

## 2024 Pediatric Dental Fee Schedule

Procedure Code	Procedure Description	Fee Schedule
120	PERIODIC ORAL EVALUATION	\$32.76
140	LIMITED EMERGENCY ORAL EVALUATION - PROBLEM FOCUSED	\$60.84
145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$42.12
150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$42.12
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	\$14.04
230	INTRAORAL – PERIAPICAL – EACH ADDITIONAL FILM ( <i>ALLOWABLE OF THREE (3) PER DATE OF SERVICE</i> )	\$12.87
240	INTRAORAL - OCCLUSAL FILM	\$ 23.40
250	EXTRAORAL - FIRST FILM	\$12.87
260	EXTRAORAL - EACH ADDITIONAL FILM	\$14.04
270	BITEWING - SINGLE FILM	\$14.04
272	BITEWINGS - TWO FILMS	\$28.08
273	BITEWINGS – THREE FILMS	\$46.80
274	BITEWINGS - FOUR FILMS	\$46.80
277	VERTICAL BITEWINGS – 7 to 8 FILMS	\$14.04
330	PANORAMIC FILM	\$74.88
350	ORAL / FACIAL PHOTOGRAPHIC IMAGES	\$12.87
460	PULP VITALITY TESTS	\$7.02
470	DIAGNOSTIC CASTS	\$25.74
1110	PROPHYLAXIS – ADULT	\$70.20
1120	PROPHYLAXIS – CHILD	\$32.76
1203	TOPICAL APPLICATION OF FLUORIDE – CHILD ( <i>EXCLUDING PROPHYLAXIS</i> )	\$24.57
1204	TOPICAL APPLICATION OF FLUORIDE – ADULT ( <i>EXCLUDING PROPHYLAXIS</i> )	\$24.57
1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	\$24.57
1208	TOPICAL APPLICATION OF FLUORIDE	\$24.57
1351	SEALANT - PER TOOTH	\$37.44
1355	CARIES PREVENTATIVE MEDICAMENT APPLICATION - PER TOOTH	\$37.44
1510	SPACE MAINTAINER – FIXED - UNILATERAL	\$117.00
1516	SPACE MAINTAINER – FIXED - BILATERAL, MAXILLARY	\$234.00
1517	SPACE MAINTAINER – FIXED - BILATERAL, MANDIBULAR	\$234.00
1520	SPACE MAINTAINER – REMOVABLE - UNILATERAL	\$313.56
1526	SPACE MAINTAINER - REMOVABLE – BILATERAL, MAXILLARY	\$353.34
1527	SPACE MAINTAINER - REMOVABLE – BILATERAL, MANIBULAR	\$353.34
1551	RECEMENT OR REBOND BILATERAL SPACE MAINTAINER, MAXILLARY	\$23.40
1552	RECEMENT OR REBOND BILATERAL SPACE MAINTAINER, MANDIBULAR	\$23.40

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1553	RECEMENT OR REBOND UNILATERAL SPACE MAINTAINER, PER QAUADRANT	\$30.42
1575	DISTAL SHOE SPACE MAINTAINER – FIXED – UNILATERAL	\$117.00
2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	\$70.20
2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	\$84.24
2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	\$98.28
2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$112.32
2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$79.56
2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$93.60
2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$117.00
2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR	\$135.72
2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR <i>(NOT COVERED)</i>	\$ -
2391	RESIN-BASED COMPOSITE – ONE SURFACE, POSTERIOR	\$98.28
2392	RESIN-BASED COMPOSITE – TWO SURFACES, POSTERIOR	\$107.64
2393	RESIN-BASED COMPOSITE – THREE SURFACES, POSTERIOR	\$121.68
2394	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR	\$145.08
2750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	\$553.41
2920	RECEMENT CROWN	\$37.44
2930	PREFABRICATED STAINLESS STEEL CROWN – PRIMARY	\$163.80
2931	PREFABRICATED STAINLESS STEEL CROWN – PERMANENT	\$238.68
2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW – PRIMARY, ANTERIOR	\$267.93
2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN- PRIMARY TOOTH	\$267.93 \$-
2940	SEDATIVE FILLING	\$51.48
2950	CORE BUILDUP, INCLUDING ANY PINS	\$88.92
2951	PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION	\$21.06
2952	CAST POST AND CORE, IN ADDITION TO CROWN	\$142.74
2954	PREFABRICATED POST AND CORE, IN ADDITION TO CROWN	\$124.02
2957	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	\$124.02
2960	LABIAL VENEER <i>(RESIN LAMINATE) – CHAIRSIDE (REFER TO THE PRODUCT FOR COVERAGE)</i>	\$283.14
2962	LABIAL VENEER <i>(PORCELAIN LAMINATE) – LABORATORY (REFER TO THE PRODUCT FOR COVERAGE)</i>	\$547.56
3110	PULP CAP – DIRECT <i>(EXCLUDING FINAL RESTORATION)</i>	\$46.80
3120	PULP CAP – INDIRECT <i>(EXCLUDING FINAL RESTORATION)</i>	\$32.76
3220	THERAPEUTIC PULPOTOMY <i>(EXCLUDING FINAL RESTORATION)</i>	\$88.92
3221	PULPAL DEBRIDEMENT, PRIMARY & PERMANENT TOOTH <i>(NOT TO BE BILLED BY PROVIDER COMPLETING ENDODONTIC TREATMENT)</i>	\$97.11
3230	PULPAL THERAPY <i>(RESORBABLE FILLING) ANTERIOR, PRIMARY (EXCLUDING FINAL RESTORATION)</i>	\$102.96

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3240	PULPAL THERAPY ( <i>RESORBABLE FILLING</i> ) POSTERIOR, PRIMARY ( <i>EXCLUDING FINAL RESTORATION</i> )	\$102.96
3310	ROOT CANAL THERAPY – ANTERIOR ( <i>EXCLUDING FINAL RESTORATION</i> )	\$334.62
3320	ROOT CANAL THERAPY – BICUSPID ( <i>EXCLUDING FINAL RESTORATION</i> )	\$386.10
3330	ROOT CANAL THERAPY – MOLAR ( <i>EXCLUDING FINAL RESTORATION</i> )	\$560.43
3332	INCOMPLETE ENDODONTIC THERAPY, INOPERABLE OR FRACTURED TOOTH	\$64.35
5820	INTERIM PARTIAL DENTURE – MAXILLARY ( <i>ALLOWED FOR ANTERIOR TEETH ONLY</i> )	\$280.80
5821	INTERIM PARTIAL DENTURE – MANDIBULAR ( <i>ALLOWED FOR ANTERIOR TEETH ONLY</i> )	\$280.80
7111	EXTRACTION, CORONAL REMNANTS – DECIDUOUS TOOTH	\$65.52
7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT - ELEVATION AND/OR FORCEPS REMOVAL	\$64.35
7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL OF BONE AND/OR SECTION OF TOOTH	\$70.20
7510	INCISION AND DRAIN ABSCESS – INTRAORAL, SOFT TISSUE	\$42.12
7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$70.20
7961	BUCCAL/LABIAL FRENECTOMY	\$163.80
7962	LINGUAL FRENECTOMY	\$163.80
8210	REMOVABLE APPLIANCE THERAPY – HARMFUL HABIT	\$304.20
8220	FIXED APPLIANCE THERAPY – HARMFUL HABIT	\$280.80
9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN – MINOR PROCEDURE	\$70.20
9220	DEEP SEDATION / GENERAL ANESTHESIA – FIRST 30 MINUTES ( <i>REFER TO THE PRODUCT FOR COVERAGE</i> )	\$128.70
9221	DEEP SEDATION / GENERAL ANESTHESIA – EACH ADDITIONAL 15 MINUTES ( <i>REFER TO THE PRODUCT FOR COVERAGE</i> )	\$28.08
9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE ( <i>REFER TO THE PRODUCT FOR COVERAGE</i> )	\$23.40
9241	INTRAVENOUS CONSCIOUS SEDATION / ANALGESIA – FIRST 30 MINUTES ( <i>REFER TO THE PRODUCT FOR COVERAGE</i> )	\$87.75
9242	INTRAVENOUS CONSCIOUS SEDATION / ANALGESIA – EACH ADDITIONAL 15 MINUTES ( <i>REFER TO THE PRODUCT FOR COVERAGE</i> )	\$17.55
9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$70.20
9310	CONSULTATION ( <i>DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TREATMENT</i> )	\$51.48
9420	HOSPITAL CALL	\$234.00
9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$117.00
9450	CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING ( <i>NOT COVERED, TO BE INCLUDED WITH EXAMINATION OR CONSULTATION</i> )	\$-

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9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT <i>(DISPENSING OF ORAL ANTIBIOTICS/ORAL ANALGESICS IN THE OFFICE, DOES NOT APPLY TO WRITING A PRESCRIPTION)</i>	\$18.72
9920	BEHAVIOR MANAGEMENT, BY REPORT	\$46.80