



## CCPOA Primary Dental Fee Schedule for Out-Of-Network Providers Effective December 2017

NUMBER	DESCRIPTION	COST
D0120	Periodic Oral Evaluation	\$47.00
D0140	Limited Oral Evaluation	\$71.00
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$83.00
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, by Report	\$149.00
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	\$67.00
D0180	Comprehensive Periodontal Evaluation	\$89.00
D0210	Intraoral - Complete Series (Including Bitewings)	\$126.00
D0220	Intraoral - Periapical First Film	\$27.00
D0230	Intraoral - Periapical Each Additional Film	\$23.00
D0240	Intraoral - Occlusal Film	\$40.00
D0250	Extraoral - First Film	\$62.00
D0270	Bitewing - Single Film	\$27.00
D0272	Bitewings - Two Films	\$43.00
D0274	Bitewings - Four Films	\$62.00
D0277	Vertical Bitewings - 7 to 8 Films	\$94.00
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	\$131.00
D0330	Panoramic Film	\$106.00
D0340	Cephalometric Film	\$119.00
D0350	Oral/Facial images (Includes Intra and Extraoral Images)	\$68.00
D0415	Bacteriologic Studies for the Determination of Pathologic Agents	\$172.00
D0425	Caries Susceptibility Tests	\$90.00
D0460	Pulp Vitality Test	\$53.00
D0470	Diagnostic Casts	\$103.00
D0472	Accession of Tissue Gross Examination, Preparation and Transmission of Written Report	\$113.00
D0473	Accession of Tissue Gross and Microscopic Examination, Preparation and Transmission of Written Report	\$157.00
D0474	Accession of Tissue, Gross and Microscopic Examination, including Assessment of Surgical Margins	\$175.00
D0480	Processing and Interpretation of Cytologic Smears, including the Preparation and Transmission	\$171.00
D0502	Other Oral Pathology Procedures, by Report	\$170.00
D1110	Prophylaxis - Adult	\$87.00
D1120	Prophylaxis - Child	\$65.00
D1206	Topical Application of Fluoride Varnish	\$40.00
D1351	Sealant - Per Tooth	\$51.00

NUMBER	DESCRIPTION	COST
D1510	Space Maintainer-fixed-unilateral.	\$309.00
D1515	Space Maintainer - Fixed- Bilateral	\$420.00
D1520	Space Maintainer - Removable- Unilateral	\$383.00
D1525	Space Maintainer –Removable-Bilateral	\$481.00
D1550	Re-Cementation of Space Maintainer	\$79.00
<b>RESTORATIVES</b>		
D2140	Amalgam - One Surface, Primary or Permanent	\$119.00
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$151.00
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$185.00
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$218.00
D2330	Resin-Based Composite - One Surface, Anterior	\$140.00
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$175.00
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$212.00
D2335	Resin-Based Composite - Four or More Surfaces OR Involving Incisal Angle (Anterior)	\$266.00
D2390	Resin-Based Composite Crown, Anterior	\$385.00
D2391	Resin-Based Composite - One Surface, Posterior	\$152.00
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$198.00
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$248.00
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$297.00
D2410	Gold Foil - One Surface	\$474.00
D2420	Gold Foil - Two Surfaces	\$535.00
D2430	Gold Foil - Three Surfaces	\$608.00
D2510	Inlay - Metallic - One Surface	\$634.00
D2520	Inlay - Metallic - Two Surfaces	\$688.00
D2530	Inlay - Metallic - Three or More Surfaces	\$744.00
D2542	Onlay - Metallic - Two Surfaces	\$766.00
D2543	Onlay - Metallic - Three Surfaces	\$794.00
D2544	Onlay - Metallic - Four or More Surfaces	\$825.00
D2610	Inlay - Porcelain/Ceramic - One Surface	\$693.00
D2620	Inlay - Porcelain/Ceramic - Two Surface	\$734.00
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$773.00
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$791.00
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$818.00
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	\$838.00
D2650	Inlay - Resin Based Composite - One Surface	\$661.00
D2651	Inlay - Resin Based Composite - Two Surfaces	\$683.00
D2652	Inlay - Resin Based Composite - Three or More Surfaces	\$713.00
D2662	Onlay - Resin Based Composite - Two Surfaces	\$738.00

NUMBER	DESCRIPTION	COST
D2663	Onlay - Resin Based Composite - Three Surfaces	\$755.00
D2664	Onlay - Resin Based Composite - Four or More Surfaces	\$780.00
D2710	Crown - Resin (Indirect)	\$698.00
D2720	Crown - Resin with High Noble Metal	\$830.00
D2721	Crown - Resin with Predominantly Base Metal	\$790.00
D2722	Crown - Resin with Noble Metal	\$810.00
D2740	Crown - Porcelain/Ceramic Substrate	\$881.00
D2750	Crown - Porcelain Fused to High Noble Metal	\$853.00
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$796.00
D2752	Crown - Porcelain Fused to Noble Metal	\$826.00
D2780	Crown - 3/4 Cast, High Noble Metal	\$838.00
D2781	Crown - 3/4 Cast, Predominantly Base Metal	\$819.00
D2782	Crown - 3/4 Cast, Noble Metal	\$826.00
D2783	Crown - 3/4 Porcelain/Ceramic	\$861.00
D2790	Crown - Full Cast, High Noble Metal	\$848.00
D2791	Crown - Full Cast, Predominantly Base Metal	\$776.00
D2792	Crown - Full Cast, Noble Metal	\$812.00
D2799	Provisional Crown	\$336.00
D2910	Re-Cement Inlay	\$82.00
D2920	Re-Cement Crown	\$83.00
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$210.00
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$252.00
D2932	Prefabricated Resin Crown	\$274.00
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$285.00
D2940	Sedative Filling	\$88.00
D2950	Core Buildup, Including any Pins	\$210.00
D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$54.00
D2952	Cast Post and Core in Addition to Crown	\$326.00
D2953	Each Additional Cast Post - Same Tooth	\$235.00
D2954	Prefabricated Post and Core in Addition to Crown	\$262.00
D2955	Post Removal (Not in Conjunction with Endodontic Therapy)	\$224.00
D2957	Each Additional Prefabricated Post - Same Tooth	\$150.00
D2960	Labial Veneer (Resin Laminate) - Chairside	\$501.00
D2961	Labial Veneer (Resin Laminate) - Laboratory	\$754.00
D2962	Labial Veneer (Porcelain Laminate) - Laboratory	\$881.00
D2980	Crown Repair by Report	\$225.00
<b>ENDODONTICS</b>		
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) Removal of Pulp Coronal to the Dentinocemental Junction	\$171.00

NUMBER	DESCRIPTION	COST
D3221	Pulp Debridement, Primary and Permanent Teeth	\$194.00
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$232.00
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$266.00
D3310	Anterior (Excluding Final Restoration)	\$632.00
D3320	Bicuspid (Excluding Final Restoration)	\$735.00
D3330	Molar (Excluding Final Restoration)	\$887.00
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	\$486.00
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	\$376.00
D3333	Internal Root Repair of Perforation Defects	\$279.00
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$732.00
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$833.00
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$991.00
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption)	\$307.00
D3352	Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	\$219.00
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy Apical Closure)	\$463.00
D3410	Apicoectomy/Periradicular Surgery - Anterior	\$599.00
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$670.00
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$758.00
D3426	Apicoectomy/Periradicular Surgery - (Each Additional Root)	\$330.00
D3430	Retrograde Filling - Per Root	\$238.00
D3450	Root Amputation - Per Root	\$419.00
D3920	Hemisection (Including any Root Removal,) Not Including Root Canal Therapy	\$404.00
<b>PERIODONTICS</b>		
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$546.00
D4211	Gingivectomy or Gingivoplasty - One to Three Teeth Per Quadrant	\$236.00
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$635.00
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Teeth Per Quadrant	\$533.00
D4245	Apically Positioned Flap	\$718.00
D4249	Clinical Crown Lengthening - Hard Tissue	\$643.00
D4260	Osseous Surgery (Including Flap Entry and Closure) - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$918.00
D4261	Osseous Surgery (Including Flap Entry and Closure) - One to Three Teeth, Per Quadrant	\$748.00
D4263	Bone Replacement Graft - First Site in Quadrant	\$567.00
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	\$433.00
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	\$448.00
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$708.00
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	\$815.00

NUMBER	DESCRIPTION	COST
D4268	Surgical Revision Procedure, Per Tooth	\$703.00
D4270	Pedicle Soft Tissue Graft Procedure	\$716.00
D4273	Subepithelial Connective Tissue Graft Procedures	\$922.00
D4275	Soft Tissue Allograft	\$840.00
D4276	Combined Connective Tissue and Double Pedicle Graft	\$943.00
D4321	Provisional Splinting Extracoronal	\$398.00
D4341	Periodontal Scaling and Root Planing - Four or More Contiguous Teeth or Bounded Teeth Space	\$221.00
D4342	Periodontal Scaling and Root Planing - One to Three Teeth, Per Quadrant	\$156.00
D4910	Periodontal Maintenance	\$121.00
<b>PROSTHODONTICS</b>		
D5110	Complete Denture - Maxillary	\$1,300.00
D5120	Complete Denture - Mandibular	\$1,301.00
D5130	Immediate Denture - Maxillary	\$1,388.00
D5140	Immediate Denture - Mandibular	\$1,394.00
D5211	Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$1,007.00
D5212	Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$1,007.00
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$1,359.00
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$1,363.00
D5281	Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth)	\$760.00
D5410	Adjust Complete Denture - Maxillary	\$69.00
D5411	Adjust Complete Denture - Mandibular	\$68.00
D5421	Adjust Partial Denture - Maxillary	\$68.00
D5422	Adjust Partial Denture - Mandibular	\$69.00
D5510	Repair Broken Complete Denture Base	\$160.00
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$144.00
D5610	Repair Resin Denture Base	\$159.00
D5620	Repair Cast Framework	\$229.00
D5630	Repair or Replace Broken Clasp	\$206.00
D5640	Replace Broken Teeth - Per Tooth	\$142.00
D5650	Add Tooth to Existing Partial Denture	\$172.00
D5660	Add Clasp to Existing Partial Denture	\$210.00
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	\$550.00
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$553.00
D5710	Rebase Complete Maxillary Denture	\$458.00
D5711	Rebase Complete Mandibular Denture	\$458.00
D5720	Rebase Maxillary Partial Denture	\$436.00
D5721	Rebase Mandibular Partial Denture	\$436.00

NUMBER	DESCRIPTION	COST
D5730	Reline Complete Maxillary Denture (Chairside)	\$292.00
D5731	Reline Complete Mandibular Denture (Chairside)	\$291.00
D5740	Reline Maxillary Partial Denture (Chairside)	\$281.00
D5741	Reline Mandibular Partial Denture (Chairside)	\$286.00
D5750	Reline Complete Maxillary Denture (Laboratory)	\$366.00
D5751	Reline Complete Mandibular Denture (Laboratory)	\$367.00
D5760	Reline Maxillary Partial Denture (Laboratory)	\$362.00
D5761	Reline Mandibular Partial Denture (Laboratory)	\$362.00
D5820	Interim Partial Denture (Maxillary)	\$525.00
D5821	Interim Partial Denture (Mandibular)	\$525.00
D5850	Tissue Conditioning, Maxillary	\$156.00
D5851	Tissue Conditioning, Mandibular	\$158.00
D5863	Overdenture - Complete Maxillary	\$1593.00
D5864	Overdenture - Partial Maxillary	\$1558.00
D5865	Overdenture - Complete Mandibular	\$1593.00
D5866	Overdenture - Partial Mandibular	\$1558.00
D5867	Replacement of Replaceable Part of Semi-Precision or Precision Attachment (Male or Female)	\$287.00
D5875	Modification of Removable Prosthesis Following Implant Surgery	\$303.00
D6210	Pontic - Cast High Noble Metal	\$838.00
D6211	Pontic - Cast Predominantly Base Metal	\$789.00
D6212	Pontic - Cast Noble Metal	\$812.00
D6240	Pontic - Porcelain Fused to High Noble Metal	\$853.00
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$794.00
D6242	Pontic - Porcelain Fused to Noble Metal	\$826.00
D6245	Pontic - Porcelain/Ceramic	\$873.00
D6250	Pontic - Resin with High Noble Metal	\$837.00
D6251	Pontic - Resin with Predominantly Base Metal	\$822.00
D6252	Pontic - Resin with Noble Metal	\$830.00
D6253	Provisional Pontic	\$547.00
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$630.00
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$744.00
D6600	Inlay - Porcelain/Ceramic - Two Surfaces	\$779.00
D6601	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$830.00
D6602	Inlay - Cast High Noble Metal, Two Surfaces	\$797.00
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	\$834.00
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$778.00
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$829.00
D6606	Inlay - Cast Noble Metal, Two Surfaces	\$771.00

NUMBER	DESCRIPTION	COST
D6607	Inlay - Cast Noble Metal, Three or More Surfaces	\$830.00
D6608	Onlay - Porcelain/Ceramic, Two Surfaces	\$830.00
D6609	Onlay - Porcelain/Ceramic, Three or More Surfaces	\$890.00
D6610	Onlay - Cast High Noble Metal, Two Surfaces	\$838.00
D6611	Onlay - Cast High Noble Metal, Three or More Surfaces	\$890.00
D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces	\$818.00
D6613	Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$873.00
D6614	Onlay - Cast Noble Metal, Two Surfaces	\$830.00
D6615	Onlay - Cast Noble Metal, Three or More Surfaces	\$881.00
D6720	Crown - Resin with High Noble Metal	\$837.00
D6721	Crown - Resin with Predominantly Base Metal	\$811.00
D6722	Crown - Resin with Noble Metal	\$827.00
D6740	Crown - Porcelain/Ceramic	\$888.00
D6750	Crown - Porcelain Fused to High Noble Metal	\$859.00
D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$793.00
D6752	Crown - Porcelain Fused to Noble Metal	\$825.00
D6780	Crown - 3/4 Cast, High Noble Metal	\$838.00
D6781	Crown - 3/4 Cast, Predominantly Base Metal	\$824.00
D6782	Crown - 3/4 Cast, Noble Metal	\$830.00
D6783	Crown - 3/4 Cast, Porcelain/Ceramic	\$870.00
D6790	Crown - Full Cast, High Noble Metal	\$838.00
D6791	Crown - Full Cast, Predominantly Base Metal	\$792.00
D6792	Crown - Full Cast, Noble Metal	\$810.00
D6793	Provisional Retainer Crown	\$383.00
D6930	Recement Fixed Partial Denture	\$132.00
D6950	Precision Attachment	\$502.00
D6980	Fixed Partial Denture Repair, by Report	\$294.00
D6985	Pediatric Partial Denture, Fixed	\$713.00
D7111	Coronal Remnants - Deciduous Tooth	\$116.00
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$147.00
D7210	Surgical Removal of Erupted Tooth requiring Elevation of Mucoperiosteal Flap and Removal Of Bone and/or Section of Tooth	\$239.00
D7220	Removal of Impacted Tooth - Soft Tissue	\$275.00
D7230	Removal of Impacted Tooth - Partially Bony	\$349.00
D7240	Removal of Impacted Tooth - Completely Bony	\$425.00
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$503.00
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$263.00
D7261	Primary Closure of a Sinus Perforation	\$655.00
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$472.00

NUMBER	DESCRIPTION	COST
D7272	Tooth Transplantation (Includes Reimplantation from One Site to Another and Splinting and/or stabilization)	\$638.00
D7280	Surgical Access of an Unerupted Tooth	\$415.00
D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$354.00
D7286	Biopsy of Oral Tissue - Soft (All Others)	\$268.00
D7287	Cytology Sample Collection	\$150.00
D7290	Surgical Repositioning of Teeth	\$434.00
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, by Report	\$265.00
D7310	Alveoloplasty in Conjunction with Extractions - Per Quadrant	\$258.00
D7320	Alveoloplasty Not in Conjunction with Extractions - Per Quadrant	\$376.00
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision)	\$1,982.00
D7450	Removal of Begin Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 CM	\$473.00
D7451	Removal of Begin Odontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 CM	\$626.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$201.00
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$370.00
D7960	Frenulectomy (Frenectomy of Frenotomy) Separate Procedure	\$387.00
D7970	Excision of Hyperplastic Tissue - per Arch	\$441.00
D7971	Excision of Pericoronal Gingiva	\$214.00
<b>ORTHODONTICS</b>		
D8160	ALL ORTHODONTIC TREATMENT - 50% of Billed Charges up to Plan Maximum of \$1,000.00 per person, per lifetime	
<b>ADJUNCTIVE GENERAL SURGERY</b>		
D9110	Palliative (Emergency) Treatment of Dental Plan - Minor Procedure	\$120.00
D9223	Deep Sedation/General Anesthesia each 15 minute increment	\$165.00
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia each 15 minute increment	\$177.00
D9310	Consultation (Diagnostic Service Provided by Dentist or Physician other than Practitioner Provider)	\$115.00
D9410	House/Extended Care Facility Call	\$220.00
D9420	Hospital Call	\$267.00
D9430	Office Visit for Observation (During Regularly Scheduled Hours) - No Other Services Performed	\$72.00
D9440	Office Visit - After Regularly Scheduled Hours	\$164.00