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.

ADA Code	Description of Service	Unit Price

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 (including any conventional clasps, rests and teeth	$699.00 Limited to one per two years
D5212 Mandibular Partial Denture – Resin base (including any conventional clasps, rests, and teeth	$699.00 Limited to one per two years
D5213 Maxillary Partial Denture – (Cast Metal Framework)	$1,320.00 Limited to one per five years
D5214 Mandibular Partial Denture (Cast Metal Framework)	$1,320.00 Limited to one per five years
D5281 Removable unilateral – one Piece metal base casting, attachment per unit (including pontice)	$ 578.00 Limited to one per three years

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