




		<b>AETNA DENTAL®</b>	
		<b>FEE SCHEDULE FOR:</b>	
<b>AETNA DENTAL PREFERRED PROVIDER ORGANIZATION (PPO) PLANS*</b>			
DISCOUNT DENTAL,BASIC DENTAL,FAMILY PREVENTIVE AND AETNA ADVANTAGE™ DENTAL(if applicable)*			
<b>This Information is Proprietary and Confidential .</b>			
Entity Name	<b>PDS Health CA GP Zip 917</b>		
TIN:	<b>**_***</b>		
ADA Code	Description	PPO Proposed Fee	
*	Infection Control	#	
D0120	Periodic Oral Evaluation	\$33	
D0140	Limited Oral Evaluation - Problem Focused	\$41	
D0145	Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver	\$34	
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$44	
D0160	Detailed & Extensive Oral Evaluation - Problem Focused, by Report	\$68	
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	\$33	
D0171	Re-evaluation Post Operative Office Visit	#	
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	\$40	
D0190	Screening of a Patient	\$6	
D0191	Assessment of a Patient	\$4	
D0210	Intraoral - Comprehensive Series of Radiographic Images	\$81	
D0220	Intraoral - Periapical First Radiographic Image	\$15	
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$7	
D0240	Intraoral - Occlusal Radiographic Image	\$27	
D0250	Extraoral - 2D Projection Radiographic Image Created using a Stationary Radiation Source and Detector	\$51	
D0251	Extraoral Posterior Dental Radiographic Image	\$39	
D0270	Bitewing - Single Radiographic Image	\$19	
D0272	Bitewings - Two Radiographic Images	\$28	
D0273	Bitewings - Three Radiographic Images	\$34	
D0274	Bitewings - Four Radiographic Images	\$40	
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	\$59	
D0310	Sialography	\$110	
D0320	Temporomandibular Joint Arthrograph, Including Injection	\$244	
D0321	Other Temporomandibular Joint Radiographic Images	\$117	
D0322	Tomographic Survey	\$134	
D0330	Panoramic Radiographic Image	\$67	
D0340	2D Cephalometric Radiographic Image Acquisitin, Measurement and Analysis	\$63	
D0350	2D Oral/Facial Photographic Images obtained intraorally or extraorally	\$28	
D0364	Cone Beam CT Capture and Interpretation with Limited Field of View - Less than One Whole Jaw	\$200	
D0365	Cone Beam CT Capture and Interpretation with Field of View of One Full Dental Arch - Mandible	\$258	
D0366	Cone Beam CT Capture and Interpretation with Field of View of One Full Dental Arch - Maxilla, With or Without Cranium	\$271	
D0367	Cone Beam CT Capture and Interpretation with Field of Views, With or Without Cranium	\$361	
D0368	Cone Beam CT Capture and Interpretation for TMJ series Including Two or More Exposures	\$227	
D0371	Sialoendoscopy Capture and Interpretation	\$271	
D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiogrpahic Images	\$81	

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D0373	Intraoral Tomosynthesis - Bitewing Radiographic Image	\$19	
D0374	Intraoral Tomosynthesis - Periapical Radiographic Image	\$15	
D0380	Cone Beam CT Image Capture with Limited Field of View - Less than One Whole Jaw	\$198	
D0381	Cone Beam CT Image Capture with Field of View of One Full Dental Arch - Mandible	\$248	
D0382	Cone Beam CT Image Capture with Field of View of One Full Dental Arch - Maxilla, With or Without Cranium	\$248	
D0383	Cone Beam CT Image Capture with Field of View of Both Jaws, With or Without Cranium	\$324	
D0384	Cone Beam CT Image Capture for TMJ Series Including Two or More Exposure(s)	\$211	
D0387	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images - Image Capture Only	\$32	
D0388	Intraoral Tomosynthesis - Bitewing Radiographic Image - Image Capture Only	\$2	
D0389	Intraoral Tomosynthesis - Periapical Radiographic Image - Image Capture Only	\$1	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$29	
D0396	3D printing of a 3D dental surface scan	\$28	
D0414	Laboratory Processing of Microbial specimen to Include Culture and Sensitivity Studies, Preparation and Transmission of Written Report	\$24	
D0415	Collection of Microorganisms for Culture & Sensitivity	\$24	
D0416	Viral Culture	\$24	
D0417	Collection And Preparation of Saliva Sample for Laboratory Diagnostic Testing	\$35	
D0418	Analysis of Saliva Sample	\$35	
D0419	Assessment of Salivary Flow by Measurement	\$8	
D0422	Collection and Preparation of Genetic Sample Material for Laboratory Analysis and Report	\$35	
D0423	Genetic Test for Susceptibility to Diseases - Specimen Analysis	\$340	
D0425	Caries Susceptibility Tests	\$33	
D0431	Adjunctive Diagnostic Test That Aids In Detection of Mucosal Abnormalities	\$40	
D0460	Pulp Vitality Tests	\$35	
D0470	Diagnostic Casts	\$75	
D0472	Accession of Tissue, Gross Examination, Preparation & Transmission of Written Report	\$64	
D0473	Accession of Tissue, Gross & Microscopic Examination, Preparation & Transmission of Written Report	\$64	
D0474	Accession of Tissue, Gross & Microscopic Examination, Including Assessment of Surgical Margins For Presence of Disease, Preparation & Transmission of Written Report	\$64	
D0475	Decalcification Procedure	\$28	
D0476	Special Stains For Microorganisms	\$28	
D0477	Special Stains, Not For Microorganisms	\$28	
D0478	Immunohistochemical Stains	\$28	
D0479	Tissue In-Situ Hybridization, Including Interpretation	\$28	
D0480	Processing & Interpretation of Exfoliative Cytologic Smears, Including the Preparation & Transmission of Written Report	\$62	
D0481	Electron Microscopy - Diagnostic	\$28	


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D0482	Direct Immunofluorescence	\$27	
D0483	Indirect Immunofluorescence	\$28	
D0484	Consultation On Slides Prepared Elsewhere	\$38	
D0485	Consultation, Including Preparation of Slides From Biopsy Material Supplied by Referring Source	\$51	
D0486	Laboratory Accession of Transepithelial Cytologic Sample, Microscopic Examination, Preparation And Transmission of Written Report	\$64	
D0600	Non-ionizing Diagnostic Procedure Capable of Quantifying, Monitoring and Recording Changes in Structure of Enamel, Dentin and Cementum	\$26	
D0601	Caries risk assessment and documentation, with a finding of low risk	#	
D0602	Caries risk assessment and documentation, with a finding of moderate risk	#	
D0603	Caries risk assessment and documentation, with a finding of high risk	#	
D0701	Panoramic Radiographic Image - Image Capture Only	\$27	
D0702	2-D Cephalometric Radiographic Image - Image Capture Only	\$25	
D0703	2-D Oral/Facial Photographic Image Obtained Intra-Orally or Extra-Orally - Image Capture Only	\$11	
D0705	Extra Oral Posterior Dental Radiographic Image - Image Captured Only	\$4	
D0706	Intraoral - Occlusal Radiographic Image - Image Captured Only	\$3	
D0707	Intraoral - Periapical Radiographic Image - Image Capture Only	\$1	
D0708	Intraoral - Bitewing Radiographic Image - Image Capture Only	\$2	
D0709	Intraoral - Complete Series of Radiographic Images - Image Capture Only	\$32	
D0801	3D Intraoral Surface Scan - Direct	\$28	
D0802	3D Dental Surface Scan - Indirect	\$28	
D0803	3D Facial Surface Scan - Direct	\$28	
D0804	3D Facial Surface Scan - Indirect	\$28	
D1110	Prophylaxis - Adult	\$68	
D1120	Prophylaxis - Child	\$52	
D1206	Topical Application Fluoride Varnish	\$26	
D1208	Topical Application of Fluoride, excluding varnish	\$27	
D1310	Nutritional Counseling for Control of Dental Disease	\$32	
D1320	Tobacco Counseling for the Control & Prevention of Oral Disease	\$31	
D1321	Counseling for The Control & Prevention of Abverse Oral, Behavioral & Systemic Health Effects Associated with High-Risk Substance Use	\$32	
D1330	Oral Hygiene Instructions	\$35	
D1351	Sealant - per Tooth	\$27	
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient - Permanent Tooth	\$27	
D1353	Sealant Repair - Per Tooth	\$14	
D1354	Caries Arresting Medicament Application, Per Tooth	\$27	
D1355	Caries Preventive Medicament Application - Per Tooth	\$22	
D1510	Space Maintainer - Fixed - Unilateral	\$270	
D1516	Space Maintainer - Fixed - Bilateral Maxillary	\$375	
D1517	Space Maintainer - Fixed - Bilateral Mandibular	\$375	
D1520	Space Maintainer - Removable - Unilateral	\$227	


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D1526	Space Maintainer - Removable - Bilateral Maxillary	\$333	
D1527	Space Maintainer - Removable - Bilateral Mandibular	\$333	
D1551	Re-cement or Re-bond Bilateral Space Maintainer – Maxillary	\$37	
D1552	Re-cement or Re-bond Bilateral Space Maintainer – Mandibular	\$37	
D1553	Re-cement or Re-bond Unilateral Space Maintainer – per quad	\$19	
D1556	Removal of Fixed Unilateral Space Maintainer – per quadrant	\$19	
D1557	Removal of Fixed Bilateral Space Maintainer – Maxillary	\$37	
D1558	Removal of Fixed Bilateral Space Maintainer – Mandibular	\$37	
D1575	Distal Shoe Space Maintainer, Fixed - Unilateral	\$308	
D2140	Amalgam - One Surface, Primary or Permanent	\$79	
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$97	
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$117	
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$137	
D2330	Resin-Based Composite - One Surface, Anterior	\$100	
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$116	
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$137	
D2335	Resin-Based Composite - Four or More Surfaces (Anterior)	\$157	
D2390	Resin-Based Composite Crown, Anterior	\$216	
D2391	Resin-Based Composite - One Surface, Posterior	\$110	
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$139	
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$164	
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$167	
D2410	Gold Foil - One Surface	\$257	
D2420	Gold Foil - Two Surfaces	\$329	
D2430	Gold Foil - Three Surfaces	\$403	
D2510	Inlay - Metallic - One Surface	\$330	
D2520	Inlay - Metallic - Two Surfaces	\$463	
D2530	Inlay - Metallic - Three or More Surfaces	\$653	
D2542	Onlay - Metallic - Two Surfaces	\$552	
D2543	Onlay - Metallic - Three Surfaces	\$652	
D2544	Onlay - Metallic - Four or More Surfaces	\$661	
D2610	Inlay - Porcelain/Ceramic - One Surface	\$466	
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$590	
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$692	
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$624	
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$717	
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	\$724	
D2650	Inlay - Resin-Based Composite - One Surface	\$333	
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$444	
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	\$511	
D2662	Onlay - Resin-Based Composite - Two Surfaces	\$444	
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$511	

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D2664	Onlay - Resin-Based Composite - Four or More Surfaces	\$555	
D2710	Crown - Resin-Based Composite (Indirect)	\$259	
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	\$529	
D2720	Crown - Resin w/ High Noble Metal	\$590	
D2721	Crown - Resin w/ Predominantly Base Metal	\$549	
D2722	Crown - Resin w/ Noble Metal	\$565	
D2740	Crown - Porcelain/Ceramic	\$810	
D2750	Crown - Porcelain Fused to High Noble Metal	\$763	
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$686	
D2752	Crown - Porcelain Fused to Noble Metal	\$714	
D2753	Crown - porcelain fused to titanium and titanium alloys	\$709	
D2780	Crown - 3/4 Cast High Noble Metal	\$647	
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$606	
D2782	Crown - 3/4 Cast Noble Metal	\$638	
D2783	Crown - 3/4 Porcelain/Ceramic	\$691	
D2790	Crown - Full Cast High Noble Metal	\$768	
D2791	Crown - Full Cast Predominantly Base Metal	\$660	
D2792	Crown - Full Cast Noble Metal	\$710	
D2794	Crown - Titanium	\$650	
D2799	Interim Crown -Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	\$200	
D2910	Recement or re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$56	
D2915	Recement or re-Bond Indirectly Fabricated or Prefabricated Post & Core	\$28	
D2920	Recement Crown	\$56	
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$15	
D2928	Prefabricated Porcelain / Ceramic Crown - Permanent Tooth	\$201	
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$201	
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$145	
D2931	Prefabricated Stainless Steel Crown - permanent Tooth	\$153	
D2932	Prefabricated Resin Crown	\$130	
D2933	Prefabricated Stainless Steel Crown w/ Resin Window	\$143	
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$143	
D2940	Placement Of Interim Direct Restoration	\$57	
D2949	Restorative foundation for an indirect restoration	#	
D2950	Core Buildup, Including any Pins when required	\$142	
D2951	Pin Retention - per Tooth, In Addition to Restoration	\$27	
D2952	Cast Post & Core In Addition to Crown	\$259	
D2953	Each Additional Cast Post - Same Tooth	\$174	
D2954	Prefabricated Post & Core In Addition to Crown	\$183	
D2955	Post Removal	\$155	
D2956	Removal of an indirect restoration on a natural tooth	\$33	
D2957	Each Additional Prefabricated Post - Same Tooth	\$89	


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D2960	Labial Veneer (Resin Laminate) - Direct	\$300	
D2961	Labial Veneer (Resin Laminate) - Indirect	\$573	
D2962	Labial Veneer (Porcelain Laminate) - Indirect	\$657	
D2971	Additional Procedures to Customize Crown To Fit Under An Existing Partial Denture Framework	\$95	
D2975	Coping	\$369	
D2980	Crown Repair Necessitated by Restorative Material Failure	\$117	
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$94	
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$94	
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$94	
D2989	Excavation of a Tooth Resulting in the Determination of Non-Restorability	\$40	
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$27	
D2991	Application of hydroxyapatite regeneration medicament – per tooth	\$41	
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$33	
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$30	
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction & Application of Medicament	\$92	
D3221	Pulpal Debridement, Primary & Permanent Teeth	\$69	
D3222	Partial Pulpotomy for Apexogenesis - Permanent Tooth with Imcomplete Root Development	\$80	
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$118	
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$104	
D3310	Endodontic Therapy - Anterior (Excluding Final Restoration)	\$441	
D3320	Endodontic Therapy - Premolar (Excluding Final Restoration)	\$541	
D3330	Endodontic Therapy - Molar Tooth (Excluding Final Restoration)	\$684	
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	\$146	
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$244	
D3333	Internal Root Repair of Perforation Defects	\$197	
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$562	
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$651	
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$767	
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of perforations, Root Resorption, Pulp Space, Disinfection, Etc.)	\$152	
D3352	Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair of perforations, Root Resorption, Pulp Space, Disinfection, Etc.)	\$99	
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of perforations, Root Resorption, Etc.)	\$354	
D3355	Pulpal regeneration , initial visit	\$178	
D3356	Pulpal regeneration, interim medication replacement	\$54	
D3357	Pulpal regeneration, completion of treatment	\$89	





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D3410	Apicoectomy - Anterior	\$403	
D3421	Apicoectomy - Premolar (First Root)	\$449	
D3425	Apicoectomy - Molar (First Root)	\$483	
D3426	Apicoectomy (Each Additional Root)	\$162	
D3428	Bone graft in conjunction with periradicular surgery, per tooth, per site	\$290	
D3429	Bone graft in conjunction with periradicular surgery, each additional contiguous tooth in same surgical site	\$239	
D3430	Retrograde Filling - per Root	\$111	
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$378	
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$386	
D3450	Root Amputation - per Root	\$247	
D3460	Endodontic Endosseous Implant	\$271	
D3471	Surgical Repair of Root Resorption Anterior	\$202	
D3472	Surgical Repair of Root Resorption - Premolar	\$270	
D3473	Surgical Repair of Root Resorption - Molar	\$337	
D3501	Surgical Exposure of Root Surface Without Apicoectomy or Repair of Root Resorption - Anterior	\$290	
D3502	Surgical Exposure of Root Surface without Apicoectomy or Repair of Root Resorption - Premolar	\$387	
D3503	Surgical Exposure of Root Surface without Apicoectomy or Repair of Root Resorption - Molar	\$484	
D3910	Surgical Procedure For Isolation of Tooth w/ Rubber Dam	#	
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$166	
D3950	Canal Preparation & Fitting of Preformed Dowel or Post	\$91	
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$299	
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$90	
D4212	Gingivectomy or Gingivoplasty To Allow Access For Restorative Procedure, per tooth	\$36	
D4230	Anatomical Crown Exposure - Four or More Contiguous Teeth	\$299	
D4231	Anatomical Crown Exposure - One to Three Teeth	\$90	
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$317	
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$221	
D4245	Apically Positioned Flap	\$484	
D4249	Clinical Crown Lengthening - Hard Tissue	\$581	
D4260	Osseous Surgery (Including Evaluation of a Full Thickness Flap Entry & Closure) - Four or More Contiguous Teeth or Bounded Spaces per Quadrant	\$794	
D4261	Osseous Surgery (Including Evaluation of a Full Thickness Flap Entry & Closure) - One to Three Contiguous Teeth or Bounded Spaces per Quadrant	\$422	
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant	\$303	
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant	\$239	


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D4265	Biologic Materials To Aid In Soft & Osseous Tissue Regeneration, Per Site	\$371	
D4266	Guided Tissue Regeneration, Natural Teeth - Resorbable Barrier, per Site	\$373	
D4267	Guided Tissue Regeneration, Natural Teeth - Nonresorbable Barrier, per Site (Includes Membrane Removal)	\$426	
D4268	Surgical Revision Procedure, per Tooth	\$313	
D4270	Pedicle Soft Tissue Graft Procedure	\$621	
D4273	Autogenous Connective Tissue Graft Procedures (including donor and recipient surgical sites) First Tooth, Implant or Edentulous Tooth Position in Graft	\$782	
D4274	Mesial/Distal Procedure Single Tooth (When Not performed in Conjunction w/Surgical Procedures in the Same Anatomical Area)	\$467	
D4275	Non-Autogenous connective Tissue Graft (including recipient site and donor material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$704	
D4276	Combined Connective Tissue & Double Pedicle Graft, per Tooth	\$828	
D4277	Free Soft Tissue Graft Procedure (Including recipient and Donor Surgical Site), First Tooth or Implant or Edentulous Tooth Position in Graft	\$469	
D4278	Free Soft Tissue Graft Procedure (Including recipient and Donor Surgical Site), Each Additional Contiguous Tooth Implant or Edentulous Tooth Position in Graft	\$201	
D4283	Autogenous Connective Tissue Graft Procedure (including donor & recipient surgical sites), Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site	\$430	
D4285	Non-Autogenous connective Tissue Graft Procedure (including recipient surgical site and donor material), Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site	\$388	
D4286	Removal of Non-Resorbable Barrier	\$44	
D4322	Splint-Intra Coronal, Natural Teeth or Prosthetic Crowns	\$171	
D4323	Splint-Extra Coronal, Natural Teeth or Prosthetic Crowns	\$161	
D4341	periodontal Scaling & Root Planing - Four or More Teeth per Quadrant	\$146	
D4342	periodontal Scaling & Root Planing - One to Three Teeth per Quadrant	\$92	
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$78	
D4355	Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation & Diagnosis	\$100	
D4381	Localized Delivery of Antimicrobial Agents via a Controlled Release Vehicle Into Diseased Crevicular Tissue, per Tooth	\$53	
D4910	Periodontal Maintenance	\$83	
D4920	Unscheduled Dressing Change (by Someone Other Than Treating Dentist)	\$10	
D4921	Gingival irrigation with Medicinal Agent, per quadrant	\$26	
D5110	Complete Denture - Maxillary	\$1022	
D5120	Complete Denture - Mandibular	\$1022	
D5130	Immediate Denture - Maxillary	\$1111	
D5140	Immediate Denture - Mandibular	\$1111	
D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests & Teeth)	\$637	
D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests & Teeth)	\$637	





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ADA Code	Description	PPO Proposed Fee	
D5213	Maxillary Partial Denture-Cast Metal Framework W/Resin Denture Bases(Including Any Conventional Clasps, Rests & Teeth)	\$1149	
D5214	Mandibular Partial Denture - Cast Metal Framework W/ Resin Denture Bases (Including Any Conventional Clasps, Rests & Teeth)	\$1149	
D5221	Immediate Maxillary Partial Denture, Resin Base (including any conventional clasps, rests and teeth)	\$733	
D5222	Immediate Mandibular Partial Denture, Resin Base (including any conventional clasps, rests and teeth)	\$733	
D5223	Immediate Maxillary Partial Denture, Cast Metal Framework With Resin Denture Base (including any conventional clasps, rests and teeth). Includes limited follow-up Care only; Does Not Include Future Rebasing	\$1322	
D5224	Immediate Mandibular Partial Denture, Cast Metal Framework With Resin Base (including any conventional clasps, rests and teeth)	\$1322	
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/clasping material, Rests & Teeth)	\$959	
D5226	Mandibular Partial Denture - Flexible Base (Including Retentive/clasping Marerial, Rests & Teeth)	\$959	
D5227	Immediate Maxillary Partial Denture, Flex Base (including any claps, rests and teeth)	\$994	
D5228	Immediate Mandibular Partial Denture, Flex Base (including any clasps, rests and teeth)	\$994	
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/Clasping Materials, Rests & Teeth) Maxillary	\$493	
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/Clasping Materials, Rests & Teeth) Mandibular	\$482	
D5284	Removable unilateral partial denture – 1 piece flexible base (including clasps and teeth) – per quad	\$497	
D5286	Removable unilateral partial denture – 1 piece resin (including clasps and teeth) – per quad	\$319	
D5410	Adjust Complete Denture - Maxillary	\$53	
D5411	Adjust Complete Denture - Mandibular	\$53	
D5421	Adjust Partial Denture - Maxillary	\$50	
D5422	Adjust Partial Denture - Mandibular	\$50	
D5511	Repair Broken Complete Denture Base, Mandibular	\$88	
D5512	Repair Broken Complete Denture Base, Maxillary	\$88	
D5520	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	\$81	
D5611	Repair Resin Partial Denture Base, Mandibular	\$85	
D5612	Repair Resin Partial Denture Base, Maxillary	\$85	
D5621	Repair Cast Partial Framework, Mandibular	\$103	
D5622	Repair Cast Partial Framework, Maxillary	\$103	
D5630	Repair or Replace Broken Retentive/Clasping Material Per Tooth	\$97	
D5640	Replace Missing or Broken Teeth - Partial Denture - Per Tooth	\$89	
D5650	Add Tooth To Existing Partial Denture - Per Tooth	\$109	
D5660	Add Clasp To Existing Partial Denture	\$128	
D5670	Replace All Teeth & Acrylic On Cast Metal Framework (Maxillary)	\$306	
D5671	Replace All Teeth & Acrylic On Cast Metal Framework (Mandibular)	\$306	

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Entity Name	<b>PDS Health CA GP Zip 917</b>		
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ADA Code	Description	PPO Proposed Fee	
D5710	Rebase Complete Maxillary Denture	\$324	
D5711	Rebase Complete Mandibular Denture	\$335	
D5720	Rebase Maxillary Partial Denture	\$276	
D5721	Rebase Mandibular Partial Denture	\$276	
D5725	Rebase Hybrid Prosthesis	\$276	
D5730	Reline Complete Maxillary Denture (Direct)	\$123	
D5731	Reline Complete Mandibular Denture (Direct)	\$123	
D5740	Reline Maxillary Partial Denture (Direct)	\$118	
D5741	Reline Mandibular Partial Denture (Direct)	\$118	
D5750	Reline Complete Maxillary Denture (Indirect)	\$212	
D5751	Reline Complete Mandibular Denture (Indirect)	\$212	
D5760	Reline Maxillary Partial Denture (Indirect)	\$215	
D5761	Reline Mandibular Partial Denture (Indirect)	\$215	
D5765	Soft Liner for Complete or Partial Removable Denture (Indirect)	\$214	
D5810	Interim Complete Denture (Maxillary)	\$489	
D5811	Interim Complete Denture (Mandibular)	\$502	
D5820	Interim Partial Denture Maxillary (Including Retentive /Clasping Materials, Rests, & Teeth)	\$306	
D5821	Interim Partial Denture Mandibular (Including Retentive /Clasping Materials, Rests, & Teeth)	\$306	
D5850	Tissue Conditioning, Maxillary	\$83	
D5851	Tissue Conditioning, Mandibular	\$83	
D5862	Precision Attachment, by Report	\$300	
D5863	Overdenture, complete maxillary	\$1328	
D5864	Overdenture, partial maxillary	\$1227	
D5865	Overdenture, complete mandibular	\$1373	
D5866	Overdenture, partial mandibular	\$1227	
D5867	Replacement of Replaceable Part of Semi-Precision or Precision Attachment per Attachment	\$256	
D5875	Modification of Removable Prosthesis Following Implant Surgery	\$136	
D5876	Add Metal Substructure to Acrylic Full Denture (per arch)	\$88	
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1322	
D6011	Second stage implant surgery	#	
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	\$450	
D6013	Surgical placement of mini implant	\$827	
D6040	Surgical Placement: Eposteal Implant	\$1219	
D6050	Surgical Placement: Transosteal Implant	\$1109	
D6051	Placement Of Interim implant Abutment	\$194	
D6055	Connecting Bar - Implant Supported or Abutment Supported	\$151	
D6056	Prefabricated Abutment - Includes Modification and Placement	\$597	
D6057	Custom Fabricated Abutment - Includes Placement	\$615	
D6058	Abutment Supported Porcelain/Ceramic Crown	\$902	


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ADA Code	Description	PPO Proposed Fee	
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$962	
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$920	
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$920	
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$935	
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$816	
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$954	
D6065	Implant Supported Porcelain/Ceramic Crown	\$962	
D6066	Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	\$985	
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	\$952	
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	\$962	
D6069	Abutment Supported Retainer for Porcelain Fused To Metal FPD (High Noble Metal)	\$962	
D6070	Abutment Supported Retainer for Porcelain Fused To Metal FPD (Predominantly Base Metal)	\$886	
D6071	Abutment Supported Retainer for Porcelain Fused To Metal FPD (Noble Metal)	\$955	
D6072	Abutment Supported Retainer For Cast Metal FPD (High Noble Metal)	\$952	
D6073	Abutment Supported Retainer For Cast Metal FPD (Predominantly Base Metal)	\$706	
D6074	Abutment Supported Retainer For Cast Metal FPD (Noble Metal)	\$891	
D6075	Implant Supported Retainer For Ceramic FPD	\$962	
D6076	Implant Supported Retainer For Porcelain Fused To Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)	\$997	
D6077	Implant Supported Retainer For Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)	\$952	
D6080	Implant Maintenance Procedures, when a full Arch fixed Hybrid Prosthesis is removed and reinserted, Including cleansing of Prosthesis and Abutments	\$62	
D6081	Scaling and Debridement of a Single Implant in the Presence of Mucositis, Including Inflammation, Bleeding upon Probing and Increased Pocket Depths: Includes Cleaning of the Implant Surfaces, Without Flap Entry and Closure	\$43	
D6082	Implant supported crown – porc fused to predominantly base alloys	\$952	
D6083	Implant supported crown – porcelain fused to noble alloys	\$952	
D6084	Implant supported crown – porc fused to titanium and titanium alloys	\$709	
D6085	Interim Implant Crown	\$200	
D6086	Implant supported crown – predominantly base alloys	\$816	
D6087	Implant supported crown – noble alloys	\$952	
D6088	Implant supported crown – titanium and titanium alloys	\$816	
D6089	Accessing and Retorquing Loose Implant Screw - per screw	\$25	
D6090	Repair of Implant/Abutment - Supported Prosthesis	\$126	
D6091	Replacement of Replaceable Part of Semi-Precious or Precision Attachment of Implant/Abutment Supported Prosthesis, per Attachment	\$161	
D6092	Recement Implant/Abutment Supported Crown	\$80	
D6093	Recement Implant/Abutment Supported Fixed Partial Denture	\$80	
D6094	Abutment Supported Crown - (Titanium)	\$845	
D6096	Remove Broken Implant Retaining Screw	\$63	
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	\$709	


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ADA Code	Description	PPO Proposed Fee	
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	\$706	
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	\$952	
D6100	Surgical Removal of Implant body	\$166	
D6101	Debridement of a Periimplant Defect or Surrounding a Single Implant, and Surface Cleaning of Exposed Implant Surfaces, Including Flap Entry and Closure	\$154	
D6102	Debridement and Osseous Contouring of a Periimplant Defect or Defects Surrounding a Single Implant, and Surface Cleaning Includes Surface Cleaning of Exposed Implant Surfaces Including Flap Entry and Closure	\$295	
D6103	Bone Graft for Repair of Periimplant Defect - Does Not Includeing Flap Entry and Closure Placement of a Barrier Membrane or Biologic Materials to Aid in Osseous Regeneration are Reported Separately	\$300	
D6104	Bone Graft at Time of Implant Placement	\$230	
D6105	Removal of Implant Body Not Requiring Bone Removal or Flap Elevation	\$45	
D6106	Guided Tissue Regeneration - Resorbable Barrier, per Implant	\$386	
D6107	Guided Tissue Regeneration - Non Resorbable Barrier, per Implant	\$442	
D6110	Implant/Abutment Supported Removable Denture for Completely Edentulous Arch - Maxillary	\$1118	
D6111	Implant/Abutment Supported Removable Denture for Completely Edentulous Arch - Mandibular	\$1118	
D6112	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch - Maxillary	\$1606	
D6113	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch - Mandibular	\$1606	
D6114	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch - Maxillary	\$1480	
D6115	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch - Mandibular	\$1480	
D6116	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch - Maxillary	\$1480	
D6117	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch - Mandibular	\$1480	
D6118	Implant Sup Interim Fixed Denture, Mandibular	\$508	
D6119	Implant Sup Interim Fixed Denture, Maxillary	\$508	
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	\$709	
D6121	Implant supported retainer for metal FPD – predominantly base alloys	\$816	
D6122	Implant supported retainer for metal FPD – noble alloys	\$952	
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	\$816	
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	\$28	
D6190	Radiographic/Surgical Implant Index, by Report	\$175	
D6191	Semi-Precision Abutment - Placement	\$323	
D6192	Semi-Precision Attachment - Placement	\$300	
D6193	Replacement of an implant screw	\$175	
D6194	Abutment Supported Retainer Crown For FPD - (Titanium)	\$845	
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	\$709	


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D6197	Replacement of Restorative Material to Close Access Opening of Screw-Retained Implant	\$108	
D6205	Pontic - Indirect Resin Based Composite	\$549	
D6210	Pontic - Cast High Noble Metal	\$687	
D6211	Pontic - Cast Predominantly Base Metal	\$559	
D6212	Pontic - Cast Noble Metal	\$681	
D6214	Pontic - Titanium	\$711	
D6240	Pontic - Porcelain Fused to High Noble Metal	\$711	
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$587	
D6242	Pontic - Porcelain Fused to Noble Metal	\$689	
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$606	
D6245	Pontic - Porcelain/Ceramic	\$809	
D6250	Pontic - Resin w/ High Noble Metal	\$600	
D6251	Pontic - Resin w/ Predominantly Base Metal	\$549	
D6252	Pontic - Resin w/ Noble Metal	\$589	
D6253	Interim Pontic - Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	\$165	
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$244	
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$244	
D6549	Resin Retainer -Resin Bonded Fixed Prothesis	\$294	
D6600	Inlay - Porcelain/Ceramic, Two Surfaces	\$637	
D6601	Inlay - Porcelain/Ceramic, Three or More Surfaces	\$751	
D6602	Inlay - Cast High Noble Metal, Two Surfaces	\$463	
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	\$653	
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$454	
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$653	
D6606	Inlay - Cast Noble Metal, Two Surfaces	\$463	
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$653	
D6608	Retainer Onlay -Porcelain/Ceramic, Two Surfaces	\$675	
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	\$774	
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$555	
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$674	
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$555	
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$674	
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$555	
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$674	
D6624	Retainer Inlay - Titanium	\$463	
D6634	Retainer Onlay - Titanium	\$555	
D6710	Retainer Crown - Indirect Resin Based Composite	\$562	
D6720	Retainer Crown - Resin w/ High Noble Metal	\$609	
D6721	Retainer Crown - Resin w/ Predominantly Base Metal	\$562	
D6722	Retainer Crown - Resin w/ Noble Metal	\$607	
D6740	Retainer Crown - Porcelain/Ceramic	\$787	


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ADA Code	Description	PPO Proposed Fee	
D6750	Retainer Crown - Porcelain Fused to High Noble Metal	\$768	
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	\$686	
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$729	
D6753	Retainer crown – porc fused to titanium and titanium alloys	\$709	
D6780	Retainer Crown - 3/4 Cast High Noble Metal	\$729	
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$606	
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$638	
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$691	
D6784	Retainer crown ¾ – titanium and titanium alloys	\$606	
D6790	Retainer Crown - Full Cast High Noble Metal	\$759	
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$676	
D6792	Retainer Crown - Full Cast Noble Metal	\$705	
D6793	Interim Retainer Crown - Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	\$165	
D6794	Retainer Crown - Titanium	\$623	
D6920	Connector Bar	\$246	
D6930	Recement or re-Bond Fixed Partial Denture Retainers	\$80	
D6940	Stress Breaker	\$191	
D6950	Precision Attachment	\$268	
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$114	
D6985	Pediatric Partial Denture, Fixed	\$338	
D7111	Extraction, Coronal Remnants - Primary Tooth	\$42	
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation &/or Forceps Removal)	\$90	
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth and Including Elevation of Mucoperiosteal Flap if Indicated	\$164	
D7220	Removal of Impacted Tooth - Soft Tissue	\$187	
D7230	Removal of Impacted Tooth - Partially Bony	\$251	
D7240	Removal of Impacted Tooth - Completely Bony	\$283	
D7241	Removal of Impacted Tooth - Completely Bony, w/ Unusual Surgical Complications	\$400	
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$141	
D7251	Coronectomy - Intentional Partial Tooth Removal, Impacted Teeth Only	\$138	
D7252	Partial extraction for immediate implant placement	\$230	
D7260	Oroantral Fistula Closure	\$475	
D7261	Primary Closure of a Sinus perforation	\$459	
D7270	Tooth Reimplantation &/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$313	
D7272	Tooth Transplantation (Includes Reimplantation From One Site to Another & Splinting &/or Stabilization)	\$389	
D7280	Exposure of an Unerupted Tooth	\$289	
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$159	
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$58	
D7284	Excisional Biopsy of Minor Salivary Glands	\$204	
D7285	Incisional Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$103	
D7286	Incisional Biopsy of Oral Tissue - Soft	\$136	



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ADA Code	Description	PPO Proposed Fee	
D7287	Exfoliative Cytological Sample Collection	\$66	
D7288	Brush Biopsy - Transepithelial Sample Collection	\$66	
D7290	Surgical Repositioning of Teeth	\$177	
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, by Report	\$60	
D7292	Placement of Temporary Anchorage Device Requiring Flap	#	
D7293	Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal	#	
D7294	Placement of Temporary Anchorage Device Without Flap; Includes Device Removal	#	
D7310	Alveoloplasty In Conjunction w/ Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$139	
D7311	Alveoloplasty In Conjunction w/ Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$71	
D7320	Alveoloplasty Not In Conjunction w/ Extractions - Four or More Teeth or Tooth Spaces, per Quadrant	\$238	
D7321	Alveoloplasty Not In Conjunction w/Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	\$119	
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$722	
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision of Soft Tissue Attachment & Management of Hypertrophied & Hyperplastic Tissue)	\$2219	
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 Cm	\$299	
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 Cm	\$444	
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$346	
D7472	Removal of Torus Palatinus	\$346	
D7473	Removal of Torus Mandibularis	\$346	
D7485	Reduction of Osseous Tuberosity	\$346	
D7509	Marsupialization of Odontogenic Cyst	\$299	
D7510	Incision & Drainage of Abscess - Intraoral Soft Tissue	\$97	
D7511	Incision & Drainage of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	\$108	
D7520	Incision & Drainage of Abscess - Extraoral Soft Tissue	\$195	
D7521	Incision & Drainage of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	\$213	
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	\$89	
D7540	Removal of Reaction Producing Foreign Bodies, Musculoskeletal System	\$184	
D7550	Partial Ostectomy/Sequestrectomy for Removal of Non-Vital Bone	\$155	
D7880	Occlusal Orthotic Device, by Report	\$604	
D7881	Occlusal Orthotic Device Adjustment	\$75	
D7910	Suture of Recent Small Wounds Up to 5 cm	\$62	
D7911	Complicated Suture - Up to 5 cm	\$110	
D7912	Complicated Suture > 5 cm	\$155	
D7921	Collection and Application of Autologous Blood Concentrate Product	\$542	
D7922	Placement of Intra-Socket Biological Dressing to Aid Hemostasis or Clotstabilization, per site	#	

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ADA Code	Description	PPO Proposed Fee	
D7950	Osseous, Osteoperiosteal, or Cartilage Graft of the Mandible or Facial Bones - Autogenous or Nonautogenous, by Report	\$1743	
D7951	Sinus Augmentation with Bone or Bone Substitutes via a Lateral Open Approach	\$1207	
D7952	Sinus Augmentation via a Vertical Approach	\$603	
D7953	Bone Replacement Graft for Ridge Preservation - per Site	\$230	
D7956	Guided Tissue Regeneration, Edentulous Area - Resorbable Barrier, per site	\$386	
D7957	Guided Tissue Regeneration, Edentulous Area - Non Resorbable Barrier, per site	\$442	
D7961	Buccal / Labial Frenectomy	\$224	
D7962	Lingual Frenectomy	\$224	
D7963	Frenuloplasty	\$236	
D7970	Excision of Hyperplastic Tissue - per Arch	\$195	
D7971	Excision of Pericoronal Gingiva	\$111	
D7972	Surgical Reduction of Fibrous Tuberosity	\$403	
D7979	Non-Surgical Sialolithotomy	\$99	
D7980	Surgical Sialolithotomy	\$197	
D8010	Limited Orthodontic Treatment of the Primary Dentition	\$408	
D8020	Limited Orthodontic Treatment of the Transitional Dentition	\$408	
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$408	
D8040	Limited Orthodontic Treatment of the Adult Dentition	\$408	
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$3646	
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$3892	
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$4087	
D8091	Comprehensive orthodontic treatment with orthognathic surgery	\$6364	
D8210	Removable Appliance Therapy	\$547	
D8220	Fixed Appliance Therapy	\$366	
D8660	Pre-Orthodontic Treatment Examination to Monitor Growth and Development	#	
D8670	Periodic Orthodontic Treatment Visit	#	
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	#	
D8680	Orthodontic Retention (Removal of Appliances, Construction & Placement of Retainer(s))	#	
D8681	Removable Orthodontic Retainer Adjustment	\$50	
D8696	Repair of orthodontic appliance – maxillary	\$130	
D8697	Repair of orthodontic appliance – mandibular	\$130	
D8698	Re-cement or re-bond fixed retainer – maxillary	\$80	
D8699	Re-cement or re-bond fixed retainer – mandibular	\$80	
D8701	Repair of fixed retainer, includes reattachment – maxillary	\$80	
D8702	Repair of fixed retainer, includes reattachment – mandibular	\$80	
D8703	Replacement of lost or broken retainer – maxillary	\$363	
D8704	Replacement of lost or broken retainer – mandibular	\$363	
D9110	Palliative Treatment of Dental Pain - per Visit	\$57	
D9120	Fixed Partial Denture Sectioning	\$58	
D9215	Local Anesthesia In Conjunction with Operative or Surgical Procedures	#	
D9219	Evaluation For Moderate Sedation, Deep Sedation or General Anesthesia	\$32	

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		DISCOUNT DENTAL,BASIC DENTAL,FAMILY PREVENTIVE AND AETNA ADVANTAGE™ DENTAL(if applicable)*	
		<b>This Information is Proprietary and Confidential .</b>	
Entity Name	<b>PDS Health CA GP Zip 917</b>		
TIN:	<b>**_***</b>		
ADA Code	Description	PPO Proposed Fee	
D9222	General Anesthesia - 1st 15 Minutes	\$151	
D9223	Deep Sedation/General Anesthesia, each Subsequent 15 Minute Increments	\$125	
D9230	Inhalation of Nitrous Oxide / Anxiolysis, Analysia	\$40	
D9239	IV Sedation/Anesthesia - 1st 15 Minutes	\$133	
D9243	IV Moderate (Conscious) Sedation/Analgesia, each Subsequent 15 Minute Increment	\$106	
D9248	Non-Intravenous Conscious Sedation	\$190	
D9310	Consultation (Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician)	\$74	
D9311	Consultation with a Medical Health Care Professional	\$74	
D9410	House/Extended Care Facility Call	\$74	
D9420	Hospital Call	\$188	
D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	\$45	
D9440	Office Visit - After Regularly Scheduled Hours	\$62	
D9450	Case Presentation, Subsequent to Detailed & Extensive Treatment Planning	#	
D9610	Therapeutic Drug Injection, by Report	\$40	
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	\$53	
D9613	Infiltration of Sustained Release Therapeutic Drug -, per Quadrant	\$215	
D9630	Drugs or Medicaments Dispensed in the Office for Home Use	\$35	
D9910	Application of Desensitizing Medicament	\$40	
D9911	Application of Desensitizing Resin for Cervical &/or Root Surface, per Tooth	\$25	
D9913	Administration of neuromodulators	\$46	
D9930	Treatment of Complications (Post-Surgical) - Unusual Circumstances, by Report	\$62	
D9932	Cleaning and Inspection of Removable Complete Denture, Maxillary	\$17	
D9933	Cleaning and Inspection of Removable Complete Denture, Mandibular	\$17	
D9934	Cleaning and Inspection of Removable Partial Denture, Maxillary	\$17	
D9935	Cleaning and Inspection of Removable Partial Denture, Mandibular	\$17	
D9941	Fabrication of Athletic Mouthguard	\$161	
D9942	Repair &/or Reline of Occlusal Guard	\$43	
D9943	Occlusal Guard Adjustment	\$47	
D9944	Occlusal Guard - Hard Appliance Full Arch	\$411	
D9945	Occlusal Guard - Soft Appliance Full Arch	\$357	
D9946	Occlusal Guard - Hard Appliance Partial Arch	\$222	
D9950	Occlusion Analysis - Mounted Case	\$146	
D9951	Occlusal Adjustment - Limited	\$69	
D9952	Occlusal Adjustment - Complete	\$270	
D9953	Reline Custom Sleep Apnea Appliance	\$212	
D9970	Enamel Microabrasion	\$50	
D9972	External Bleaching - per Arch, Performed in Office	\$334	
D9973	External Bleaching - per Tooth	\$38	
D9974	Internal Bleaching - per Tooth	\$175	
D9975	External Bleaching for Home Application, per Arch; Includes Materials and Fabrication of Custom Trays	\$334	

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Entity Name	<b>PDS Health CA GP Zip 917</b>		
TIN:	<b>**_***</b>		
ADA Code	Description	PPO Proposed Fee	
D9991	Dental Case Management Addressing Appointment compliance Barriers	#	
D9992	Dental Case management, Care Coordination	#	
D9993	Dental Case Management, Motivational Interviewing	#	
D9994	Dental Case Management, Patient Education to Improve Oral Health Literacy	#	
D9997	Dental Care Management, Patient with Special Health Care Needs	#	
<p>Except as specified otherwise, codes on this fee schedule refer to codes of the American Dental Association ('ADA'). Current Dental Terminology, © 2024 American Dental Association. All rights reserved.</p> <p>*Applies to PPO/PPO Fee Schedule Plans</p> <p># The charge for these services is included in the charge for associated services. Provider may not bill separately for these services.</p> <p>° ° Maximum fee listed denotes the case fee for orthodontic services. The case fee is the maximum fee for all diagnostic services through retention services.</p>			