

HIV Services Dental Program

Fee Schedule

7/1/2023

This fee schedule will be updated on an annual basis to reflect the most current service payments for the HIV Services Dental Program.

Preventive Services

D0120	Periodic Oral Examination	\$ 45.00 Limited to two times per year
D0140	Limited Oral Evaluation (Emerg)	\$ 40.00 Limited to when performed as part of an emergency service to relieve pain and suffering and cannot be billed with a regular appointment.
D0150	Comprehensive Oral Evaluation	\$ 47.00 Limited to once per year
D0210	Intraoral – Complete Series (Including bitewings)	\$ 83.00 Limited to one series every two years
D0220	Intraoral Periapical – Single First film	\$ 15.00 Limitation dependent upon Tx Plan
D0230	Intraoral – Periapical, Each Additional	\$ 12.00 Limited to ten per year
D0270	Bitewings – single film	\$ 13.00 Limited to one every six months
D0272	Bitewings – two film	\$ 28.00 Limited to one every six months
D0274	Bitewings – four film	\$ 40.00 Limited to one every six months
D0330	Panoramic film	\$ 72.00 Limited to one per two years

Preventive Prophylaxis

D1110	Preventive Prophylaxis – Adult	\$ 77.00 Limited to two per calendar year
D1120	Preventative Prophy Child	\$ 43.00 Limited to two per calendar year
D1208	Topical application of fluoride (excluding prophylaxis) – Adult	\$ 24.00 Limited to two per year
D1999	– PPE	\$10.00 Limited to one per visit

Restorative Services

Amalgam Restorations

D2140	Amalgam – One surface, permanent	\$ 75.00 Limited to eight per year
D2150	Amalgam – Two surface, permanent	\$ 99.00 Limited to eight per year

D2160 Amalgam – Three surface, permanent	\$120.00 Limited to six per year
D2161 Amalgam – Four or more surface, perm	\$144.00 Limited to four per year

Resin Restorations (Including acid etch)

D2330 Resin – One surface, anterior	\$ 102.00 Limited to eight per year
D2331 Resin – Two surfaces, anterior	\$125.00 Limited to eight per year
D2332 Resin – Three surface, anterior	\$155.00 Limited to six per year
D2335 Resin – Four or more surfaces	\$183.00 Limited to four per year
D2391 Resin – One surface, Posterior	\$ 85.00 Limited to eight per year
D2392 Resin – Two surface, Posterior	\$ 113.00 Limited to eight per year
D2393 Resin – Three surface, Posterior	\$133.00 Limited to six per year
D2394 Resin – Four surface, Posterior	\$158.00 Limited to four per year

Inlay Restorations

D2740 Crown porcelain/ceramic	770.00 valid for teeth 1-32
D2752 Crown porcelain to noble metal	\$770.00 valid for teeth 4-13 & 20-29
D2792 Crown full cast, noble metal	\$770.00 valid for teeth 2-15 & 18-31

Other Restorative Services

D2910 Recement Inlay	\$ 47.00 Limited to three per year
D2920 Recement Crown	\$ 59.00 Limited to three per year
D2930 Prefabricated stainless crown, perm	\$161.00 Limited to two per year.
D2940 Sedative filling	\$ 58.00 Limited to four per year
D2950 Crown Build-up, including pins	\$155.00 Limited to four per year
D2954 Prefabricated post and core	\$204.00 Limited to four per year

Root Canal Therapy
(Includes TX plan, Clinical procedure, and Follow-up Care)

D3221 Pulpal debridement	\$154.00 Limited to once per lifetime
D3310 Anterior (excludes final restoration)	\$440.00 Limited to four per year
D3320 Bicuspid (excludes final restoration)	\$550.00 Limited to four per year
D3330 Molars (excludes final restoration)	\$800.00 Limited to two per year
D3346 Retreatment of Prev Root Canal-Anterior	\$633.00 Limited to four per year
D3347 Retreatment of Prev Root Canal-Bicuspid	\$770.00 Limited to four per year
D3348 Retreatment of Prev Root Canal-Molar	\$935.00 Limited to two per year

Periapical Services

D3410 Apicoectomy - Anterior	\$371.00 Limited to four per year
D3421 Apicoectomy - Bicuspid (first root)	\$383.00 Limited to four per year
D3425 Apicoectomy - Molar (first root)	\$481.00 Limited to four per year
D3430 Retrograde filling – per root/anterior only	\$172.00 Limited to four per year
D3450 Root amputation – per root/anterior only	\$198.00 Limited to four per year

On-going Dentistry

Periodontics

D4210 Gingivectomy or gingivoplasty per quad.	\$288.00 Limited to four per year
D4211 Gingivectomy or gingivoplasty per tooth	\$106.00 Limited to eight per year
D4240 Gingival Flap curettage, including root planning – per quadrant	\$210.00 Limited to two per year
D4341 Periodontal root planning – per quadrant	\$163.00 Limited to four per year
D4342 Perio Scaling/Root Planning 1-3 Teeth/Quad	\$ 99.00 Limited to four per year
D4355 Periodontal scaling performed in the	\$ 88.00 Limited to two per year

presence of gingival inflammation

D4910 Periodontal maintenance procedure \$ 88.00 Limited to two per year
(only in conjunction with perio
planning and scaling.)

Prosthodontics, Removable

D5110 Complete Denture – Maxillary \$1,320.00 Limited to one per five years.

D5120 Complete Denture – Mandibular \$1,320.00 Limited to one per five years

D5130 Immediate Denture – Maxillary \$1104.00 Limited to one per five years

D5140 Immediate Denture – Mandibular \$1104.00 Limited to one per five years

Partial Dentures

(Including routine post delivery care)

D5211 Maxillary Partial Denture – Resin base \$699.00 Limited to one per two years
(including any conventional clasps, rests and teeth

D5212 Mandibular Partial Denture – Resin base \$699.00 Limited to one per two years
(including any conventional clasps, rests, and teeth

D5213 Maxillary Partial Denture – \$1,320.00 Limited to one per five years
(Cast Metal Framework)

D5214 Mandibular Partial Denture \$1,320.00 Limited to one per five years
(Cast Metal Framework)

D5281 Removable unilateral – one \$ 578.00 Limited to one per three years
Piece metal base casting, attachment per unit (including pontice)

Adjustments to Dentures

D5410 Adjust Complete Denture – Maxillary \$ 54.00 Limited to three times per year

D5411 Adjust Complete Denture – Mandibular \$ 54.00 Limited to three times per year

D5421 Adjust Partial Denture – Maxillary \$ 54.00 Limited to three times per year

D5422 Adjust Partial Denture – Mandibular \$ 54.00 Limited to three times per year

Repairs to Complete Dentures

D5510 Repair Broken Complete Denture	\$118.00 Limited to one repair per prosthesis per year.
D5520 Replace Missing or Broken Teeth - Complete Denture (Each tooth)	\$110.00 Limited to one repair per prosthesis per year.

REPAIRS TO PARTIAL DENTURES

D5610 Repair Resin Partial Denture Base	\$112.00 Limited to two repairs per prosthesis per year.
D5620 Repair Cast Framework	\$163.00 Limited to two repairs per prosthesis per year.
D5630 Repair or Replace broken clasp	\$144.00 Limited to two repairs per prosthesis per year.
D5650 Add tooth to existing partial Denture	\$120.00 Limited to two repairs per prosthesis per year.
D5660 Add clasp to existing partial	\$156.00 Limited to two repairs per prosthesis per year.

Dental Rebase Procedures

D5710 Complete Maxillary	\$248.00 Limited to one per year
D5711 Complete Mandibular	\$248.00 Limited to one per year
D5720 Upper Partial	\$227.00 Limited to one per year
D5721 Lower Partial	\$227.00 Limited to one per year

Denture Reline Procedures

D5730 Complete upper – chairside	\$123.00 Limited to one per year
D5731 Complete lower – chairside	\$123.00 Limited to one per year
D5740 Partial upper – chairside	\$123.00 Limited to one per year
D5741 Partial lower – chairside	\$123.00 Limited to one per year
D5750 Complete upper – Lab	\$265.00 Limited to one per year

D5751 Complete lower – Lab \$265.00 Limited to one per year

D5760 Partial upper – Lab \$265.00 Limited to one per year

D5761 Partial lower – Lab \$265.00 Limited to one per year

Other Removable Prosthetic Services

D5850 Tissue conditioning – upper denture \$ 94.00 Limited to one per year

D5851 Tissue conditioning – lower denture \$ 94.00 Limited to one per year

Oral Surgery

Extractions

(Includes local anesthesia and routine postoperative care)

D7140 Extractions – Single tooth \$ 90.00 Limit dependent upon Tx Plan

Surgical Extractions

(Includes local anesthesia and routine postoperative care)

D7210 Removal of erupted tooth \$153.00 Limited dependent upon Tx Plan

D7220 Removal of impacted tooth – soft tissue \$179.00 Limited dependent upon Tx Plan

D7230 Removal of impacted tooth – partially bony \$222.00 Limited dependent upon Tx Plan

D7240 Removal of impacted tooth–completely bony \$262.00 Limited dependent upon Tx Plan

D7250 Removal of residual tooth roots \$171.00 Limited dependent upon Tx Plan

D7260 Oroantral fistula closure \$332.00 Limited two per year

D7285 Biopsy of oral tissue – hard \$180.00 Limited dependent upon Tx Plan

D7286 Biopsy of oral tissue – soft \$180.00 Limited dependent upon Tx Plan

**Alveoloplasty
Surgical Preparation of Ridge for Dentures**

D7310 Alveoloplasty – in conjunction with extractions per quadrant \$165.00 Limited to four per lifetime

D7320 Alveoloplasty – NOT in conjunction with extractions per quadrant \$272.00 Limited to four per lifetime

Scar tissue Surgical Excision of reactive Inflammatory Lesions

D7410 Radical Excision – Lesion diameter to 1.25 cm tumors \$138.00 Limited to two per year

Removal, Cysts, and Neoplasms

D7450 Removal odontogenic cyst/tumor to 1.25 cm in diameter surgical incision \$436.00 Limited to two per year

D7471 Removal of lateral exostosis \$215.00 Limited to one per year

D7472 Removal of Torus palatinus \$215.00 Limited to one per year

D7473 Removal of torus mandibularis \$215.00 Limited to one per year

D7510 Incision and drainage of abscess - intraoral soft tissue \$156.00 Limited to four per year

D7520 Incision and drainage of abscess - \$153.00 Limited dependent on Tx Plan

D7540 Foreign body removal \$124.00 Limited dependent on Tx Plan

D7550 Partial ostectomy/sequestrectomy \$239.00 Limited to one per year

Repair Procedures

D7960 Frenulectomy \$186.00 Limited to three per year

D7970 Excision of hyper-plastic tissue—per arch \$213.00 Limited to two per year

Adjunctive General Services

Unclassified Treatment

D9110 Palliative (Emergency) Treatment for dental pain, minor procedure \$ 75.00 Limited to two per year

D9120 Partial denture sectioning \$ 106.00 Limited to one per quad every two years

Anesthesia

D9222 General – first 15 minutes	\$ 93.00 Limited to four per year
D9223 General – each additional 15 minutes	\$ 77.00 Limited to eight per year
D9239 Intravenous sedation – first 15 minutes	\$165.00 Limited to four per year
D9242 Intravenous sedation – each additional 15 minutes	\$ 77.00 Limited to eight per year
D9248 Non-intravenous conscious sedation	\$ 33.00 Limited to eight per year
D9944 Occlusal guard – hard appliance Full arch	\$413.00 Once per five years.
D9945 Occlusal guard – soft appliance Full arch	\$193.00 Once per five years
D9946 Occlusal Guard – hard appliance Partial arch	\$303.00 Once per five years