

2024 Oral Surgery Fee Schedule

Procedure Code	Procedure Description	Fee Schedule
120	Periodic Oral Evaluation	\$32.76
140	Limited Emergency Oral Evaluation – problem focused	\$56.16
145	Oral Evaluation for a patient under three years of age and counseling with the primary caregiver	\$46.80
160	Detailed and Extensive Oral Evaluation – problem focused	\$46.80
170	Re-Evaluation – limited , problem focused (<i>established patient; not post-operative visit</i>)	\$32.76
210	Intraoral - Complete Series (<i>at least 14 films, including bitewings</i>)	\$60.84
220	Intraoral - Periapical - first film	\$11.70
230	Intraoral - Periapical - each additional film (<i>three (3) per date of service</i>)	\$11.70
240	Intraoral - Occlusal film	\$11.70
250	Extraoral - first film	\$23.40
260	Extraoral - each additional film	\$18.72
270	Bitewing - single film	\$11.70
272	Bitewings - two films	\$23.40
273	Bitewings – three films	\$28.08
274	Bitewings - four films	\$28.08
277	Vertical Bitewings – 7 to 8 films	\$11.70
330	Panoramic Film	\$58.50
3220	Therapeutic Pulpotomy (<i>excluding final restoration</i>)	\$70.20
3221	Pulpal Debridement, primary & permanent tooth (<i>excluded with endodontic tx</i>)	\$70.20
3410	Apicoectomy / Periradicular Surgery – anterior	\$243.36
3421	Apicoectomy / Periradicular Surgery - bicuspid (<i>first root</i>)	\$280.80
3425	Apicoectomy / Periradicular Surgery - molar (<i>first root</i>)	\$351.00
3426	Apicoectomy / Periradicular Surgery (<i>each additional root</i>)	\$140.40
3430	Retrograde Filling - per root	\$46.80
3450	Root Amputation - per root	\$140.40
3470	Intentional Re-Implantation (<i>including necessary splinting</i>)	\$374.40
3920	Hemisection (<i>including any root removal</i>), not including root canal therapy	\$131.04
4249	Clinical crown lengthening – hard tissue	\$555.75
6999	Section bridge to enable extraction of abutment tooth	\$29.25
7111	Extraction, coronal remnants – deciduous tooth	\$70.20
7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	\$70.20
7210	Surgical Removal of Erupted Tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$93.60
7220	Removal of Impacted Tooth - soft tissue	\$140.40
7230	Removal of Impacted Tooth - partially bony	\$163.80
7240	Removal of Impacted Tooth - completely bony	\$245.70
7241	Removal of Impacted Tooth - completely bony, with unusual surgical complications	\$280.80
7250	Surgical Removal of Residual Tooth Roots (<i>cutting procedure</i>)	\$131.04
7260	Oroantral Fistula Closure	\$234.00
7261	Primary Closure of Sinus Perforation	\$234.00

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7270	Tooth Reimplantation and/or Stabilization of accidentally avulsed or displaced tooth and/or alveolus	\$187.20
7280	Surgical Access of an unerupted tooth	\$205.92
7283	Placement of device to facilitate eruption of impacted tooth	\$102.96
7286	Biopsy of Oral Tissue – soft	\$168.48
7310	Alveoloplasty - in conjunction with extractions - per quadrant	\$93.60
7311	Alveoloplasty- in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	\$57.33
7320	Alveoloplasty - not in conjunction with extractions – per quadrant	\$133.38
7321	Alveoloplasty- not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	\$83.07
7340	Vestibuloplasty - ridge extension (<i>secondary epithelialization</i>)	\$807.30
7350	Vestibuloplasty – ridge extension (<i>including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue</i>)	By Report
7471	Removal of Lateral Exostosis – maxilla or mandible	\$187.20
7472	Removal of Torus Palatinus	\$187.20
7473	Removal of Torus Mandibularis	\$187.20
7510	Incision and Drainage of Abscess - intraoral soft tissue	\$88.92
7511	Incision and Drainage of Abscess-intraoral soft tissue-complicated (<i>includes drainage of multiple fascial spaces</i>) (<i>not covered, refer to medical</i>)	\$0
7520	Incision and Drainage of Abscess - extraoral soft tissue	\$383.76
7521	Incision and Drainage of Abscess-extraoral soft tissue-complicated (<i>includes drainage of multiple fascial spaces</i>) (<i>not covered refer to medical</i>)	\$0
7530	Removal of Foreign Body from Skin, or Subcutaneous Alveolar Tissue	\$112.32
7540	Removal of Reaction-Producing Foreign Bodies – musculoskeletal system	\$93.60
7560	Maxillary Sinusotomy for removal of tooth fragment or foreign body	\$1,404.00
7910	Suture of Recent Small Wounds up to 5 cm	\$52.65
7961	BUCCAL/LABIAL FRENECTOMY	\$224.64
7962	LINGUAL FRENECTOMY	\$224.64
7970	Excision of Hyperplastic Tissue - per arch	\$374.40
9120	Fixed Partial Denture Sectioning	\$29.25
9210	Local Anesthesia (<i>not in conjunction with operative or surgical procedures</i>)	\$28.08
9211	Regional Block Anesthesia	\$56.16
9223	Deep sedation/general anesthesia – each 15 minute increment	\$76.05
9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$79.56
9243	Intravenous moderate (conscious) sedation/analgesia – each 15 min increment	\$76.05
9248	Non-Intravenous Conscious Sedation	\$79.56
9310	Consultation (<i>diagnostic service provided by dentist or physician other than practitioner providing treatment</i>)	\$58.50
9420	Hospital Call	\$56.16

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Procedure Code	Procedure Description	Fee Schedule
9430	Office Visit for Observation <i>(during regularly scheduled hours)</i> - no other services performed	\$37.44
9440	Office Visit – after regularly scheduled hours	\$58.50
9450	Case presentation, detailed and extensive treatment planning <i>(not covered; to be included with examination or consultation)</i>	\$0
9610	Therapeutic Drug Injection	\$32.76
9630	Other Drugs and/or Medicaments <i>(dispensing of oral antibiotics/oral analgesics in the office, does not apply to writing a prescription)</i>	\$18.72
9930	Treatment of Complication <i>(post surgical)</i> - unusual circumstances	\$38.61