inlay - Porcelain/Ceramic - One Surface	\$475
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$525
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$660
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$660
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$750
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	\$780
D2650	Inlay - Resin-Based Composite - One Surface	\$425
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$450
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	\$550
D2662	Onlay - Resin-Based Composite - Two Surfaces	\$630
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$651
D2664	Onlay - Resin-Based Composite - Four or More Surfaces	\$683
D2710	Crown - Resin-Based Composite (Indirect)	\$412
D2740	Crown - Porcelain/Ceramic	\$845
D2750	Crown - Porcelain Fused to High Noble Metal	\$807
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$735
D2752	Crown - Porcelain Fused to Noble Metal	\$778
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	\$795
D2780	Crown - 3/4 Cast High Noble Metal	\$800
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$725
D2782	Crown - 3/4 Cast Noble Metal	\$760
D2783	Crown -3/4 Porcelain/Ceramic	\$800

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D2790	Crown - Full Cast High Noble Metal	\$800
D2791	Crown - Full Cast Predominantly Base Metal	\$700
D2792	Crown - Full Cast Noble Metal	\$760
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$52
D2920	Re-Cement or Re-Bond Crown	\$53
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$225
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$173
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$193
D2932	Prefabricated Resin Crown	\$180
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$210
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$206
D2940	Protective Restoration	\$53
D2950	Core Buildup, Including Any Pins When Required	\$145
D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$47
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$288
D2954	Prefabricated Post and Core in Addition to Crown	\$204
D2962	Labial Veneer (Porcelain Laminate) - Indirect	\$740
D2980	Crown Repair Necessitated by Restorative Material Failure	\$162
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$120
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$120
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$120
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$37
	ENDODONTICS	
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$66
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$66
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$105
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$109
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$140
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$160
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$485
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$570
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$681
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$275
D3346	Retreatment of Previous Root canal Therapy - Anterior	\$700
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$725
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$850
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	\$253
D3352	Apexification/Recalcification - Interim Medication Replacement	\$100
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations ,Root Resorption, etc.)	\$100
D3355	Pulpal Regeneration - Initial Visit	\$100
D3356	Pulpal Regeneration - Interim Medication Replacement	\$136
D3357	Pulpal Regeneration - Completion Of Treatment	\$136
D3410	Apicoectomy - Anterior	\$415
D3421	Apicoectomy - Premolar (First Root)	\$500
D3425	Apicoectomy - Molar (First Root)	\$600
D3426	Apicoectomy (Each Additional Root)	\$330
D3430	Retrograde Filling - Per Root	\$140
D3450	Root Amputation - Per Root	\$225

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D3471	Surgical Repair Of Root Resorption – Anterior	\$400
D3472	Surgical Repair Of Root Resorption – Premolar	\$400
D3473	Surgical Repair Of Root Resorption – Molar	\$400
D3501	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Anterior	\$400
D3502	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Premolar	\$400
D3503	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Molar	\$400
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$270
D3921	Decoronation or Submergence of an Erupted Tooth	\$168
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$125
	PERIODONTICS	
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$325
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$130
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth	\$130
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bound Spaces Per Quadrant	\$350
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bound Spaces Per Quadrant	\$225
D4249	Clinical Crown Lengthening - Hard Tissue	\$400
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$644
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$450
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant	\$375
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant	\$276
D4266	Guided Tissue Regeneration, Natural Teeth - Resorbable Barrier, Per Site	\$380
D4267	Guided Tissue Regeneration, Natural Teeth - Non-Resorbable Barrier, Per Site (Includes Membrane Removal)	\$330
D4268	Surgical Revision Procedure, Per Tooth	\$450
D4270	Pedicle Soft Tissue Graft Procedure	\$460
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) First Tooth, Implant or Edentulous Tooth Position in Graft	\$536
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$480
D4276	Combined Connective Tissue and Pedicle Graft, Per Tooth	\$580
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$575
D4278	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) Each Additional Contiguous Tooth, Implant, or Edentulous Tooth Position in Same Graft Site	\$280
D4283	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) - Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site	\$115
D4285	Non-Autogenous Connective Tissue Graft Procedure (Including Recipient Surgical Site and Donor Material) - Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site	\$115
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$166

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D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	\$102
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$71
D4355	Full Mouth Debridement To Enable A Comprehensive Periodontal Evaluation And Diagnosis On A Subsequent Visit	\$104
D4910	Periodontal Maintenance	\$84
	PROSTHODONTICS, REMOVABLE	
D5110	Complete Denture - Maxillary	\$970
D5120	Complete Denture - Mandibular	\$970
D5130	Immediate Denture - Maxillary	\$1,077
D5140	Immediate Denture - Mandibular	\$1,077
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$716
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$716
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,157
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$1,157
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$748
D5222	Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$748
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,202
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,202
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$1,102
D5226	Mandibular Partial Denture – Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$1,102
D5227	Immediate Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	\$748
D5228	Immediate Mandiblar Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	\$748
D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Maxillary	\$600
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Mandibular	\$600
D5284	Removable Unilateral Partial Denture – One Piece Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	\$414
D5286	Removable Unilateral Partial Denture – One Piece Resin (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	\$414
D5410	Adjust Complete Denture - Maxillary	\$48
D5411	Adjust Complete Denture - Mandibular	\$48
D5421	Adjust Partial Denture - Maxillary	\$48
D5422	Adjust Partial Denture - Mandibular	\$48
D5511	Repair Broken Complete Denture Base, Mandibular	\$130
D5512	Repair Broken Complete Denture Base, Maxillary	\$130
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$110
D5611	Repair Resin Partial Denture Base, Mandibular	\$135
D5612	Repair Resin Partial Denture Base, Maxillary	\$135
D5621	Repair Cast Partial Framework, Mandibular	\$210

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D5622	Repair Cast Partial Framework, Maxillary	\$210
D5630	Repair or Replace Broken Retentive/Clasping Materials - Per Tooth	\$200
D5640	Replace Broken Teeth - Per Tooth	\$115
D5650	Add Tooth to Existing Partial Denture	\$135
D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$170
D5670	Replace All teeth and Acrylic on Cast Metal Framework (Maxillary)	\$550
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$550
D5710	Rebase Complete Maxillary Denture	\$350
D5711	Rebase Complete Mandibular Denture	\$350
D5720	Rebase Maxillary Partial Denture	\$330
D5721	Rebase Mandibular Partial Denture	\$330
D5725	Rebase Hybrid Prosthesis	\$330
D5730	Reline Complete Maxillary Denture (Direct)	\$200
D5731	Reline Complete Mandibular Denture (Direct)	\$200
D5740	Reline Maxillary Partial Denture (Direct)	\$200
D5741	Reline Mandibular Partial Denture (Direct)	\$200
D5750	Reline Complete Maxillary Denture (Indirect)	\$310
D5751	Reline Complete Mandibular Denture (Indirect)	\$310
D5760	Reline Maxillary Partial Denture (Indirect)	\$300
D5761	Reline Mandibular Partial Denture (Indirect)	\$300
D5765	Soft Liner for Complete or Partial Removable Denture – Indirect	\$200
D5850	Tissue Conditioning, Maxillary	\$90
D5851	Tissue Conditioning, Mandibular	\$90
D5863	Overdenture - Complete Maxillary	\$1,600
D5864	Overdenture - Partial Maxillary	\$1,300
D5865	Overdenture - Complete Mandibular	\$1,600
D5866	Overdenture - Partial Mandibular	\$1,300
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra- or Intra-Oral) Other Than Required Adjustments, By Report	\$50
IMPLANT SERVICES		
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,474
D6012	Surgical Placement of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	\$1,120
D6013	Surgical Placement of Mini Implant	\$663
D6040	Surgical Placement: Eposteal Implant	\$4,000
D6050	Surgical Placement: Transosteal Implant	\$3,040
D6055	Connecting Bar - Implant Supported or Abutment Supported	\$2,500
D6056	Prefabricated Abutment - Includes Modification and Placement	\$482
D6057	Custom Fabricated Abutment - Includes Placement	\$562
D6058	Abutment Supported Porcelain/Ceramic Crown	\$1,124
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$1,043
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$910
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$1,118
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$1,128
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$945
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$1,123
D6065	Implant Supported Porcelain/Ceramic Crown	\$1,124
D6066	Implant Supported Porcelain Fused to High Noble Alloys	\$1,124
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	\$1,124
D6068	Abutment Supported Retainer For Porcelain/Ceramic FPD	\$1,124
D6069	Abutment Supported Retainer For Porcelain Fused to Metal FPD (High Noble Metal)	\$1,124

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D6070	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$949
D6071	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Noble Metal)	\$1,122
D6072	Abutment Supported Retainer For Cast Metal FPD (High Noble Metal)	\$1,150
D6073	Abutment Supported Retainer For Cast Metal FPD (Predominantly Base Metal)	\$960
D6074	Abutment Supported Retainer For Cast Metal FPD (Noble Metal)	\$1,100
D6075	Implant Supported Retainer For Ceramic FPD	\$1,150
D6076	Implant Supported Retainer For FPD - Porcelain Fused to High Noble Alloys	\$1,150
D6077	Implant Supported Retainer For Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)	\$1,130
D6080	Implant Maintenance Procedures When Prostheses are Removed and Reinserted, Including Cleansing of Prostheses and Abutments	\$86
D6082	Implant Supported Crown - Porcelain Fused to Predominantly Base Alloys	\$910
D6083	Implant Supported Crown - Porcelain Fused to Noble Alloys	\$940
D6084	Implant Supported Crown - Porcelain Fused to Titanium and Titanium Alloys	\$995
D6086	Implant Supported Crown - Predominantly Base Alloys	\$900
D6087	Implant Supported Crown - Noble Alloys	\$960
D6088	Implant Supported Crown - Titanium and Titanium Alloys	\$1,000
D6089	Accessing and retorquing loose implant screw – per screw	\$75
D6090	Repair Implant Supported Prosthesis, By Report	\$300
D6091	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment Of Implant/Abutment Supported Prosthesis, Per Attachment	\$180
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	\$75
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$130
D6094	Abutment Supported Crown (Titanium)and Titanium Alloys	\$1,309
D6095	Repair Implant Abutment, By Report	\$300
D6096	Remove Broken Implant Retaining Screw	\$250
D6097	Abutment Supported Crown - Porcelain Fused to Titanium and Titanium Alloys	\$995
D6098	Implant Supported Retainer – Porcelain Fused To Predominately Base Alloys	\$910
D6099	Implant Supported Retainer for FPD - Porcelain Fused to Noble Alloys	\$940
D6100	Surgical Removal of Implant Body	\$399
D6105	Removal of Implant Body Not Requiring Bone Removal nor Flap Elevation	\$91
D6110	Implant/Abutment Supported Removable Denture For Edentulous Arch - Maxillary	\$1,200
D6111	Implant/Abutment Supported Removable Denture For Edentulous Arch - Mandibular	\$1,200
D6112	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Maxillary	\$1,200
D6113	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Mandibular	\$1,200
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Maxillary	\$2,400
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Mandibular	\$2,400
D6116	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Maxillary	\$1,800
D6117	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Mandibular	\$1,800
D6120	Implant Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	\$995
D6121	Implant Supported Retainer for Metal FPD - Predominantly Base Alloys	\$910
D6122	Implant Supported Retainer for Metal FPD - Noble Alloys	\$940
D6123	Implant Supported Retainer for Metal FPD - Titanium and Titanium Alloys	\$1,000
D6194	Abutment Supported Retainer Crown For FPD (Titanium)	\$1,200
D6195	Abutment Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	\$995
D6197	Implant Supported Prosthesis, per Implant	\$112

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PROSTHODONTICS, FIXED		
D6205	Pontic - Indirect Resin Based Composite	\$570
D6210	Pontic - Cast High Noble Metal	\$800
D6211	Pontic - Cast Predominantly Base Metal	\$700
D6212	Pontic - Cast Noble Metal	\$752
D6240	Pontic - Porcelain Fused to High Noble Metal	\$801
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$715
D6242	Pontic - Porcelain Fused to Noble Metal	\$766
D6243	Pontic - Porcelain Fused to Titanium and Titanium Alloys	\$775
D6245	Pontic - Porcelain/Ceramic	\$818
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$324
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$260
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	\$324
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$500
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$525
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	\$430
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces	\$460
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$445
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$480
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$430
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$500
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$650
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	\$670
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$510
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$600
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$500
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$550
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$500
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$550
D6740	Retainer Crown - Porcelain/Ceramic	\$838
D6750	Retainer Crown - Porcelain Fused to high Noble Metal	\$805
D6751	Retainer Crown - Porcelain Fused to Predominantly base Metal	\$735
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$778
D6753	Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys	\$765
D6780	Retainer Crown - 3/4 Cast High Noble Metal	\$650
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$600
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$625
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$675
D6784	Retainer Crown 3/4 - Titanium and Titanium Alloys	\$625
D6790	Retainer Crown - Full Cast High Noble Metal	\$805
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$710
D6792	Retainer Crown - Full Cast Noble Metal	\$700
D6920	Connector Bar	\$200
D6930	Re-Cement or Re-Bond Fixed partial Denture	\$75
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$210
ORAL AND MAXILLOFACIAL SURGERY		
D7111	Extraction, Coronal Remnants - Primary Tooth	\$54
D7140	Extraction, Erupted tooth or exposed Root (Elevation and/or Forceps Removal)	\$91
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$168
D7220	Removal of Impacted Tooth - Soft Tissue	\$206
D7230	Removal of Impacted Tooth - Partially Bony	\$258
D7240	Removal of Impacted Tooth - Completely Bony	\$299

D - Code	Description	PPP General
D7241	Removal of Impacted tooth - Completely Bony, with Unusual Surgical Complications	\$362
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$182
D7251	Coronectomy Intentional Partial Tooth Removal, Impacted Teeth Only	\$505
D7260	Oroantral Fistula Closure	\$260
D7261	Primary Closure of a Sinus Perforation	\$306
D7280	Exposure of an Unerupted Tooth	\$207
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$210
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$153
D7311	Alveoloplasty in Conjunction with Extractions - One to Three teeth or Tooth Spaces, Per Quadrant	\$125
D7320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$177
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$165
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$300
D7350	Vestibuloplasty-Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision Of Soft Tissue Attachment And Management Of Hypertrophied And Hyperplastic Tissue	\$300
D7410	Excision of Benign Lesion Up to 1.25 cm	\$726
D7411	Excision of Benign Lesion Greater Than 1.25 cm	\$826
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$726
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$826
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$265
D7472	Removal of Torus Palatinus	\$265
D7473	Removal of Torus Mandibularis	\$265
D7485	Reduction of Osseous Tuberosity	\$265
D7509	Marsupialization of Odontogenic Cyst	\$826
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$98
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	\$139
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	\$300
D7961	Buccal / Labial Frenectomy (Frenulectomy)	\$268
D7962	Lingual Frenectomy (Frenulectomy)	\$268
D7970	Excision of Hyperplastic Tissue - Per Arch	\$251
D7971	Excision of Pericoronal Gingiva	\$154
ORTHODONTICS - Payment for the following orthodontic services is limited to the Orthodontic Lifetime Maximum specific to the Member's Benefit Plan.		
D8010	Limited Orthodontic Treatment of the Primary Dentition	\$2,000
D8020	Limited Orthodontic Treatment of the Transitional Dentition	\$2,000
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$2,000
D8040	Limited Orthodontic Treatment of the Adult Dentition	\$2,000
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$5,000
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$6,000
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$7,000
D8210	Removable Appliance Therapy	\$1,000
D8220	Fixed Appliance Therapy	\$1,200
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	\$600
ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative Treatment of Dental Pain - per Visit	\$56

D - Code	Description	PPP General
ANESTHESIA		
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$151
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$132
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$35
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$124
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	\$92
D9248	Non-Intravenous Conscious Sedation	\$109
PROFESSIONAL CONSULTATION		
D9310	Consultation-Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physican	\$50
MISCELLANEOUS SERVICES		
D9910	Application of Desensitizing Medicament	\$36
D9920	Behavior Management,By Report	\$117

DISCLAIMER: Some codes may be listed that are not covered under a particular member's benefit plan. Verification of benefits is recommended to ensure coverage. You may bill your usual and customary charge for any service not covered by the member's plan; you will not be held to the scheduled allowance for those services, or services covered by the member's plan but denied due to waiting periods, frequency or when plan maximums have been met.

AR PPP General Fee Schedule 2024