

# Data Trends in Dentistry

## Dental Fees Results from the 2013 Survey of Dental Fees



ADA Center for  
Professional Success™

HPI Health Policy Institute  
ADA American Dental Association®

## 2013 Survey of Dental Fees

### Table of Contents

#### General Practitioners

National.....	3
New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont) .....	17
Middle Atlantic (New Jersey, New York, Pennsylvania) .....	24
East North Central (Illinois, Indiana, Michigan, Ohio, Wisconsin).....	34
West North Central (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota).....	46
South Atlantic (Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., West Virginia) .....	56
East South Central (Alabama, Kentucky, Mississippi, Tennessee) .....	67
West South Central (Arkansas, Louisiana, Oklahoma, Texas).....	76
Mountain (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming) .....	86
Pacific (Alaska, California, Hawaii, Oregon, Washington) .....	97

#### Specialists

Oral and Maxillofacial Surgeons .....	109
Endodontists .....	113
Orthodontists and Dentofacial Orthopedists .....	117
Pediatric Dentists.....	118
Periodontists .....	124
Prosthodontists .....	128

#### Appendix

Methodology .....	134
Glossary.....	136
Survey Instrument.....	138

**Important Note:** The survey data should not be interpreted as constituting a fee schedule in any way, and should not be used for that purpose. Dentists must establish their own fees based on their individual practice and market considerations. The American Dental Association discourages dentists from engaging in any unlawful concerted activity regarding fees or otherwise.

**2013 Survey of Dental Fees**  
**General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D0120	Periodic oral evaluation — established patient	45.61	11.90	32	39	45	51	54	57	60	67		1,235
D0140	Limited oral evaluation - problem focused	64.41	18.35	42	52	65	75	78	81	86	95		1,209
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	52.87	18.40	30	40	50	64	67	71	77	83		598
D0150	Comprehensive oral evaluation - new or established patient	72.92	20.60	49	60	74	85	88	92	97	105		1,218
D0160	Detailed and extensive oral evaluation - problem focused, by report	103.81	54.33	45	63	96	143	150	160	171	198		782
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	51.48	27.17	0	39	54	69	72	76	82	91		795
D0180	Comprehensive periodontal evaluation - new or established patient	80.51	25.45	50	62	79	95	99	103	111	125		815
D0190	Screening of a patient	48.18	21.33	22	35	47	60	65	75	79	85		87
D0191	Assessment of a patient	50.48	21.43	25	35	50	60	70	75	81	95		83
D0210	Intraoral - complete series of radiographic images	123.70	24.54	95	106	122	140	144	149	154	168		1,147
D0220	Intraoral - periapical first radiographic image	26.59	7.05	18	22	26	30	31	32	35	40		1,227
D0230	Intraoral - periapical each additional radiographic image	21.29	6.24	13	18	21	25	26	27	29	30		1,213
D0272	Bitewings - two radiographic images	42.00	9.22	30	36	41	47	48	50	54	60		1,173
D0273	Bitewings - three radiographic images	51.12	11.26	38	44	50	58	60	62	66	71		683
D0274	Bitewings - four radiographic images	59.67	12.32	45	51	59	66	69	72	75	83		1,166
D0277	Vertical bitewings - 7 to 8 radiographic images	92.65	24.86	61	75	90	105	111	120	125	138		541
D0330	Panoramic radiographic image	104.65	19.78	80	92	102	116	120	125	130	142		954
D0350	Oral/facial photographic images	42.66	34.52	0	0	45	69	73	78	85	98		510

**2013 Survey of Dental Fees**  
**General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D0363	Cone beam — 3D image reconstruction using existing data, includes multiple images	331.24	109.82	180	275	350	400	410	432	450	505		80
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	98.48	63.90	25	40	90	150	155	165	178	224		42
D0418	Analysis of saliva sample	114.23	39.73	65	95	124	150	150	151	160	180		36
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	56.18	25.38	22	40	59	69	72	75	76	95		167
D0470	Diagnostic casts	94.07	32.07	55	72	91	112	118	125	135	150		885
D1110	Prophylaxis - adult	85.38	18.31	65	74	84	95	98	103	109	120		1,236
D1120	Prophylaxis - child	63.08	14.10	46	54	62	70	74	77	81	90		1,211
D1206	Topical fluoride varnish	35.86	11.03	23	29	35	42	45	46	50	55		889
D1208	Topical application of fluoride	33.71	8.98	23	28	34	40	40	42	45	50		899
D1320	Tobacco counseling for the control and prevention of oral disease	30.70	33.52	0	0	25	55	63	73	80	90		385
D1330	Oral hygiene instructions	24.07	24.78	0	0	23	45	49	52	56	65		647
D1351	Sealant - per tooth	49.31	11.15	35	42	48	55	57	60	64	70		1,144
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	87.78	41.67	45	56	80	105	116	127	150	170		309
D1510	Space maintainer - fixed - unilateral	290.44	62.55	215	250	288	325	339	350	367	398		796
D1515	Space maintainer - fixed - bilateral	387.57	91.71	272	325	386	442	454	472	500	552		750
D2140	Amalgam - one surface, primary or permanent	125.29	32.43	86	102	122	144	150	155	166	185		1,005
D2150	Amalgam - two surfaces, primary or permanent	155.11	39.56	105	127	151	178	185	192	207	225		1,001
D2160	Amalgam - three surfaces, primary or permanent	186.24	49.01	125	150	183	215	222	232	250	278		996
D2161	Amalgam - four or more surfaces, primary or permanent	220.72	59.54	148	180	217	254	265	278	296	326		980
D2330	Resin-based composite - one surface, anterior	148.77	35.36	108	125	145	167	175	180	190	215		1,201

**2013 Survey of Dental Fees**  
**General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2331	Resin-based composite - two surfaces, anterior	182.30	43.83	130	152	180	205	214	224	236	260	1,208
D2332	Resin-based composite - three surfaces, anterior	218.73	54.65	150	180	215	250	258	272	288	321	1,211
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	267.00	69.29	181	220	265	304	316	330	350	395	1,199
D2390	Resin-based composite crown, anterior	362.53	140.44	191	265	350	443	462	492	525	606	588
D2391	Resin-based composite - one surface, posterior	162.97	37.84	120	139	160	181	189	195	209	235	1,179
D2392	Resin-based composite - two surfaces, posterior	208.81	50.94	150	175	205	235	245	255	271	301	1,186
D2393	Resin-based composite - three surfaces, posterior	253.22	61.89	175	210	250	290	300	315	328	362	1,181
D2394	Resin-based composite - four or more surfaces, posterior	298.47	73.66	200	249	297	342	352	370	390	436	1,140
D2520	Inlay - metallic - two surfaces	802.57	221.11	536	638	793	934	980	1,025	1,092	1,213	561
D2543	Onlay - metallic - three surfaces	933.51	207.71	675	790	925	1,052	1,093	1,150	1,206	1,300	566
D2620	Inlay - porcelain/ceramic - two surfaces	873.52	215.53	600	725	874	992	1,019	1,075	1,148	1,250	587
D2642	Onlay - porcelain/ceramic - two surfaces	938.40	211.86	652	800	936	1,050	1,100	1,136	1,200	1,300	593
D2643	Onlay - porcelain/ceramic - three surfaces	983.96	201.34	720	850	980	1,100	1,137	1,175	1,225	1,310	612
D2644	Onlay - porcelain/ceramic - four or more surfaces	1,017.43	200.87	760	900	1,000	1,148	1,177	1,204	1,250	1,393	633
D2651	Inlay - resin-based composite - two surfaces	775.18	237.23	473	600	768	910	950	985	1,075	1,200	409
D2662	Onlay - resin-based composite - two surfaces	823.52	240.03	510	650	831	977	1,000	1,061	1,113	1,220	391
D2663	Onlay - resin-based composite - three surfaces	857.78	224.46	562	689	864	996	1,047	1,080	1,140	1,246	396
D2664	Onlay - resin-based composite - four or more surfaces	898.45	227.33	600	743	900	1,041	1,075	1,114	1,200	1,275	410
D2710	Crown, resin-based composite (indirect)	685.84	294.01	309	442	681	885	930	994	1,075	1,190	491

**2013 Survey of Dental Fees**  
**General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2740	Crown - porcelain/ceramic substrate	1,070.31	197.20	849	941	1,045	1,195	1,221	1,270	1,309	1,442	1,076
D2750	Crown - porcelain fused to high noble metal	1,049.56	190.39	832	922	1,017	1,152	1,200	1,250	1,295	1,395	1,114
D2751	Crown - porcelain fused to predominantly base metal	962.25	166.50	760	850	945	1,050	1,099	1,138	1,200	1,278	700
D2752	Crown - porcelain fused to noble metal	1,002.56	176.61	799	885	980	1,100	1,148	1,195	1,250	1,313	863
D2780	Crown - 3/4 cast high noble metal	1,032.56	200.14	796	900	995	1,165	1,200	1,236	1,295	1,400	524
D2783	Crown - 3/4 porcelain/ceramic	1,041.77	194.14	800	914	1,010	1,160	1,200	1,234	1,295	1,393	466
D2790	Crown - full cast high noble metal	1,069.39	200.15	842	935	1,036	1,200	1,225	1,269	1,325	1,450	1,040
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	312.85	168.85	70	200	325	418	448	474	502	591	646
D2920	Recement crown	96.32	26.75	64	80	95	110	115	120	130	147	1,166
D2929	Prefabricated porcelain/ceramic crown – primary tooth	270.21	117.68	125	185	257	350	350	365	400	515	94
D2930	Prefabricated stainless steel crown - primary tooth	249.10	63.47	175	205	250	280	294	303	328	370	795
D2931	Prefabricated stainless steel crown - permanent tooth	291.89	81.61	193	240	288	331	345	360	399	450	708
D2940	Protective restoration	104.40	31.81	69	85	100	120	125	132	145	165	836
D2950	Core buildup, including any pins	243.10	56.61	171	200	247	275	285	297	310	345	1,145
D2952	Post and core in addition to crown; indirectly fabricated	358.38	95.04	245	295	350	410	425	447	474	525	912
D2954	Prefabricated post and core in addition to crown	299.81	68.75	210	251	300	340	350	361	385	425	1,095
D2961	Labial veneer (resin laminate) - laboratory	825.41	263.25	485	643	830	975	1,009	1,061	1,130	1,295	557
D2962	Labial veneer (porcelain laminate) - laboratory	1,050.16	223.29	787	900	1,010	1,190	1,217	1,275	1,334	1,458	1,020
D2970	Temporary crown (fractured tooth)	268.70	110.63	129	187	260	341	360	383	406	459	810
D2981	Inlay repair necessitated by restorative material failure	219.28	92.52	120	145	195	298	300	312	337	400	79

**2013 Survey of Dental Fees**  
**General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2982	Onlay repair necessitated by restorative material failure	224.20	91.22	125	150	200	299	300	320	350	400	81
D2983	Veneer repair necessitated by restorative material failure	223.08	99.27	114	148	195	300	312	338	360	420	103
D2990	Resin infiltration of incipient smooth surface lesions	143.06	92.20	50	74	125	185	198	225	250	337	67
D3110	Pulp cap - direct (excluding final restoration)	72.95	26.43	43	56	71	85	90	95	100	125	859
D3120	Pulp cap - indirect (excluding final restoration)	70.87	27.74	40	51	68	85	90	95	101	125	782
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	168.75	54.64	100	135	166	200	207	220	232	263	1,002
D3221	Pulpal debridement, primary and permanent teeth	175.47	67.15	95	135	175	214	225	240	254	282	716
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	204.50	95.02	100	131	180	250	280	298	340	398	148
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	214.61	82.26	118	155	204	265	275	292	308	348	443
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	236.57	94.63	113	166	235	300	305	324	350	394	450
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	682.75	138.68	511	587	675	751	785	810	864	945	1,071
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	795.21	151.21	610	699	785	881	900	940	990	1,062	1,069
D3330	Endodontic therapy, molar (excluding final restoration)	964.72	170.13	768	850	950	1,061	1,098	1,125	1,188	1,274	1,033
D3331	Treatment of root canal obstruction; non-surgical access	400.70	244.23	130	200	361	510	559	616	672	850	172

**2013 Survey of Dental Fees**  
**General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	304.11	189.81	0	176	322	425	450	467	505	604	386
D3346	Retreatment of previous root canal therapy - anterior	774.15	182.32	550	650	762	875	903	946	1,020	1,118	597
D3347	Retreatment of previous root canal therapy - bicuspid	887.81	198.08	650	750	881	1,000	1,025	1,068	1,140	1,251	580
D3348	Retreatment of previous root canal therapy - molar	1,053.76	220.12	788	900	1,045	1,180	1,207	1,260	1,350	1,445	575
D3351	Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp spa	285.14	112.65	130	200	299	355	369	388	411	475	356
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	196.11	84.78	96	135	189	250	259	274	290	366	306
D3353	Apexification/recalcification/pulpal regeneration - final visit (includes completed root canal therapy)	413.55	196.97	132	275	421	538	565	593	655	729	294
D3354	Pulpal regeneration - (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final res	250.80	130.90	96	128	265	318	409	432	440	448	35
D3410	Apicoectomy/periradicular surgery - anterior	613.76	216.26	339	465	600	730	777	810	880	962	416
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	668.60	225.67	382	500	670	795	834	895	946	1,050	314
D3425	Apicoectomy/periradicular surgery - molar (first root)	738.10	244.69	419	543	750	888	932	995	1,045	1,190	274
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	515.44	170.41	275	400	514	625	650	684	726	806	697

**2013 Survey of Dental Fees**  
**General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	250.51	106.59	125	180	243	300	325	351	399	455		768
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	204.13	111.57	70	125	189	267	285	312	350	425		179
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	607.49	217.70	333	450	615	749	779	810	888	950		514
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	465.84	207.50	200	300	458	604	628	659	712	835		417
D4249	Clinical crown lengthening - hard tissue	638.08	226.33	349	479	648	778	808	832	902	1,009		585
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	937.35	313.73	542	727	924	1,135	1,190	1,217	1,288	1,484		423
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	668.65	260.09	340	467	660	845	877	916	979	1,085		335
D4263	Bone replacement graft - first site in quadrant	498.17	200.02	256	350	475	650	684	710	767	840		379
D4264	Bone replacement graft — each additional site in quadrant	365.44	165.93	165	238	345	495	510	540	580	666		295
D4266	Guided tissue regeneration — resorbable barrier, per site	531.09	258.02	210	306	482	761	788	825	862	985		250
D4267	Guided tissue regeneration — nonresorbable barrier, per site (includes membrane removal)	653.02	311.08	263	400	650	900	945	977	1,010	1,155		200
D4273	Subepithelial connective tissue graft procedures, per tooth	932.23	283.51	569	745	943	1,100	1,124	1,199	1,272	1,535		191
D4275	Soft tissue allograft	854.58	283.19	531	654	848	972	1,010	1,100	1,213	1,400		123

**2013 Survey of Dental Fees**  
**General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	747.51	232.35	410	525	784	919	991	995	1,000	1,200	55
D4321	Provisional splinting - extracoronal	353.77	150.18	150	261	359	450	467	496	520	600	634
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	232.45	47.96	175	200	230	258	267	278	295	312	1,092
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	161.75	44.06	105	133	159	186	195	202	217	245	991
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	157.32	43.75	100	127	155	184	190	200	209	237	1,055
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	80.86	50.66	35	42	63	109	129	144	157	178	765
D4910	Periodontal maintenance	127.97	28.03	92	108	126	145	150	155	165	176	1,058
D5110	Complete denture - maxillary	1,468.82	384.95	998	1,200	1,450	1,692	1,760	1,836	1,950	2,133	1,179
D5120	Complete denture - mandibular	1,472.96	390.93	1,000	1,200	1,450	1,700	1,761	1,837	1,955	2,158	1,179
D5130	Immediate denture - maxillary	1,559.31	411.55	1,050	1,275	1,530	1,800	1,850	1,950	2,041	2,285	1,139
D5140	Immediate denture - mandibular	1,560.70	414.79	1,050	1,275	1,528	1,800	1,852	1,950	2,041	2,300	1,139
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	1,111.42	393.70	640	850	1,061	1,350	1,400	1,500	1,606	1,876	1,054
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	1,120.39	393.71	650	850	1,076	1,350	1,415	1,500	1,626	1,876	1,053
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,547.22	383.31	1,050	1,297	1,520	1,779	1,839	1,900	2,000	2,223	1,158
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,552.66	388.21	1,050	1,298	1,523	1,785	1,850	1,902	2,000	2,242	1,160
D5225	Maxillary partial denture - flexible base (including any clasps, rests, and teeth)	1,340.29	368.10	888	1,071	1,341	1,552	1,600	1,680	1,800	2,000	729

**2013 Survey of Dental Fees**  
**General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,341.99	372.68	890	1,065	1,348	1,565	1,600	1,695	1,827	2,000		724
D5510	Repair broken complete denture base	188.41	63.79	111	149	183	221	234	250	270	300		1,023
D5520	Replace missing or broken teeth - complete denture (each tooth)	162.56	51.30	100	125	160	191	200	209	225	260		1,051
D5610	Repair resin denture base	181.08	55.81	110	149	177	210	220	233	250	282		997
D5640	Replace broken teeth - per tooth	161.97	51.06	95	125	160	189	199	209	225	259		1,052
D5650	Add tooth to existing partial denture	194.97	56.17	125	155	191	225	239	250	266	295		1,068
D5660	Add clasp to existing partial denture	232.30	70.16	145	180	230	275	288	300	317	355		1,013
D5710	Rebase complete maxillary denture	499.10	138.73	323	400	495	585	600	631	670	737		783
D5730	Reline complete maxillary denture (chairside)	303.03	107.87	175	238	301	369	383	400	424	475		964
D5731	Reline complete mandibular denture (chairside)	299.87	106.34	175	234	300	365	378	397	420	465		955
D5750	Reline complete maxillary denture (laboratory)	407.26	108.08	275	345	410	473	485	500	529	585		1,134
D5751	Reline complete mandibular denture (laboratory)	408.24	108.40	275	349	410	473	487	500	535	586		1,126
D6010	Surgical placement of implant body: endosteal implant	1,787.97	376.92	1,275	1,540	1,800	2,000	2,021	2,150	2,225	2,500		404
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1,466.15	429.21	850	1,200	1,500	1,750	1,800	1,850	2,100	2,206		61
D6051	Interim abutment	475.59	228.53	250	350	414	650	675	700	795	800		43
D6053	Implant/abutment supported removable denture for completely edentulous arch	2,235.28	963.12	1,100	1,603	2,185	2,786	2,939	3,175	3,400	4,000		432
D6055	Connecting bar - implant supported or abutment supported	2,014.72	1,297.99	524	853	1,800	2,812	3,000	3,200	3,613	4,500		409
D6056	Prefabricated abutment — includes modification and placement	629.86	219.02	385	475	600	762	800	850	900	1,000		712
D6057	Custom fabricated abutment - includes placement	776.51	240.09	487	600	760	925	970	1,000	1,061	1,200		776

**2013 Survey of Dental Fees**  
**General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,291.87	307.41	924	1,060	1,258	1,475	1,519	1,597	1,700	1,850		835
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,355.57	353.15	931	1,100	1,300	1,553	1,620	1,716	1,821	2,015		710
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,296.67	303.22	936	1,087	1,270	1,470	1,500	1,600	1,692	1,850		508
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,358.14	367.36	905	1,100	1,320	1,600	1,656	1,758	1,850	2,000		349
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	170.95	124.47	0	77	155	262	285	300	329	375		442
D6104	Bone graft at time of implant placement	461.16	227.99	200	270	420	600	650	699	785	945		74
D6205	Pontic - indirect resin based composite	858.30	278.78	500	700	876	1,006	1,075	1,124	1,200	1,300		156
D6210	Pontic - cast high noble metal	1,032.94	200.25	800	900	1,000	1,150	1,196	1,234	1,295	1,400		887
D6240	Pontic - porcelain fused to high noble metal	1,029.80	192.85	800	900	998	1,150	1,195	1,224	1,282	1,370		1,064
D6241	Pontic - porcelain fused to predominantly base metal	955.85	191.65	740	822	944	1,053	1,100	1,144	1,200	1,295		678
D6245	Pontic - porcelain/ceramic	1,052.96	195.33	830	920	1,025	1,170	1,200	1,250	1,295	1,400		806
D6253	Provisional pontic — further treatment or completion of diagnosis necessary prior to final impression	450.66	262.86	150	240	400	650	689	756	804	932		320
D6545	Retainer - cast metal for resin bonded fixed prosthesis	626.65	298.38	294	405	575	812	885	935	1,002	1,146		653
D6710	Crown - indirect resin based composite	875.34	308.57	450	700	899	1,032	1,075	1,127	1,167	1,310		161
D6750	Crown - porcelain fused to high noble metal	1,049.78	191.57	834	924	1,009	1,159	1,200	1,248	1,300	1,394		1,041
D6751	Crown - porcelain fused to predominantly base metal	957.75	184.08	750	832	942	1,050	1,100	1,150	1,200	1,300		638
D6790	Crown - full cast high noble metal	1,046.04	195.52	812	910	1,007	1,167	1,200	1,250	1,300	1,400		936

**2013 Survey of Dental Fees**  
**General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	428.89	255.57	150	230	385	550	600	681	800	987	310
D6930	Recement fixed partial denture	142.06	42.65	88	112	143	165	175	180	196	214	996
D7111	Extraction, coronal remnants - deciduous tooth	112.06	36.99	69	85	110	132	137	146	155	178	900
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	156.39	42.82	105	125	150	179	187	195	210	236	1,181
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap	253.35	58.54	180	215	250	285	295	305	330	350	1,039
D7220	Removal of impacted tooth - soft tissue	290.48	68.00	201	245	288	330	344	355	375	407	777
D7230	Removal of impacted tooth - partially bony	363.30	84.85	255	300	358	411	425	445	470	517	690
D7240	Removal of impacted tooth - completely bony	432.69	103.11	300	360	426	492	514	542	575	610	551
D7250	Surgical removal of residual tooth roots (cutting procedure)	264.82	75.25	173	210	265	302	320	336	360	400	757
D7251	Coronectomy - intentional partial tooth removal	328.79	157.34	145	232	300	421	431	454	489	600	63
D7286	Biopsy of oral tissue - soft	263.54	95.92	144	191	258	325	347	363	394	425	520
D7287	Exfoliative cytological sample collection	162.99	59.17	95	120	156	194	200	210	240	258	123
D7288	Brush biopsy - transepithelial sample collection	161.12	62.34	85	120	155	200	206	220	244	278	265
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	257.02	84.93	150	200	250	303	316	328	360	400	600
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	345.75	140.29	175	239	342	421	450	475	509	599	541
D7410	Excision of benign lesion up to 1.25 cm	313.47	142.25	150	220	300	383	410	435	500	578	347
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	456.74	303.90	140	235	363	623	677	744	790	1,082	73

**2013 Survey of Dental Fees**  
**General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	390.87	216.73	163	237	328	507	571	600	684	800	174
D7880	Occlusal orthotic device, by report	680.86	309.71	325	471	625	894	940	995	1,100	1,208	414
D7910	Suture of recent small wounds up to 5 cm	220.93	111.91	83	130	220	295	304	312	346	408	316
D7953	Bone replacement graft for ridge preservation – per site	422.61	184.37	222	298	392	500	549	600	685	775	245
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another	368.21	124.04	203	275	375	447	458	488	505	585	563
D7970	Excision of hyperplastic tissue - per arch	370.86	158.28	165	250	379	480	511	538	575	630	393
D8020	Limited orthodontic treatment of the transitional dentition	1,937.80	1,050.30	506	1,029	2,004	2,533	2,794	3,046	3,407	3,835	161
D8030	Limited orthodontic treatment of the adolescent dentition	2,361.24	1,231.74	650	1,430	2,455	3,257	3,500	3,600	3,900	4,300	186
D8040	Limited orthodontic treatment of the adult dentition	2,711.97	1,331.42	935	1,622	2,813	3,580	3,790	4,000	4,300	4,871	275
D8050	Interceptive orthodontic treatment of the primary dentition	2,108.33	1,121.16	800	1,200	2,200	2,709	2,995	3,203	3,500	4,000	134
D8060	Interceptive orthodontic treatment of the transitional dentition	2,109.93	1,258.77	500	1,100	2,145	2,875	3,000	3,224	3,600	4,000	162
D8070	Comprehensive orthodontic treatment of the transitional dentition	4,766.01	1,029.09	3,500	4,000	4,800	5,413	5,518	5,775	6,000	6,286	146
D8080	Comprehensive orthodontic treatment of the adolescent dentition	4,937.86	898.11	3,767	4,344	4,950	5,405	5,500	5,717	5,900	6,500	222
D8090	Comprehensive orthodontic treatment of the adult dentition	5,130.28	836.75	4,150	4,500	5,035	5,511	5,670	5,900	6,064	6,365	321
D8670	Periodic orthodontic treatment visit (as part of contract)	241.73	217.58	75	125	200	260	269	313	345	587	64
D8690	Orthodontic treatment (alternative billing to a contract fee)	272.86	106.75	163	218	258	299	328	347	384	542	38
D8692	Replacement of lost or broken retainer	255.06	114.02	110	158	250	330	350	360	400	489	323
D9110	Palliative (emergency) treatment of dental pain - minor procedure	110.68	43.98	58	81	106	132	142	150	165	198	1,094

**2013 Survey of Dental Fees**  
**General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9120	Fixed partial denture sectioning	144.90	73.75	65	90	125	191	205	233	250	279	491
D9215	Local anesthesia in conjunction with operative or surgical procedures	29.93	28.29	0	0	28	50	56	60	66	79	405
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	52.77	28.05	10	35	52	72	75	78	85	99	703
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	323.88	110.98	175	242	325	398	407	432	483	500	106
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	68.30	74.06	0	0	56	131	147	152	161	185	163
D9248	Non-intravenous conscious sedation	176.87	155.68	0	0	180	304	325	350	375	405	226
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	83.97	52.54	0	50	84	110	120	131	150	174	646
D9410	House/extended care facility call	172.88	87.16	69	100	160	225	235	250	290	340	275
D9420	Hospital or ambulatory surgical center call	209.50	111.61	88	117	190	280	300	320	350	408	242
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	57.07	31.88	0	40	60	75	79	83	94	103	627
D9440	Office visit - after regularly scheduled hours	139.35	51.89	75	100	137	171	180	192	200	235	781
D9450	Case presentation, detailed and extensive treatment planning	128.50	82.53	50	75	119	150	160	180	250	300	184
D9610	Therapeutic parenteral drug, single administration	48.37	43.37	0	0	43	82	88	97	104	120	251
D9630	Other drugs and/or medicaments, by report	27.43	20.25	0	15	25	39	44	48	54	66	426
D9910	Application of desensitizing medicament	48.35	20.83	25	35	47	60	62	67	75	87	819
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	53.49	32.00	12	33	50	72	76	84	94	110	546
D9920	Behavior management, by report	94.69	54.27	35	50	83	138	147	153	160	184	200

**2013 Survey of Dental Fees**  
**General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	102.06	41.43	50	73	100	125	132	145	155	172	338
D9940	Occlusal guard, by report	477.22	156.35	275	375	475	575	600	630	678	750	1,091
D9941	Fabrication of athletic mouthguard	197.31	118.17	65	109	180	250	275	300	360	450	796
D9951	Occlusal adjustment - limited	132.21	64.68	50	84	126	174	182	197	211	250	814
D9952	Occlusal adjustment - complete	485.71	246.02	162	295	495	646	682	736	795	895	702
D9972	External bleaching - per arch - performed in office	275.55	128.71	150	185	250	345	362	400	469	540	621
D9974	Internal bleaching - per tooth	227.26	87.89	102	175	225	280	295	303	325	373	689
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	236.66	110.01	100	150	210	300	345	350	395	450	649

**2013 Survey of Dental Fees**  
**General Practitioners - New England Division**  
**(Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	47.88	10.63	35	40	45	55	56	59	61	71	78
D0140	Limited oral evaluation - problem focused	77.42	17.54	55	67	75	87	90	93	100	110	76
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	60.43	23.63	35	45	55	72	77	84	98	110	35
D0150	Comprehensive oral evaluation - new or established patient	85.64	19.44	65	75	86	98	99	100	103	120	75
D0160	Detailed and extensive oral evaluation - problem focused, by report	119.78	57.54	50	85	113	163	168	183	197	206	46
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	54.38	29.56	0	44	57	70	74	79	85	90	45
D0180	Comprehensive periodontal evaluation - new or established patient	87.91	24.99	55	70	85	105	111	115	120	126	53
D0210	Intraoral - complete series of radiographic images	141.93	21.73	119	125	140	154	160	162	165	190	75
D0220	Intraoral - periapical first radiographic image	31.00	5.83	25	27	30	33	35	35	37	44	77
D0230	Intraoral - periapical each additional radiographic image	25.08	5.91	18	22	25	28	28	30	33	38	76
D0272	Bitewings - two radiographic images	47.86	8.71	38	42	48	52	53	57	60	65	74
D0273	Bitewings - three radiographic images	55.53	8.53	44	48	57	62	64	65	65	67	38
D0274	Bitewings - four radiographic images	67.63	12.54	52	60	67	74	76	77	85	90	78
D0330	Panoramic radiographic image	125.15	18.45	100	115	125	136	138	145	150	150	48
D0470	Diagnostic casts	110.61	33.02	70	90	105	127	134	135	142	200	46
D1110	Prophylaxis - adult	96.73	13.00	82	88	95	104	105	109	110	117	77
D1120	Prophylaxis - child	73.16	13.32	58	65	72	80	82	85	90	97	75
D1206	Topical fluoride varnish	40.15	11.96	23	34	41	47	48	50	55	60	59
D1208	Topical application of fluoride	38.54	8.88	25	34	40	45	45	47	48	55	59
D1330	Oral hygiene instructions	24.26	28.75	0	0	8	50	54	55	66	77	34
D1351	Sealant - per tooth	57.21	11.29	45	50	55	65	65	68	73	77	76

**2013 Survey of Dental Fees**  
**General Practitioners - New England Division**  
**(Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1510	Space maintainer - fixed - unilateral	347.51	70.41	275	305	343	375	390	400	463	500	45
D1515	Space maintainer - fixed - bilateral	475.73	119.44	325	400	450	558	567	575	616	750	37
D2140	Amalgam - one surface, primary or permanent	140.97	25.33	105	125	140	155	162	165	170	185	65
D2150	Amalgam - two surfaces, primary or permanent	178.53	32.95	131	160	175	199	210	215	224	225	64
D2160	Amalgam - three surfaces, primary or permanent	213.75	41.64	158	190	206	240	248	253	264	286	64
D2161	Amalgam - four or more surfaces, primary or permanent	254.24	51.18	194	220	245	291	300	308	320	327	63
D2330	Resin-based composite - one surface, anterior	161.10	29.41	129	143	160	176	180	190	195	215	77
D2331	Resin-based composite - two surfaces, anterior	201.29	38.40	160	178	198	225	227	236	250	285	78
D2332	Resin-based composite - three surfaces, anterior	246.60	52.20	185	215	239	278	285	298	305	365	78
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	309.19	73.83	228	260	300	345	360	387	425	475	77
D2390	Resin-based composite crown, anterior	435.50	134.32	242	326	442	530	550	592	610	630	36
D2391	Resin-based composite - one surface, posterior	175.04	34.75	132	155	175	195	200	205	219	244	78
D2392	Resin-based composite - two surfaces, posterior	231.50	48.62	175	205	225	250	269	290	298	316	78
D2393	Resin-based composite - three surfaces, posterior	283.70	60.62	216	247	278	320	325	350	369	396	77
D2394	Resin-based composite - four or more surfaces, posterior	339.85	72.91	259	297	331	383	397	405	425	496	75
D2543	Onlay - metallic - three surfaces	1,086.90	248.60	743	935	1,031	1,260	1,263	1,300	1,300	1,560	31
D2643	Onlay - porcelain/ceramic - three surfaces	1,091.09	247.23	800	950	1,028	1,245	1,250	1,282	1,300	1,710	33
D2644	Onlay - porcelain/ceramic - four or more surfaces	1,183.26	243.43	890	1,000	1,168	1,300	1,360	1,400	1,616	1,710	38
D2740	Crown - porcelain/ceramic substrate	1,275.45	198.31	1,005	1,150	1,269	1,350	1,400	1,500	1,560	1,710	69

**2013 Survey of Dental Fees**  
**General Practitioners - New England Division**  
**(Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2750	Crown - porcelain fused to high noble metal	1,259.94	182.08	1,050	1,132	1,250	1,340	1,395	1,440	1,525	1,616	72
D2751	Crown - porcelain fused to predominantly base metal	1,143.69	216.62	875	964	1,138	1,300	1,323	1,340	1,400	1,556	35
D2752	Crown - porcelain fused to noble metal	1,204.29	164.37	1,000	1,084	1,200	1,300	1,325	1,340	1,400	1,525	49
D2790	Crown - full cast high noble metal	1,277.02	221.66	1,011	1,138	1,255	1,350	1,400	1,467	1,560	1,822	58
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	415.64	125.01	288	325	429	496	500	521	548	650	42
D2920	Recement crown	111.83	22.99	85	94	110	125	125	140	145	150	76
D2930	Prefabricated stainless steel crown - primary tooth	293.82	74.93	200	250	300	325	350	375	410	436	38
D2940	Protective restoration	129.57	30.43	96	106	125	145	151	160	164	200	51
D2950	Core buildup, including any pins	293.66	56.78	210	260	299	325	330	350	364	390	70
D2952	Post and core in addition to crown; indirectly fabricated	414.36	89.37	304	350	401	475	482	500	530	616	53
D2954	Prefabricated post and core in addition to crown	355.09	66.25	268	313	350	389	398	420	444	460	70
D2961	Labial veneer (resin laminate) - laboratory	986.60	285.24	693	834	1,000	1,138	1,179	1,216	1,400	1,510	30
D2962	Labial veneer (porcelain laminate) - laboratory	1,179.37	223.71	928	1,017	1,162	1,300	1,340	1,370	1,500	1,580	60
D2970	Temporary crown (fractured tooth)	328.39	114.54	175	240	315	408	415	440	467	530	56
D3110	Pulp cap - direct (excluding final restoration)	79.44	19.93	60	65	79	90	93	99	107	111	52
D3120	Pulp cap - indirect (excluding final restoration)	80.44	26.13	52	61	82	92	95	97	100	115	43
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	203.10	52.99	136	175	197	228	249	255	276	298	59
D3221	Pulpal debridement, primary and permanent teeth	219.26	59.63	145	180	214	250	262	275	275	371	39

**2013 Survey of Dental Fees**  
**General Practitioners - New England Division**  
**(Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	829.03	131.95	639	739	823	923	929	968	989	1,033	60
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	958.03	152.80	750	849	960	1,050	1,065	1,096	1,144	1,200	63
D3330	Endodontic therapy, molar (excluding final restoration)	1,163.60	159.55	950	1,050	1,180	1,250	1,295	1,305	1,375	1,434	58
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	666.51	174.78	460	513	675	800	815	874	904	950	35
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	299.90	89.13	202	250	288	350	370	399	413	456	41
D4249	Clinical crown lengthening - hard tissue	894.00	268.78	581	741	808	1,025	1,136	1,178	1,230	1,520	35
D4321	Provisional splinting - extracoronal	410.95	184.14	157	300	395	500	529	550	605	868	37
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	256.23	41.17	204	231	259	279	286	299	302	318	70
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	177.45	40.18	125	150	180	196	202	214	225	243	65
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	168.31	42.46	111	140	167	190	190	208	225	247	61
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	87.28	57.62	39	45	72	110	135	158	168	209	50
D4910	Periodontal maintenance	131.59	27.34	98	114	131	146	150	156	165	185	66
D5110	Complete denture - maxillary	1,666.16	408.69	1,139	1,416	1,676	1,910	1,999	2,005	2,183	2,300	70
D5120	Complete denture - mandibular	1,711.14	458.06	1,200	1,418	1,691	1,973	2,000	2,128	2,200	2,692	72
D5130	Immediate denture - maxillary	1,784.94	484.67	1,112	1,500	1,800	2,048	2,174	2,250	2,325	2,661	67
D5140	Immediate denture - mandibular	1,789.85	479.98	1,112	1,500	1,797	2,024	2,174	2,250	2,325	2,661	68
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	1,201.72	406.69	710	909	1,223	1,475	1,506	1,621	1,746	1,955	60

**2013 Survey of Dental Fees**  
**General Practitioners - New England Division**  
**(Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	1,216.70	417.15	720	900	1,250	1,500	1,512	1,600	1,766	1,967	63
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,761.14	463.43	1,225	1,465	1,696	2,000	2,122	2,200	2,325	2,805	71
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,759.75	462.48	1,225	1,468	1,680	2,000	2,122	2,200	2,325	2,863	72
D5225	Maxillary partial denture - flexible base (including any clasps, rests, and teeth)	1,537.29	372.19	1,100	1,295	1,506	1,680	1,793	1,900	1,910	2,522	38
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,542.61	380.02	1,000	1,295	1,522	1,703	1,793	1,850	1,910	2,522	38
D5510	Repair broken complete denture base	215.98	58.01	150	165	210	250	263	275	300	311	66
D5520	Replace missing or broken teeth - complete denture (each tooth)	192.75	49.44	137	150	185	225	240	250	257	280	69
D5610	Repair resin denture base	204.85	53.48	145	158	200	244	250	260	275	289	62
D5640	Replace broken teeth - per tooth	189.84	49.67	137	152	182	219	232	250	256	280	67
D5650	Add tooth to existing partial denture	219.05	49.93	150	184	220	259	260	275	276	282	66
D5660	Add clasp to existing partial denture	247.92	68.76	150	190	258	297	300	311	329	351	63
D5710	Rebase complete maxillary denture	542.82	153.83	346	423	562	601	675	721	737	814	44
D5730	Reline complete maxillary denture (chairside)	350.48	127.56	200	300	352	396	417	458	525	600	58
D5731	Reline complete mandibular denture (chairside)	355.86	123.61	200	302	355	391	400	458	525	600	56
D5750	Reline complete maxillary denture (laboratory)	479.28	132.86	315	399	457	549	595	600	686	737	68
D5751	Reline complete mandibular denture (laboratory)	478.38	132.81	315	399	456	549	595	600	686	737	68
D6056	Prefabricated abutment — includes modification and placement	717.13	210.48	475	522	710	808	869	900	1,000	1,094	55

**2013 Survey of Dental Fees**  
**General Practitioners - New England Division**  
**(Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6057	Custom fabricated abutment - includes placement	886.46	247.79	615	736	850	1,000	1,100	1,150	1,200	1,300	61
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,504.37	277.34	1,240	1,297	1,440	1,600	1,694	1,759	1,903	2,144	57
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,514.73	309.25	1,240	1,297	1,442	1,645	1,755	1,815	1,998	2,144	41
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,422.13	278.91	1,150	1,250	1,388	1,600	1,620	1,699	1,850	1,998	31
D6210	Pontic - cast high noble metal	1,235.57	208.77	975	1,100	1,205	1,340	1,350	1,466	1,500	1,636	47
D6240	Pontic - porcelain fused to high noble metal	1,248.62	198.15	1,047	1,130	1,234	1,340	1,350	1,450	1,560	1,636	63
D6241	Pontic - porcelain fused to predominantly base metal	1,101.42	219.22	850	975	1,053	1,242	1,260	1,300	1,500	1,500	38
D6245	Pontic - porcelain/ceramic	1,230.28	205.93	968	1,100	1,246	1,340	1,348	1,400	1,470	1,710	50
D6545	Retainer - cast metal for resin bonded fixed prosthesis	756.29	322.70	450	496	743	892	950	999	1,200	1,303	42
D6750	Crown - porcelain fused to high noble metal	1,258.26	192.74	1,041	1,129	1,240	1,346	1,398	1,450	1,560	1,635	65
D6751	Crown - porcelain fused to predominantly base metal	1,079.58	193.52	850	964	1,100	1,234	1,242	1,269	1,300	1,340	31
D6790	Crown - full cast high noble metal	1,281.81	205.14	1,060	1,115	1,269	1,350	1,400	1,500	1,595	1,710	47
D6930	Recement fixed partial denture	164.10	45.32	110	131	163	188	195	200	203	275	59
D7111	Extraction, coronal remnants - deciduous tooth	123.98	33.70	79	99	125	138	146	150	166	195	52
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	180.46	44.25	138	150	177	200	205	225	250	275	71
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap	309.44	58.77	235	272	304	350	350	370	375	405	52
D7220	Removal of impacted tooth - soft tissue	342.82	70.43	247	307	355	395	400	404	420	443	33

**2013 Survey of Dental Fees**  
**General Practitioners - New England Division**  
**(Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7250	Surgical removal of residual tooth roots (cutting procedure)	324.82	73.13	240	286	312	355	365	385	405	485	33
D9110	Palliative (emergency) treatment of dental pain - minor procedure	124.18	39.56	75	99	125	146	158	160	165	195	66
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	103.50	58.76	40	77	97	138	143	149	150	250	32
D9440	Office visit - after regularly scheduled hours	151.82	50.66	80	132	154	180	190	198	218	236	38
D9910	Application of desensitizing medicament	58.02	20.59	35	50	55	69	75	85	85	88	44
D9940	Occlusal guard, by report	526.23	141.31	371	450	500	600	608	685	700	800	66
D9941	Fabrication of athletic mouthguard	230.18	142.00	69	125	213	300	335	384	474	502	50
D9951	Occlusal adjustment - limited	160.53	61.17	90	125	150	189	194	214	231	310	40
D9952	Occlusal adjustment - complete	611.79	239.62	289	450	642	800	826	845	918	950	34
D9972	External bleaching - per arch - performed in office	320.79	126.40	199	250	295	360	375	401	475	650	34
D9974	Internal bleaching - per tooth	259.46	109.62	150	169	232	320	350	380	408	464	41
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	292.48	118.01	150	225	271	350	360	400	450	495	33

**2013 Survey of Dental Fees**  
**General Practitioners - Middle Atlantic Division**  
**(New Jersey, New York, Pennsylvania)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	46.44	14.93	29	39	45	54	60	60	65	75	153
D0140	Limited oral evaluation - problem focused	63.60	24.12	35	50	60	75	80	86	95	110	151
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	53.08	21.41	28	38	52	63	65	71	77	83	65
D0150	Comprehensive oral evaluation - new or established patient	72.03	24.57	45	55	71	87	90	95	100	110	152
D0160	Detailed and extensive oral evaluation - problem focused, by report	97.80	52.60	42	60	84	138	148	150	167	185	81
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	50.36	29.08	0	35	52	70	75	76	85	96	85
D0180	Comprehensive periodontal evaluation - new or established patient	83.17	30.58	50	60	80	97	101	119	125	150	92
D0210	Intraoral - complete series of radiographic images	123.13	27.44	88	100	125	140	150	150	158	175	138
D0220	Intraoral - periapical first radiographic image	24.60	8.10	15	20	25	30	30	30	35	39	156
D0230	Intraoral - periapical each additional radiographic image	19.82	7.23	10	15	20	25	26	27	29	30	152
D0272	Bitewings - two radiographic images	41.50	10.35	30	33	40	47	50	51	56	60	137
D0273	Bitewings - three radiographic images	49.96	12.98	35	40	48	59	60	61	69	75	79
D0274	Bitewings - four radiographic images	60.86	14.57	43	50	60	70	72	75	80	88	135
D0277	Vertical bitewings - 7 to 8 radiographic images	93.78	29.24	69	80	87	103	104	120	128	180	37
D0330	Panoramic radiographic image	105.08	20.73	80	90	100	119	120	125	130	150	93
D0350	Oral/facial photographic images	47.10	42.52	0	0	47	69	80	90	100	123	51
D0470	Diagnostic casts	88.42	31.05	50	70	85	100	105	115	120	148	91
D1110	Prophylaxis - adult	86.97	23.16	60	70	85	100	105	110	120	125	153
D1120	Prophylaxis - child	62.70	15.70	45	51	62	75	77	80	85	90	148
D1206	Topical fluoride varnish	37.18	13.24	24	25	35	45	47	50	57	64	94

**2013 Survey of Dental Fees**  
**General Practitioners - Middle Atlantic Division**  
**(New Jersey, New York, Pennsylvania)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1208	Topical application of fluoride	34.25	10.51	21	25	35	40	42	45	50	50	112
D1320	Tobacco counseling for the control and prevention of oral disease	20.57	32.05	0	0	0	30	43	50	66	93	30
D1330	Oral hygiene instructions	22.21	25.71	0	0	0	46	50	53	57	65	70
D1351	Sealant - per tooth	50.08	12.39	35	43	50	56	60	62	67	75	133
	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth											
D1352		84.75	46.48	30	50	79	97	101	150	150	185	36
D1510	Space maintainer - fixed - unilateral	297.51	74.40	220	250	298	320	332	375	426	450	74
D1515	Space maintainer - fixed - bilateral	408.70	101.12	291	344	410	456	500	500	538	575	63
	Amalgam - one surface, primary or permanent											
D2140		122.52	39.39	75	91	120	146	150	155	180	199	122
	Amalgam - two surfaces, primary or permanent											
D2150		152.37	49.08	95	115	150	177	186	200	220	252	122
	Amalgam - three surfaces, primary or permanent											
D2160		185.72	59.31	115	140	185	218	230	250	275	304	119
	Amalgam - four or more surfaces, primary or permanent											
D2161		223.12	77.18	135	165	214	259	278	300	325	375	117
	Resin-based composite - one surface, anterior											
D2330		145.66	42.55	95	115	140	171	175	185	191	225	143
	Resin-based composite - two surfaces, anterior											
D2331		177.46	53.12	115	140	175	205	216	230	250	275	146
	Resin-based composite - three surfaces, anterior											
D2332		216.25	68.36	135	160	211	252	275	285	310	350	146
	Resin-based composite - four or more surfaces or involving incisal angle (anterior)											
D2335		265.56	88.56	165	200	250	315	328	360	400	445	145
D2390	Resin-based composite crown, anterior	331.09	169.64	154	200	290	400	426	475	600	756	55
	Resin-based composite - one surface, posterior											
D2391		162.69	47.00	110	125	158	180	192	205	219	275	135
	Resin-based composite - two surfaces, posterior											
D2392		205.70	64.29	131	155	190	235	255	276	300	344	139
	Resin-based composite - three surfaces, posterior											
D2393		245.98	77.87	155	188	230	290	313	331	346	405	140

**2013 Survey of Dental Fees**  
**General Practitioners - Middle Atlantic Division**  
**(New Jersey, New York, Pennsylvania)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2394	Resin-based composite - four or more surfaces, posterior	295.30	91.53	185	220	288	343	365	398	439	469	132
D2520	Inlay - metallic - two surfaces	812.50	241.58	600	650	786	900	943	1,060	1,236	1,305	50
D2543	Onlay - metallic - three surfaces	920.02	224.29	675	781	917	1,023	1,050	1,095	1,225	1,390	54
D2620	Inlay - porcelain/ceramic - two surfaces	898.59	256.16	570	725	870	986	1,089	1,200	1,295	1,450	59
D2642	Onlay - porcelain/ceramic - two surfaces	934.58	248.20	650	750	901	1,095	1,135	1,247	1,300	1,350	66
D2643	Onlay - porcelain/ceramic - three surfaces	986.43	236.98	700	800	955	1,118	1,174	1,247	1,359	1,423	68
D2644	Onlay - porcelain/ceramic - four or more surfaces	1,007.25	242.06	700	840	990	1,148	1,174	1,225	1,400	1,450	76
D2651	Inlay - resin-based composite - two surfaces	817.78	271.76	510	630	788	935	985	1,095	1,200	1,433	49
D2662	Onlay - resin-based composite - two surfaces	893.95	273.96	525	719	867	1,000	1,095	1,200	1,200	1,300	43
D2663	Onlay - resin-based composite - three surfaces	882.98	222.60	575	739	900	985	1,000	1,095	1,200	1,295	42
D2664	Onlay - resin-based composite - four or more surfaces	943.49	240.78	600	770	960	1,041	1,100	1,200	1,399	1,400	49
D2710	Crown, resin-based composite (indirect)	756.73	347.78	300	500	775	935	999	1,100	1,200	1,295	45
D2740	Crown - porcelain/ceramic substrate	1,089.40	224.44	825	940	1,054	1,239	1,279	1,300	1,425	1,500	120
D2750	Crown - porcelain fused to high noble metal	1,073.97	208.72	825	931	1,039	1,214	1,275	1,295	1,340	1,495	132
D2751	Crown - porcelain fused to predominantly base metal	957.03	174.16	750	815	943	1,050	1,099	1,195	1,200	1,292	73
D2752	Crown - porcelain fused to noble metal	1,009.09	200.24	775	880	989	1,100	1,195	1,225	1,300	1,400	97
D2780	Crown - 3/4 cast high noble metal	1,023.42	178.88	792	900	1,030	1,100	1,135	1,200	1,255	1,425	38
D2783	Crown - 3/4 porcelain/ceramic	998.73	186.61	764	889	989	1,093	1,143	1,200	1,215	1,310	45
D2790	Crown - full cast high noble metal	1,106.79	219.11	861	950	1,095	1,250	1,287	1,350	1,400	1,519	103
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	300.89	190.00	13	186	300	420	450	475	504	591	70
D2920	Recement crown	96.94	32.43	56	75	95	113	120	127	142	160	147

**2013 Survey of Dental Fees**  
**General Practitioners - Middle Atlantic Division**  
**(New Jersey, New York, Pennsylvania)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2930	Prefabricated stainless steel crown - primary tooth	252.77	77.84	160	198	245	287	300	350	375	410	64
D2931	Prefabricated stainless steel crown - permanent tooth	294.26	91.69	193	235	281	333	346	363	438	500	50
D2940	Protective restoration	108.35	40.90	60	80	100	125	139	154	170	195	98
D2950	Core buildup, including any pins	243.19	71.94	150	189	238	283	300	325	350	375	129
D2952	Post and core in addition to crown; indirectly fabricated	372.73	122.80	220	290	350	427	450	490	525	615	101
D2954	Prefabricated post and core in addition to crown	313.64	83.18	200	260	300	350	385	400	429	475	129
D2961	Labial veneer (resin laminate) - laboratory	848.35	268.55	524	670	830	984	1,015	1,050	1,200	1,250	63
D2962	Labial veneer (porcelain laminate) - laboratory	1,063.34	244.12	800	918	1,025	1,200	1,240	1,260	1,334	1,555	111
D2970	Temporary crown (fractured tooth)	272.03	104.94	125	200	268	349	361	373	400	450	95
D3110	Pulp cap - direct (excluding final restoration)	79.18	33.12	45	55	75	94	100	110	125	158	87
D3120	Pulp cap - indirect (excluding final restoration)	77.51	35.03	45	50	74	91	95	100	141	158	77
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	171.35	66.30	90	125	161	205	220	240	261	295	110
D3221	Pulpal debridement, primary and permanent teeth	171.60	81.97	65	115	170	220	241	254	261	330	72
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	224.29	80.58	135	160	219	253	273	288	320	360	35
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	252.28	98.97	135	182	250	300	301	353	395	436	40
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	694.29	175.80	500	575	675	785	800	893	950	1,075	133

**2013 Survey of Dental Fees**  
**General Practitioners - Middle Atlantic Division**  
**(New Jersey, New York, Pennsylvania)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	816.07	190.13	600	675	800	900	950	996	1,095	1,220	134
D3330	Endodontic therapy, molar (excluding final restoration)	1,002.21	213.94	774	850	963	1,100	1,150	1,204	1,298	1,450	130
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	331.33	203.59	0	219	345	450	458	518	572	625	40
D3346	Retreatment of previous root canal therapy - anterior	776.70	200.93	580	630	762	845	880	915	1,100	1,175	66
D3347	Retreatment of previous root canal therapy - bicuspid	911.94	224.99	680	750	900	968	1,015	1,100	1,200	1,475	64
D3348	Retreatment of previous root canal therapy - molar	1,055.92	226.04	800	900	1,040	1,150	1,218	1,275	1,375	1,500	65
D3351	Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp spa	318.65	119.89	190	225	326	362	405	468	470	575	31
D3410	Apicoectomy/periradicular surgery - anterior	612.75	226.96	382	500	590	725	760	812	880	950	51
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	695.03	209.93	400	565	680	780	880	990	1,000	1,050	31
D3425	Apicoectomy/periradicular surgery - molar (first root)	741.57	251.77	400	550	749	860	882	1,000	1,098	1,250	30
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	522.16	178.05	251	400	525	627	650	698	750	826	77
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	267.52	106.86	134	200	260	324	350	389	400	485	84
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	589.50	258.06	308	375	575	716	788	824	900	1,100	50

**2013 Survey of Dental Fees**  
**General Practitioners - Middle Atlantic Division**  
**(New Jersey, New York, Pennsylvania)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	505.97	216.72	250	350	460	625	650	725	850	950	37
D4249	Clinical crown lengthening - hard tissue	657.48	234.84	350	520	650	755	800	835	900	1,100	54
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	988.64	387.81	450	781	958	1,244	1,275	1,324	1,500	1,650	44
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	710.10	338.62	350	395	666	1,000	1,025	1,050	1,085	1,238	31
D4263	Bone replacement graft - first site in quadrant	489.50	194.49	250	352	479	600	620	685	785	895	34
D4321	Provisional splinting - extracoronal	374.55	171.17	154	250	385	470	500	513	600	630	71
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	225.04	58.27	150	180	225	250	260	285	300	336	121
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	155.67	50.21	95	115	150	182	185	200	211	250	103
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	161.43	49.96	100	125	151	186	200	209	225	258	114
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	81.02	57.71	35	44	55	85	135	150	182	208	94
D4910	Periodontal maintenance	129.41	32.47	91	101	125	150	154	165	175	195	122
D5110	Complete denture - maxillary	1,462.63	456.14	915	1,100	1,438	1,725	1,800	1,850	1,960	2,500	150
D5120	Complete denture - mandibular	1,463.33	459.10	915	1,100	1,413	1,750	1,800	1,850	1,976	2,500	150
D5130	Immediate denture - maxillary	1,521.89	474.93	950	1,195	1,469	1,800	1,875	1,995	2,103	2,500	136
D5140	Immediate denture - mandibular	1,537.11	499.75	950	1,200	1,475	1,802	1,888	1,995	2,150	2,550	137
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	1,183.95	458.53	600	885	1,118	1,405	1,500	1,670	1,825	2,000	124

**2013 Survey of Dental Fees**  
**General Practitioners - Middle Atlantic Division**  
**(New Jersey, New York, Pennsylvania)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	1,191.48	454.01	625	885	1,167	1,453	1,500	1,650	1,825	2,000	128
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,506.38	412.14	950	1,200	1,500	1,797	1,850	1,904	2,000	2,320	141
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,506.04	414.31	950	1,200	1,500	1,797	1,850	1,904	2,000	2,320	141
D5225	Maxillary partial denture - flexible base (including any clasps, rests, and teeth)	1,367.77	437.18	875	1,000	1,334	1,538	1,750	1,850	1,961	2,190	88
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,366.98	438.79	875	998	1,334	1,538	1,750	1,850	1,961	2,201	88
D5510	Repair broken complete denture base	182.93	71.24	100	128	175	217	230	250	263	300	127
D5520	Replace missing or broken teeth - complete denture (each tooth)	152.36	57.15	85	110	150	185	200	209	225	250	132
D5610	Repair resin denture base	171.71	61.16	100	126	166	200	212	225	250	285	124
D5640	Replace broken teeth - per tooth	152.71	55.62	85	115	150	178	185	200	230	250	129
D5650	Add tooth to existing partial denture	184.44	63.01	105	145	175	217	225	237	270	318	127
D5660	Add clasp to existing partial denture	217.18	73.48	132	170	218	250	259	275	290	345	119
D5710	Rebase complete maxillary denture	439.16	129.93	260	350	426	525	555	575	600	650	75
D5730	Reline complete maxillary denture (chairside)	293.55	124.32	150	200	284	361	375	408	441	490	121
D5731	Reline complete mandibular denture (chairside)	287.21	124.76	150	200	275	350	375	409	428	550	118
D5750	Reline complete maxillary denture (laboratory)	383.31	125.80	225	300	385	460	470	497	510	595	131
D5751	Reline complete mandibular denture (laboratory)	385.25	125.59	223	300	391	462	473	497	512	595	130
D6010	Surgical placement of implant body: endosteal implant	1,799.27	388.39	1,200	1,600	1,800	2,000	2,000	2,162	2,400	2,595	37

**2013 Survey of Dental Fees**  
**General Practitioners - Middle Atlantic Division**  
**(New Jersey, New York, Pennsylvania)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6053	Implant/abutment supported removable denture for completely edentulous arch	2,146.33	1,032.55	800	1,489	2,000	2,700	2,900	3,325	3,500	3,800	43
D6055	Connecting bar - implant supported or abutment supported	2,090.75	1,247.64	680	1,000	1,550	3,112	3,244	3,494	3,750	4,297	36
D6056	Prefabricated abutment — includes modification and placement	682.43	232.60	450	500	659	800	835	880	968	1,100	72
D6057	Custom fabricated abutment - includes placement	803.09	250.12	550	600	775	950	980	1,000	1,050	1,247	99
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,315.22	395.13	885	1,000	1,249	1,538	1,610	1,795	1,950	2,124	96
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,379.59	429.66	900	1,000	1,310	1,695	1,775	1,895	2,015	2,200	75
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,286.23	392.38	860	1,000	1,200	1,500	1,600	1,795	1,895	2,124	47
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,480.10	422.26	963	1,185	1,386	1,850	1,938	2,015	2,071	2,200	30
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	164.94	145.18	0	75	140	237	263	292	300	445	35
D6210	Pontic - cast high noble metal	1,082.79	237.12	800	900	1,050	1,250	1,290	1,323	1,425	1,524	80
D6240	Pontic - porcelain fused to high noble metal	1,061.99	231.54	775	893	1,025	1,225	1,292	1,342	1,375	1,495	119
D6241	Pontic - porcelain fused to predominantly base metal	951.21	219.20	700	796	950	1,055	1,100	1,213	1,250	1,375	72
D6245	Pontic - porcelain/ceramic	1,069.58	209.39	800	906	1,023	1,208	1,249	1,290	1,363	1,498	80
D6253	Provisional pontic — further treatment or completion of diagnosis necessary prior to final impression	416.97	262.37	125	195	325	650	675	689	765	935	35
D6545	Retainer - cast metal for resin bonded fixed prosthesis	627.77	349.28	225	350	580	862	930	985	1,080	1,375	75

**2013 Survey of Dental Fees**  
**General Practitioners - Middle Atlantic Division**  
**(New Jersey, New York, Pennsylvania)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6750	Crown - porcelain fused to high noble metal	1,086.27	235.27	800	900	1,029	1,282	1,300	1,350	1,425	1,500	119
D6751	Crown - porcelain fused to predominantly base metal	966.97	226.74	725	800	950	1,099	1,174	1,247	1,350	1,390	71
D6790	Crown - full cast high noble metal	1,099.78	235.09	800	935	1,066	1,275	1,294	1,350	1,400	1,500	91
D6930	Recement fixed partial denture	145.20	49.66	84	115	144	175	185	198	200	250	117
D7111	Extraction, coronal remnants - deciduous tooth	128.63	49.74	70	92	125	150	161	176	200	238	97
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	168.87	58.06	100	125	165	200	211	235	250	285	141
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap	270.78	73.66	180	215	270	306	330	350	375	410	117
D7220	Removal of impacted tooth - soft tissue	298.26	80.45	196	245	303	350	350	380	400	432	66
D7230	Removal of impacted tooth - partially bony	374.45	103.36	225	299	375	450	450	485	525	568	56
D7240	Removal of impacted tooth - completely bony	461.73	114.98	310	400	464	550	575	600	608	615	41
D7250	Surgical removal of residual tooth roots (cutting procedure)	274.36	92.50	172	201	272	315	335	350	400	465	72
D7286	Biopsy of oral tissue - soft	248.28	106.75	118	150	242	313	350	375	400	425	46
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	247.98	104.73	135	156	220	310	338	390	415	440	55
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	326.67	158.31	140	184	342	420	440	500	510	623	45
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another	392.50	150.06	225	281	375	485	500	550	595	701	38
D7970	Excision of hyperplastic tissue - per arch	359.40	151.17	188	249	343	477	484	490	588	600	30
D8090	Comprehensive orthodontic treatment of the adult dentition	5,219.38	1,057.28	4,000	4,500	5,100	5,720	6,000	6,000	6,600	8,000	37

**2013 Survey of Dental Fees**  
**General Practitioners - Middle Atlantic Division**  
**(New Jersey, New York, Pennsylvania)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D8692	Replacement of lost or broken retainer	227.73	116.49	100	150	205	300	308	350	350	490	33
D9110	Palliative (emergency) treatment of dental pain - minor procedure	100.34	47.11	50	69	94	124	125	150	165	197	140
D9120	Fixed partial denture sectioning	145.02	82.86	65	80	130	185	200	215	275	329	54
D9215	Local anesthesia in conjunction with operative or surgical procedures	27.64	27.43	0	0	25	47	53	60	61	81	42
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	58.10	31.65	15	40	60	75	80	90	95	100	63
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	87.99	52.72	30	53	79	120	140	150	150	165	72
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	49.04	34.10	0	28	50	69	75	75	85	109	54
D9440	Office visit - after regularly scheduled hours	133.66	60.78	68	87	125	160	175	195	200	262	71
D9630	Other drugs and/or medicaments, by report	32.80	24.91	0	15	29	49	53	60	70	75	35
D9910	Application of desensitizing medicament	54.71	24.35	25	37	50	65	72	75	85	100	101
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	61.71	31.31	25	40	55	84	87	96	100	110	65
D9940	Occlusal guard, by report	447.01	178.46	225	315	420	558	600	625	695	785	129
D9941	Fabrication of athletic mouthguard	235.13	142.83	75	132	207	300	350	385	430	550	84
D9951	Occlusal adjustment - limited	129.95	73.22	50	75	120	175	185	205	250	250	83
D9952	Occlusal adjustment - complete	419.41	276.87	125	210	353	600	625	665	750	1,000	71
D9972	External bleaching - per arch - performed in office	299.59	138.27	155	200	250	380	400	450	490	600	83
D9974	Internal bleaching - per tooth	232.83	100.10	100	160	235	300	300	325	350	395	71
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	241.73	116.39	125	150	215	300	349	374	400	460	84

**2013 Survey of Dental Fees**  
**General Practitioners - East North Central Division**  
**(Illinois, Indiana, Michigan, Ohio, Wisconsin)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	43.99	8.45	33	40	45	49	50	50	53	57	234
D0140	Limited oral evaluation - problem focused	65.93	15.66	44	56	69	76	78	80	83	88	230
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	50.72	17.98	28	37	50	64	68	71	74	80	100
D0150	Comprehensive oral evaluation - new or established patient	73.38	18.39	50	64	74	84	85	89	93	102	229
D0160	Detailed and extensive oral evaluation - problem focused, by report	113.35	51.77	45	75	119	152	159	168	177	188	125
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	47.41	27.05	0	35	53	66	69	72	77	88	138
D0180	Comprehensive periodontal evaluation - new or established patient	81.07	25.38	47	66	80	93	96	100	110	132	147
D0210	Intraoral - complete series of radiographic images	122.56	24.22	93	106	121	137	142	147	153	168	224
D0220	Intraoral - periapical first radiographic image	25.85	5.83	18	23	26	30	30	31	32	35	232
D0230	Intraoral - periapical each additional radiographic image	21.11	5.51	13	18	21	25	26	26	28	29	229
D0272	Bitewings - two radiographic images	40.31	7.61	30	35	41	45	46	47	50	52	224
D0273	Bitewings - three radiographic images	48.26	9.37	35	44	49	54	55	57	60	65	125
D0274	Bitewings - four radiographic images	57.61	10.20	46	51	58	63	65	66	70	75	218
D0277	Vertical bitewings - 7 to 8 radiographic images	85.34	18.89	55	75	90	98	100	102	107	110	86
D0330	Panoramic radiographic image	108.17	17.19	88	98	108	118	119	122	129	140	177
D0350	Oral/facial photographic images	48.45	34.03	0	15	57	75	77	80	85	100	94
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	47.75	20.13	19	29	53	65	65	67	72	75	32
D0470	Diagnostic casts	98.18	31.03	57	80	98	114	120	127	136	153	176
D1110	Prophylaxis - adult	79.37	13.52	65	72	79	85	88	90	95	105	235

**2013 Survey of Dental Fees**  
**General Practitioners - East North Central Division**  
**(Illinois, Indiana, Michigan, Ohio, Wisconsin)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1120	Prophylaxis - child	58.99	10.73	45	52	59	65	67	69	71	78	232
D1206	Topical fluoride varnish	35.26	8.95	25	30	35	41	41	44	46	49	164
D1208	Topical application of fluoride	33.78	6.73	25	30	34	39	40	41	42	45	168
D1320	Tobacco counseling for the control and prevention of oral disease	32.31	36.00	0	0	15	64	65	73	80	85	54
D1330	Oral hygiene instructions	25.43	23.63	0	0	25	48	49	55	60	62	106
D1351	Sealant - per tooth	47.28	9.12	35	41	47	53	55	57	59	62	217
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	88.74	32.57	56	62	80	105	115	120	127	151	42
D1510	Space maintainer - fixed - unilateral	291.28	55.82	219	250	293	338	342	350	357	376	156
D1515	Space maintainer - fixed - bilateral	388.28	89.34	262	327	390	450	463	480	498	536	150
D2140	Amalgam - one surface, primary or permanent	118.93	25.06	90	100	120	135	140	145	150	160	190
D2150	Amalgam - two surfaces, primary or permanent	147.42	30.28	110	128	147	168	175	180	186	196	189
D2160	Amalgam - three surfaces, primary or permanent	176.13	37.89	129	148	177	202	210	216	222	231	188
D2161	Amalgam - four or more surfaces, primary or permanent	209.16	47.40	148	175	210	245	250	257	271	284	186
D2330	Resin-based composite - one surface, anterior	140.45	26.85	108	121	142	159	163	168	172	182	232
D2331	Resin-based composite - two surfaces, anterior	173.41	32.86	130	150	174	195	201	209	215	227	230
D2332	Resin-based composite - three surfaces, anterior	208.41	42.62	155	180	207	237	245	255	262	277	230
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	259.76	61.75	185	219	258	298	309	317	330	361	228
D2390	Resin-based composite crown, anterior	341.77	129.08	170	250	333	433	450	484	495	525	97
D2391	Resin-based composite - one surface, posterior	155.83	30.25	120	135	155	175	180	188	194	200	224

**2013 Survey of Dental Fees**  
**General Practitioners - East North Central Division**  
**(Illinois, Indiana, Michigan, Ohio, Wisconsin)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2392	Resin-based composite - two surfaces, posterior	199.84	40.50	150	174	198	226	235	242	251	261	223
D2393	Resin-based composite - three surfaces, posterior	242.57	50.37	175	205	246	280	285	297	305	320	224
D2394	Resin-based composite - four or more surfaces, posterior	287.52	64.35	200	238	289	332	346	351	368	383	212
D2520	Inlay - metallic - two surfaces	785.37	211.09	525	618	779	932	958	1,010	1,060	1,150	116
D2543	Onlay - metallic - three surfaces	916.91	182.66	677	770	914	1,027	1,079	1,121	1,162	1,240	110
D2620	Inlay - porcelain/ceramic - two surfaces	849.48	188.18	595	699	850	975	991	1,019	1,097	1,200	115
D2642	Onlay - porcelain/ceramic - two surfaces	913.59	189.33	658	765	940	1,050	1,060	1,100	1,150	1,195	111
D2643	Onlay - porcelain/ceramic - three surfaces	959.78	171.66	720	844	974	1,090	1,125	1,150	1,175	1,235	113
D2644	Onlay - porcelain/ceramic - four or more surfaces	992.00	170.78	750	900	995	1,105	1,143	1,177	1,210	1,275	119
D2651	Inlay - resin-based composite - two surfaces	806.74	227.25	512	650	814	944	965	1,008	1,128	1,215	80
D2662	Onlay - resin-based composite - two surfaces	841.40	216.17	524	683	880	977	995	1,051	1,105	1,235	73
D2663	Onlay - resin-based composite - three surfaces	866.66	203.39	600	714	900	996	1,004	1,056	1,105	1,235	76
D2664	Onlay - resin-based composite - four or more surfaces	915.22	188.57	675	760	945	1,032	1,068	1,098	1,133	1,244	78
D2710	Crown, resin-based composite (indirect)	684.99	264.57	347	471	676	865	920	966	1,059	1,105	98
D2740	Crown - porcelain/ceramic substrate	1,026.53	148.93	850	937	1,000	1,125	1,150	1,195	1,225	1,275	203
D2750	Crown - porcelain fused to high noble metal	1,007.37	145.37	837	905	995	1,100	1,133	1,155	1,197	1,275	209
D2751	Crown - porcelain fused to predominantly base metal	953.75	149.52	760	865	941	1,045	1,071	1,100	1,171	1,244	118
D2752	Crown - porcelain fused to noble metal	981.19	142.47	818	895	975	1,057	1,097	1,124	1,160	1,240	161
D2780	Crown - 3/4 cast high noble metal	989.98	155.95	780	895	992	1,098	1,150	1,160	1,186	1,275	90
D2783	Crown - 3/4 porcelain/ceramic	1,005.08	149.89	795	916	995	1,125	1,145	1,155	1,195	1,301	79
D2790	Crown - full cast high noble metal	1,029.46	151.09	850	932	1,004	1,135	1,166	1,200	1,232	1,300	194

**2013 Survey of Dental Fees**  
**General Practitioners - East North Central Division**  
**(Illinois, Indiana, Michigan, Ohio, Wisconsin)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	319.63	175.26	96	200	338	440	450	474	504	595	110
D2920	Recement crown	96.29	22.94	70	84	95	107	113	115	123	135	214
D2930	Prefabricated stainless steel crown - primary tooth	251.61	59.83	175	211	258	284	291	300	320	350	152
D2931	Prefabricated stainless steel crown - permanent tooth	292.84	83.53	185	248	290	329	344	355	380	437	123
D2940	Protective restoration	104.34	28.49	68	87	104	120	125	134	142	154	176
D2950	Core buildup, including any pins	248.05	45.71	181	222	250	276	280	292	300	310	221
D2952	Post and core in addition to crown; indirectly fabricated	358.71	81.03	250	302	362	408	425	433	462	495	188
D2954	Prefabricated post and core in addition to crown	304.02	60.76	221	269	308	340	350	359	378	397	209
D2961	Labial veneer (resin laminate) - laboratory	801.84	237.97	485	600	822	950	985	1,008	1,077	1,215	100
D2962	Labial veneer (porcelain laminate) - laboratory	1,000.52	198.58	760	876	985	1,141	1,175	1,200	1,244	1,310	189
D2970	Temporary crown (fractured tooth)	264.05	105.14	121	188	264	337	350	375	395	444	148
D3110	Pulp cap - direct (excluding final restoration)	71.30	24.35	39	58	71	83	85	90	97	103	161
D3120	Pulp cap - indirect (excluding final restoration)	67.32	23.25	36	50	68	81	85	89	95	103	155
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinoemental junction and application of medicament	174.02	51.47	112	150	170	200	207	220	233	274	195
D3221	Pulpal debridement, primary and permanent teeth	179.34	62.31	98	150	191	215	225	238	251	270	134
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	218.12	85.65	114	154	204	275	282	296	300	372	75

**2013 Survey of Dental Fees**  
**General Practitioners - East North Central Division**  
**(Illinois, Indiana, Michigan, Ohio, Wisconsin)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	247.94	97.51	118	171	244	312	322	327	345	391	72
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	671.89	110.74	540	600	671	733	761	780	800	850	204
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	782.87	117.37	650	701	780	858	882	895	912	972	200
D3330	Endodontic therapy, molar (excluding final restoration)	945.51	130.79	789	859	942	1,016	1,046	1,080	1,100	1,155	197
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	277.46	196.14	0	147	288	401	425	450	475	560	78
D3346	Retreatment of previous root canal therapy - anterior	766.02	161.06	552	670	774	875	914	938	985	1,030	112
D3347	Retreatment of previous root canal therapy - bicuspid	882.63	171.87	650	780	882	1,007	1,025	1,060	1,100	1,163	106
D3348	Retreatment of previous root canal therapy - molar	1,050.59	209.41	746	922	1,045	1,177	1,200	1,246	1,361	1,417	109
D3351	Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp spa	272.93	103.51	124	161	299	357	365	374	408	420	58
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	180.02	75.85	82	124	183	234	256	260	267	309	47
D3353	Apexification/recalcification/pulpal regeneration - final visit (includes completed root canal therapy)	413.67	182.66	150	350	437	541	543	562	584	600	42
D3410	Apicoectomy/periradicular surgery - anterior	589.52	196.08	336	465	567	700	728	775	814	938	71
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	641.04	213.58	347	455	660	780	785	840	927	962	57
D3425	Apicoectomy/periradicular surgery - molar (first root)	730.67	234.09	419	496	761	893	930	971	1,036	1,065	46

**2013 Survey of Dental Fees**  
**General Practitioners - East North Central Division**  
**(Illinois, Indiana, Michigan, Ohio, Wisconsin)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	517.90	160.13	275	400	536	625	647	672	700	762	131
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	229.67	100.26	95	164	222	290	300	312	333	365	144
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	198.98	118.93	68	131	181	255	283	289	306	408	40
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	613.27	197.83	374	475	627	750	772	800	816	950	93
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	479.30	198.69	195	300	488	615	632	671	700	762	70
D4249	Clinical crown lengthening - hard tissue	643.40	235.84	333	490	660	798	821	831	896	990	108
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	900.51	263.10	528	727	911	1,100	1,129	1,190	1,209	1,258	75
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	613.51	233.08	274	415	625	790	836	850	889	956	55
D4263	Bone replacement graft - first site in quadrant	472.36	179.83	231	330	483	598	639	650	678	767	61
D4264	Bone replacement graft — each additional site in quadrant	372.92	172.86	140	250	384	482	500	520	610	666	39
D4266	Guided tissue regeneration — resorbable barrier, per site	478.76	229.36	229	261	448	695	714	750	800	828	38
D4321	Provisional splinting - extracoronal	343.47	148.64	140	250	335	451	464	487	515	549	121
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	229.56	39.57	180	207	232	251	256	264	275	295	201

**2013 Survey of Dental Fees**  
**General Practitioners - East North Central Division**  
**(Illinois, Indiana, Michigan, Ohio, Wisconsin)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	158.95	39.71	101	132	160	185	190	198	207	230	168
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	161.94	40.08	110	137	165	187	191	197	200	219	206
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	84.21	55.10	35	41	62	120	140	150	163	198	131
D4910	Periodontal maintenance	127.24	25.16	95	110	128	143	148	152	159	169	203
D5110	Complete denture - maxillary	1,425.37	338.55	980	1,200	1,402	1,640	1,713	1,768	1,833	1,945	226
D5120	Complete denture - mandibular	1,427.54	339.95	980	1,200	1,402	1,675	1,720	1,778	1,833	1,945	226
D5130	Immediate denture - maxillary	1,538.62	361.57	1,025	1,301	1,544	1,754	1,849	1,896	1,992	2,096	219
D5140	Immediate denture - mandibular	1,544.15	364.93	1,038	1,306	1,547	1,800	1,850	1,912	1,992	2,090	220
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	1,097.08	372.63	645	809	1,050	1,350	1,385	1,500	1,586	1,745	190
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	1,098.78	371.14	645	822	1,050	1,350	1,379	1,485	1,580	1,745	186
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,512.87	337.89	1,000	1,304	1,500	1,730	1,785	1,842	1,900	2,043	219
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,517.73	340.35	1,013	1,315	1,500	1,747	1,800	1,850	1,905	2,052	220
D5225	Maxillary partial denture - flexible base (including any clasps, rests, and teeth)	1,313.66	366.72	835	1,000	1,350	1,545	1,575	1,623	1,695	1,895	119
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,304.54	372.89	835	980	1,350	1,545	1,574	1,600	1,692	1,895	114
D5510	Repair broken complete denture base	187.98	66.20	102	148	185	225	234	250	280	303	191
D5520	Replace missing or broken teeth - complete denture (each tooth)	160.97	48.91	99	131	160	186	194	200	211	250	197

**2013 Survey of Dental Fees**  
**General Practitioners - East North Central Division**  
**(Illinois, Indiana, Michigan, Ohio, Wisconsin)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5610	Repair resin denture base	180.95	51.02	120	150	180	211	220	225	240	265	188
D5640	Replace broken teeth - per tooth	160.19	47.80	95	135	160	186	192	198	208	244	198
D5650	Add tooth to existing partial denture	199.46	54.18	132	160	198	235	243	250	262	295	207
D5660	Add clasp to existing partial denture	248.77	70.56	152	200	250	290	300	315	328	365	194
D5710	Rebase complete maxillary denture	529.35	142.51	335	437	537	610	630	650	690	750	149
D5730	Reline complete maxillary denture (chairside)	312.33	107.00	175	248	330	385	398	405	422	465	173
D5731	Reline complete mandibular denture (chairside)	309.15	104.33	175	235	330	385	396	400	419	439	171
D5750	Reline complete maxillary denture (laboratory)	413.69	95.14	288	350	420	476	490	510	526	552	218
D5751	Reline complete mandibular denture (laboratory)	414.43	95.47	288	350	423	476	490	510	526	552	218
D6010	Surgical placement of implant body: endosteal implant	1,709.15	335.36	1,242	1,500	1,733	1,975	2,000	2,060	2,110	2,200	66
D6053	Implant/abutment supported removable denture for completely edentulous arch	2,443.83	1,138.64	1,000	1,748	2,500	3,000	3,075	3,510	3,946	4,940	71
D6055	Connecting bar - implant supported or abutment supported	2,230.23	1,365.30	400	1,100	2,350	3,000	3,191	3,500	3,829	4,597	65
D6056	Prefabricated abutment — includes modification and placement	660.35	234.73	379	500	650	798	850	894	950	1,063	133
D6057	Custom fabricated abutment - includes placement	755.47	235.99	450	580	741	924	964	990	1,063	1,173	154
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,267.17	260.55	939	1,060	1,220	1,462	1,500	1,550	1,610	1,697	157
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,308.09	304.95	936	1,085	1,260	1,500	1,575	1,610	1,745	1,870	129
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,260.46	252.10	931	1,060	1,243	1,453	1,487	1,570	1,610	1,659	92
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,253.98	333.48	818	985	1,243	1,474	1,575	1,656	1,758	1,817	58

**2013 Survey of Dental Fees**  
**General Practitioners - East North Central Division**  
**(Illinois, Indiana, Michigan, Ohio, Wisconsin)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	176.95	114.16	0	72	183	270	287	300	324	368	83
D6210	Pontic - cast high noble metal	991.58	146.83	825	899	990	1,095	1,112	1,150	1,195	1,245	166
D6240	Pontic - porcelain fused to high noble metal	992.98	145.53	819	900	987	1,095	1,105	1,150	1,192	1,244	204
D6241	Pontic - porcelain fused to predominantly base metal	958.54	172.43	745	855	945	1,050	1,100	1,143	1,201	1,275	113
D6245	Pontic - porcelain/ceramic	1,019.22	151.66	845	919	1,000	1,134	1,155	1,200	1,235	1,275	147
D6253	Provisional pontic — further treatment or completion of diagnosis necessary prior to final impression	514.06	316.20	150	250	428	800	839	875	932	1,075	53
D6545	Retainer - cast metal for resin bonded fixed prosthesis	639.58	330.08	250	365	574	870	920	950	1,075	1,288	125
D6750	Crown - porcelain fused to high noble metal	1,009.56	141.00	840	923	994	1,103	1,134	1,155	1,195	1,250	194
D6751	Crown - porcelain fused to predominantly base metal	952.69	161.82	750	851	942	1,044	1,060	1,120	1,150	1,244	113
D6790	Crown - full cast high noble metal	1,001.02	145.35	828	899	995	1,098	1,134	1,155	1,200	1,248	177
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	454.70	284.80	175	218	408	623	678	710	950	1,020	56
D6930	Recement fixed partial denture	139.48	41.06	85	110	144	168	172	178	187	206	189
D7111	Extraction, coronal remnants - deciduous tooth	110.09	28.65	75	95	111	130	135	140	148	155	162
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	150.18	35.67	110	125	147	175	177	184	191	205	229
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap	250.78	49.49	190	218	254	280	287	295	301	339	192
D7220	Removal of impacted tooth - soft tissue	290.71	55.58	220	251	293	325	333	349	360	378	136

**2013 Survey of Dental Fees**  
**General Practitioners - East North Central Division**  
**(Illinois, Indiana, Michigan, Ohio, Wisconsin)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7230	Removal of impacted tooth - partially bony	365.73	78.02	270	300	360	410	422	440	455	499	123
D7240	Removal of impacted tooth - completely bony	427.54	94.59	295	364	426	492	510	525	550	590	101
D7250	Surgical removal of residual tooth roots (cutting procedure)	265.86	69.31	175	221	273	300	318	325	350	400	149
D7286	Biopsy of oral tissue - soft	266.30	98.93	124	186	284	345	352	370	390	432	97
D7288	Brush biopsy - transepithelial sample collection	161.03	57.24	75	135	160	195	208	219	225	230	63
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	263.47	69.58	167	225	268	306	315	327	350	365	113
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	371.15	144.15	200	270	362	446	462	477	515	681	100
D7410	Excision of benign lesion up to 1.25 cm	288.91	163.36	110	156	256	375	400	425	460	590	56
D7880	Occlusal orthotic device, by report	668.81	296.46	305	461	623	888	964	1,011	1,089	1,181	80
D7910	Suture of recent small wounds up to 5 cm	225.61	98.43	105	157	225	300	310	322	345	395	83
D7953	Bone replacement graft for ridge preservation – per site	407.47	177.49	200	285	400	475	510	630	671	699	45
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another	380.26	119.29	218	300	393	450	465	485	500	540	101
D7970	Excision of hyperplastic tissue - per arch	366.97	159.18	142	220	393	500	513	530	562	600	79
D8030	Limited orthodontic treatment of the adolescent dentition	2,185.82	1,246.55	218	1,320	2,450	3,200	3,257	3,500	3,600	4,200	38
D8040	Limited orthodontic treatment of the adult dentition	2,689.68	1,207.65	1,001	1,600	2,813	3,580	3,600	3,985	4,219	4,458	47
D8060	Interceptive orthodontic treatment of the transitional dentition	1,877.20	1,125.35	480	1,021	1,581	2,800	2,873	3,000	3,098	3,600	35
D8070	Comprehensive orthodontic treatment of the transitional dentition	4,653.85	835.99	3,600	4,000	4,728	5,245	5,305	5,769	5,800	6,000	33

**2013 Survey of Dental Fees**  
**General Practitioners - East North Central Division**  
**(Illinois, Indiana, Michigan, Ohio, Wisconsin)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D8080	Comprehensive orthodontic treatment of the adolescent dentition	4,886.41	736.53	3,900	4,344	4,925	5,364	5,460	5,775	5,800	6,072		46
D8090	Comprehensive orthodontic treatment of the adult dentition	4,937.03	688.72	4,000	4,500	4,961	5,460	5,600	5,665	5,800	6,077		63
D8692	Replacement of lost or broken retainer	227.67	119.24	75	125	226	322	337	350	370	489		70
D9110	Palliative (emergency) treatment of dental pain - minor procedure	109.56	42.44	55	85	110	129	135	144	150	190		193
D9120	Fixed partial denture sectioning	139.57	70.43	57	93	130	180	200	230	240	260		76
D9215	Local anesthesia in conjunction with operative or surgical procedures	29.69	29.57	0	0	29	48	55	58	65	75		71
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	48.78	26.77	0	30	55	67	70	75	79	90		125
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	85.15	49.92	0	57	85	110	120	125	150	169		120
D9410	House/extended care facility call	183.24	95.29	80	100	175	235	243	275	306	400		51
D9420	Hospital or ambulatory surgical center call	211.00	131.06	65	100	185	295	306	325	350	450		43
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	55.89	33.16	0	40	60	75	75	79	95	100		98
D9440	Office visit - after regularly scheduled hours	138.90	45.82	75	105	140	175	180	190	199	200		145
D9450	Case presentation, detailed and extensive treatment planning	138.25	75.22	55	92	130	158	163	244	250	300		32
D9610	Therapeutic parenteral drug, single administration	46.88	42.71	0	0	39	85	88	97	109	120		51
D9630	Other drugs and/or medicaments, by report	26.69	19.17	0	15	24	38	41	46	54	61		80
D9910	Application of desensitizing medicament	47.94	19.47	25	35	47	59	60	65	71	80		155
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	51.93	30.73	10	31	50	71	75	82	90	99		83
D9920	Behavior management, by report	113.36	61.70	40	60	114	150	153	158	184	221		36

**2013 Survey of Dental Fees**  
**General Practitioners - East North Central Division**  
**(Illinois, Indiana, Michigan, Ohio, Wisconsin)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	105.58	40.81	45	80	100	136	139	147	151	172	65
D9940	Occlusal guard, by report	511.34	151.55	300	424	518	601	624	650	688	750	212
D9941	Fabrication of athletic mouthguard	157.46	93.37	50	79	156	200	220	250	285	312	158
D9951	Occlusal adjustment - limited	139.01	71.79	50	75	137	184	196	211	245	260	162
D9952	Occlusal adjustment - complete	503.19	228.46	125	343	520	679	690	714	757	836	137
D9972	External bleaching - per arch - performed in office	267.00	107.48	150	195	250	334	362	395	400	450	102
D9974	Internal bleaching - per tooth	218.21	88.04	109	150	217	267	280	295	300	357	123
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	219.42	99.06	95	150	200	298	300	322	350	392	124

**2013 Survey of Dental Fees**  
**General Practitioners - West North Central Division**  
**(Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	43.27	7.55	35	39	42	49	49	50	53	55	118
D0140	Limited oral evaluation - problem focused	58.66	14.76	45	51	59	68	70	72	75	84	116
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	48.24	15.48	32	39	45	55	59	62	68	85	70
D0150	Comprehensive oral evaluation - new or established patient	65.10	14.26	49	58	63	75	77	82	84	89	118
D0160	Detailed and extensive oral evaluation - problem focused, by report	83.81	50.78	21	50	75	122	125	133	144	169	77
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	51.04	26.75	25	40	50	63	65	69	72	85	83
D0180	Comprehensive periodontal evaluation - new or established patient	73.69	19.16	50	62	73	85	88	95	99	109	80
D0210	Intraoral - complete series of radiographic images	116.12	19.33	92	103	118	129	131	135	140	147	111
D0220	Intraoral - periapical first radiographic image	24.90	4.36	20	22	25	28	29	30	30	32	120
D0230	Intraoral - periapical each additional radiographic image	21.79	4.17	16	19	21	24	25	26	28	30	119
D0272	Bitewings - two radiographic images	39.60	6.21	31	35	39	44	45	46	48	49	119
D0273	Bitewings - three radiographic images	47.14	6.99	39	43	46	51	53	55	56	60	72
D0274	Bitewings - four radiographic images	54.93	7.72	45	50	55	61	62	63	65	68	115
D0277	Vertical bitewings - 7 to 8 radiographic images	81.84	14.61	62	71	79	94	97	99	101	104	57
D0330	Panoramic radiographic image	100.11	14.97	80	90	97	110	114	115	122	125	99
D0350	Oral/facial photographic images	37.96	30.15	0	0	45	63	65	72	74	84	51
D0470	Diagnostic casts	85.06	28.58	50	65	80	97	104	121	125	132	86
D1110	Prophylaxis - adult	78.04	12.16	64	70	77	88	89	92	94	96	120
D1120	Prophylaxis - child	56.28	9.86	44	50	56	64	65	67	68	72	120
D1206	Topical fluoride varnish	33.31	8.22	23	28	32	39	41	42	45	47	91

**2013 Survey of Dental Fees**  
**General Practitioners - West North Central Division**  
**(Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1208	Topical application of fluoride	31.74	7.99	20	26	31	38	40	41	42	45	88
D1320	Tobacco counseling for the control and prevention of oral disease	30.19	29.80	0	0	34	51	59	63	68	75	43
D1330	Oral hygiene instructions	26.18	24.08	0	0	31	44	46	50	51	69	72
D1351	Sealant - per tooth	45.64	8.33	35	40	45	50	51	53	54	59	113
D1510	Space maintainer - fixed - unilateral	273.02	62.03	200	235	265	310	322	339	356	395	85
D1515	Space maintainer - fixed - bilateral	370.51	86.68	263	312	359	424	438	450	474	545	77
D2140	Amalgam - one surface, primary or permanent	113.93	21.35	89	99	111	127	131	134	142	154	110
D2150	Amalgam - two surfaces, primary or permanent	142.50	28.81	109	122	141	160	164	166	177	189	110
D2160	Amalgam - three surfaces, primary or permanent	171.98	36.75	130	149	169	190	199	206	219	232	110
D2161	Amalgam - four or more surfaces, primary or permanent	208.47	46.00	154	179	200	234	251	256	265	279	109
D2330	Resin-based composite - one surface, anterior	134.67	22.47	108	119	132	153	155	161	163	169	119
D2331	Resin-based composite - two surfaces, anterior	167.76	32.19	120	148	164	190	193	204	215	222	119
D2332	Resin-based composite - three surfaces, anterior	201.43	42.43	147	174	194	229	233	251	266	280	119
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	243.00	52.51	178	208	239	280	287	298	312	321	119
D2390	Resin-based composite crown, anterior	348.16	132.60	203	246	340	425	435	440	473	565	68
D2391	Resin-based composite - one surface, posterior	146.01	25.28	110	129	144	168	170	174	177	182	119
D2392	Resin-based composite - two surfaces, posterior	191.42	40.60	140	165	187	225	227	235	243	264	119
D2393	Resin-based composite - three surfaces, posterior	233.93	53.02	165	201	230	275	283	292	303	324	119
D2394	Resin-based composite - four or more surfaces, posterior	278.61	62.41	199	243	273	319	324	346	360	390	114

**2013 Survey of Dental Fees**  
**General Practitioners - West North Central Division**  
**(Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2520	Inlay - metallic - two surfaces	758.85	186.02	550	636	738	860	900	918	955	1,189	54
D2543	Onlay - metallic - three surfaces	859.75	184.02	612	721	850	975	1,002	1,044	1,056	1,189	51
D2620	Inlay - porcelain/ceramic - two surfaces	824.45	181.34	603	684	812	955	987	1,025	1,066	1,139	60
D2642	Onlay - porcelain/ceramic - two surfaces	880.96	178.24	645	714	914	995	1,024	1,052	1,136	1,179	57
D2643	Onlay - porcelain/ceramic - three surfaces	920.91	161.58	689	788	932	1,025	1,068	1,095	1,135	1,166	58
D2644	Onlay - porcelain/ceramic - four or more surfaces	954.91	160.26	750	847	950	1,054	1,075	1,160	1,196	1,220	56
D2651	Inlay - resin-based composite - two surfaces	745.27	216.60	473	594	754	854	855	887	1,075	1,220	37
D2662	Onlay - resin-based composite - two surfaces	804.48	215.11	535	650	767	964	975	1,056	1,070	1,220	31
D2663	Onlay - resin-based composite - three surfaces	846.38	207.85	535	755	842	994	1,024	1,056	1,075	1,220	32
D2664	Onlay - resin-based composite - four or more surfaces	883.24	200.38	605	750	858	1,056	1,062	1,065	1,092	1,220	34
D2710	Crown, resin-based composite (indirect)	616.11	284.99	210	400	650	850	855	885	974	1,106	37
D2740	Crown - porcelain/ceramic substrate	987.18	146.17	800	883	973	1,097	1,120	1,148	1,194	1,278	108
D2750	Crown - porcelain fused to high noble metal	971.58	141.81	800	859	965	1,055	1,090	1,121	1,140	1,229	101
D2751	Crown - porcelain fused to predominantly base metal	896.54	133.77	728	802	875	968	1,011	1,044	1,078	1,128	72
D2752	Crown - porcelain fused to noble metal	935.52	129.90	775	850	916	1,022	1,055	1,076	1,107	1,154	88
D2780	Crown - 3/4 cast high noble metal	956.57	159.64	764	851	943	1,026	1,098	1,114	1,229	1,247	44
D2783	Crown - 3/4 porcelain/ceramic	981.75	159.78	798	888	950	1,106	1,160	1,187	1,212	1,278	40
D2790	Crown - full cast high noble metal	989.37	149.44	805	880	972	1,087	1,115	1,194	1,200	1,247	99
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	299.43	137.03	131	210	305	395	418	424	452	501	60
D2920	Recement crown	88.73	24.16	60	74	85	101	104	110	120	134	116
D2930	Prefabricated stainless steel crown - primary tooth	233.01	57.71	168	197	228	259	266	275	300	328	96

**2013 Survey of Dental Fees**  
**General Practitioners - West North Central Division**  
**(Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2931	Prefabricated stainless steel crown - permanent tooth	286.71	82.49	208	238	276	325	340	350	378	462	90
D2940	Protective restoration	98.21	25.81	70	80	94	114	119	124	130	141	89
D2950	Core buildup, including any pins	229.03	49.33	166	190	225	262	269	274	285	325	111
D2952	Post and core in addition to crown; indirectly fabricated	343.02	98.89	230	285	340	385	414	432	452	505	87
D2954	Prefabricated post and core in addition to crown	276.32	64.06	190	235	275	312	324	339	352	384	108
D2961	Labial veneer (resin laminate) - laboratory	798.35	251.28	473	665	800	947	1,047	1,062	1,091	1,150	54
D2962	Labial veneer (porcelain laminate) - laboratory	982.39	200.36	757	840	924	1,098	1,150	1,207	1,249	1,412	98
D2970	Temporary crown (fractured tooth)	242.05	102.53	115	160	228	320	330	350	372	412	80
D3110	Pulp cap - direct (excluding final restoration)	68.49	23.93	41	55	64	84	85	90	94	107	88
D3120	Pulp cap - indirect (excluding final restoration)	65.25	24.03	37	50	60	76	84	87	97	107	81
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	151.72	47.29	90	125	152	180	184	192	205	245	107
D3221	Pulpal debridement, primary and permanent teeth	165.63	59.95	100	125	156	206	210	223	244	270	76
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	190.46	80.36	111	130	176	241	245	250	279	316	46
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	212.56	90.86	118	150	195	277	293	300	305	316	45
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	633.98	114.89	505	552	615	711	725	738	801	847	110
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	739.09	128.76	585	646	720	825	840	860	924	970	109

**2013 Survey of Dental Fees**  
**General Practitioners - West North Central Division**  
**(Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D3330	Endodontic therapy, molar (excluding final restoration)	895.02	147.61	717	799	880	995	1,000	1,058	1,098	1,155		105
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	283.64	199.76	0	137	303	408	446	459	604	628		44
D3346	Retreatment of previous root canal therapy - anterior	703.67	165.41	503	586	682	802	817	840	867	1,086		52
D3347	Retreatment of previous root canal therapy - bicuspid	806.57	190.56	567	673	788	894	921	974	997	1,250		51
D3348	Retreatment of previous root canal therapy - molar	984.29	213.24	710	834	942	1,100	1,120	1,151	1,155	1,424		51
D3351	Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp spa	286.85	126.06	153	177	278	348	355	423	475	527		33
D3410	Apicoectomy/periradicular surgery - anterior	524.06	182.55	307	389	500	630	645	660	836	871		35
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	484.72	183.98	242	396	471	575	600	689	714	850		65
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	213.90	78.92	120	147	209	260	284	297	315	360		70
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	563.98	190.49	325	438	575	666	690	720	748	946		43
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	400.35	227.56	164	212	354	490	527	598	642	946		34
D4249	Clinical crown lengthening - hard tissue	563.20	232.63	294	409	560	690	751	789	898	1,077		55
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	847.70	246.94	594	683	835	982	1,000	1,072	1,116	1,393		33

**2013 Survey of Dental Fees**  
**General Practitioners - West North Central Division**  
**(Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4321	Provisional splinting - extracoronal	344.20	130.73	161	270	360	434	442	450	476	497	61
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	230.65	42.38	180	204	225	257	264	275	285	310	108
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	156.20	38.99	108	125	151	181	188	201	211	223	100
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	163.75	45.29	105	135	159	195	202	208	235	238	107
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	80.72	49.80	36	43	62	100	109	135	153	174	74
D4910	Periodontal maintenance	120.56	23.27	91	105	119	135	140	146	152	158	105
D5110	Complete denture - maxillary	1,429.03	347.76	1,025	1,200	1,390	1,632	1,707	1,800	1,875	2,036	117
D5120	Complete denture - mandibular	1,428.62	350.88	1,025	1,200	1,380	1,632	1,724	1,800	1,875	2,036	117
D5130	Immediate denture - maxillary	1,513.44	358.42	1,150	1,262	1,453	1,775	1,820	1,858	1,952	2,211	114
D5140	Immediate denture - mandibular	1,512.40	361.47	1,150	1,262	1,453	1,775	1,820	1,875	1,952	2,211	114
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	1,030.74	352.45	578	820	980	1,245	1,297	1,372	1,460	1,680	108
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	1,040.38	350.85	600	820	983	1,253	1,312	1,380	1,460	1,680	106
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,525.25	316.50	1,150	1,323	1,485	1,760	1,799	1,890	1,950	2,116	117
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,527.83	318.00	1,150	1,323	1,485	1,779	1,850	1,890	1,950	2,116	117
D5225	Maxillary partial denture - flexible base (including any clasps, rests, and teeth)	1,274.32	330.70	893	1,000	1,232	1,499	1,525	1,600	1,644	1,946	66
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,281.03	332.67	893	1,000	1,246	1,499	1,525	1,600	1,695	1,946	66

**2013 Survey of Dental Fees**  
**General Practitioners - West North Central Division**  
**(Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5510	Repair broken complete denture base	171.11	55.13	100	135	163	207	216	224	245	261	105
D5520	Replace missing or broken teeth - complete denture (each tooth)	157.18	43.75	115	125	152	183	194	203	214	222	100
D5610	Repair resin denture base	168.37	50.86	103	135	165	198	206	219	223	242	101
D5640	Replace broken teeth - per tooth	151.23	47.20	95	121	144	185	194	205	217	223	107
D5650	Add tooth to existing partial denture	189.75	52.04	130	160	185	212	223	240	257	281	104
D5660	Add clasp to existing partial denture	232.87	70.77	145	176	230	277	289	304	338	358	100
D5710	Rebase complete maxillary denture	481.46	142.38	309	385	453	560	595	619	654	721	82
D5730	Reline complete maxillary denture (chairside)	293.70	116.39	175	235	299	351	375	390	409	471	96
D5731	Reline complete mandibular denture (chairside)	286.19	111.46	168	229	291	349	367	385	400	471	95
D5750	Reline complete maxillary denture (laboratory)	397.81	96.63	275	336	390	451	480	495	540	564	113
D5751	Reline complete mandibular denture (laboratory)	402.51	104.17	275	336	390	458	483	514	542	587	113
D6055	Connecting bar - implant supported or abutment supported	1,573.19	1,014.42	524	625	1,450	2,500	2,500	2,685	2,783	3,022	31
D6056	Prefabricated abutment — includes modification and placement	574.05	184.27	356	458	550	683	703	750	839	945	65
D6057	Custom fabricated abutment - includes placement	724.61	200.42	473	578	700	852	885	946	960	1,045	66
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,193.10	234.84	936	1,000	1,125	1,336	1,350	1,417	1,500	1,721	71
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,241.31	289.74	900	1,040	1,205	1,380	1,417	1,565	1,680	1,817	62
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,263.10	242.11	997	1,072	1,264	1,397	1,414	1,507	1,633	1,780	40
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	141.00	127.63	0	0	125	256	263	265	300	350	43

**2013 Survey of Dental Fees**  
**General Practitioners - West North Central Division**  
**(Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6210	Pontic - cast high noble metal	974.74	149.91	789	875	974	1,059	1,087	1,133	1,194	1,241	91
D6240	Pontic - porcelain fused to high noble metal	955.93	139.12	789	850	950	1,053	1,087	1,098	1,132	1,208	94
D6241	Pontic - porcelain fused to predominantly base metal	897.95	137.07	725	805	885	1,002	1,025	1,044	1,066	1,128	74
D6245	Pontic - porcelain/ceramic	979.92	145.62	800	870	950	1,087	1,125	1,150	1,195	1,234	87
D6253	Provisional pontic — further treatment or completion of diagnosis necessary prior to final impression	384.08	216.94	105	205	355	520	570	700	742	775	38
D6545	Retainer - cast metal for resin bonded fixed prosthesis	548.12	263.89	289	346	525	687	713	775	858	1,085	65
D6750	Crown - porcelain fused to high noble metal	976.61	133.46	795	880	980	1,067	1,089	1,107	1,137	1,220	90
D6751	Crown - porcelain fused to predominantly base metal	904.17	141.62	719	810	882	968	1,025	1,065	1,096	1,165	64
D6790	Crown - full cast high noble metal	980.28	149.84	788	885	968	1,081	1,104	1,150	1,203	1,231	90
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	300.58	148.15	115	214	269	379	420	439	444	516	33
D6930	Recement fixed partial denture	130.88	35.92	82	106	131	153	159	160	176	191	94
D7111	Extraction, coronal remnants - deciduous tooth	99.43	28.51	65	80	95	121	125	132	138	146	93
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	142.12	29.74	100	122	140	161	168	172	178	189	116
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap	236.85	48.89	175	204	226	272	275	283	310	328	98
D7220	Removal of impacted tooth - soft tissue	261.01	62.85	188	217	254	303	310	325	357	382	77
D7230	Removal of impacted tooth - partially bony	329.94	77.64	228	268	330	369	385	412	421	481	66
D7240	Removal of impacted tooth - completely bony	396.35	91.33	288	320	394	449	450	470	494	599	51

**2013 Survey of Dental Fees**  
**General Practitioners - West North Central Division**  
**(Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7250	Surgical removal of residual tooth roots (cutting procedure)	248.95	80.83	159	193	243	291	303	328	344	413	74
D7286	Biopsy of oral tissue - soft	241.27	77.54	135	200	247	287	294	313	339	395	44
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	225.11	72.42	126	169	216	280	288	300	320	348	56
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	312.78	118.96	165	215	308	387	398	410	472	511	51
D7410	Excision of benign lesion up to 1.25 cm	292.90	145.78	148	200	266	350	394	426	484	627	30
D7880	Occlusal orthotic device, by report	602.91	269.49	315	390	550	725	807	953	977	1,100	45
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another	328.40	122.32	175	243	333	375	410	440	474	548	57
D7970	Excision of hyperplastic tissue - per arch	310.89	120.73	150	224	315	410	436	463	480	495	38
D8080	Comprehensive orthodontic treatment of the adolescent dentition	4,703.83	853.00	3,638	4,000	4,826	5,265	5,525	5,586	5,759	6,200	30
D8090	Comprehensive orthodontic treatment of the adult dentition	4,958.09	762.94	3,952	4,300	4,994	5,450	5,541	5,612	6,195	6,200	35
D8692	Replacement of lost or broken retainer	228.03	90.15	100	150	227	312	328	339	350	354	35
D9110	Palliative (emergency) treatment of dental pain - minor procedure	100.10	38.84	54	76	95	120	127	136	150	179	106
D9120	Fixed partial denture sectioning	117.56	65.45	52	75	98	165	172	179	204	244	55
D9215	Local anesthesia in conjunction with operative or surgical procedures	22.35	22.81	0	0	21	44	48	48	52	59	43
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	47.86	22.44	19	39	50	64	65	70	71	81	80
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	74.08	47.18	0	48	80	100	107	118	130	160	71
D9410	House/extended care facility call	147.71	73.59	69	89	137	193	205	225	228	250	41
D9420	Hospital or ambulatory surgical center call	173.84	81.33	69	121	175	212	240	250	280	292	37

**2013 Survey of Dental Fees**  
**General Practitioners - West North Central Division**  
**(Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	50.84	25.11	20	37	53	61	69	74	78	86	68
D9440	Office visit - after regularly scheduled hours	123.12	37.75	68	98	126	150	153	157	169	182	78
D9630	Other drugs and/or medicaments, by report	23.46	18.50	0	10	22	34	35	44	45	72	39
D9910	Application of desensitizing medicament	44.36	20.55	23	30	43	51	58	64	76	84	88
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	54.18	31.51	0	40	53	68	75	79	95	107	61
D9940	Occlusal guard, by report	431.93	156.09	274	315	416	515	550	584	615	688	102
D9941	Fabrication of athletic mouthguard	138.97	68.57	55	75	132	185	200	225	244	265	90
D9951	Occlusal adjustment - limited	118.07	58.91	48	75	115	162	180	185	208	231	75
D9952	Occlusal adjustment - complete	448.79	257.98	148	253	392	590	690	738	860	885	68
D9972	External bleaching - per arch - performed in office	276.85	136.19	150	170	243	343	356	420	468	590	52
D9974	Internal bleaching - per tooth	191.66	77.76	100	123	195	241	250	279	288	295	61
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	226.19	93.16	125	160	200	295	325	350	372	399	59

**2013 Survey of Dental Fees**  
**General Practitioners - South Atlantic Division**  
**(Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., West Virginia)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D0120	Periodic oral evaluation — established patient	43.44	11.79	30	39	45	50	50	53	55	58	172	
D0140	Limited oral evaluation - problem focused	63.65	17.28	42	54	65	75	76	81	85	89	168	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	54.99	19.24	30	41	55	70	72	76	80	83	71	
D0150	Comprehensive oral evaluation - new or established patient	72.98	20.51	50	61	73	86	90	95	96	100	169	
D0160	Detailed and extensive oral evaluation - problem focused, by report	122.11	62.81	50	75	135	165	170	176	198	225	109	
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	48.39	27.49	0	31	51	70	71	75	79	90	112	
D0180	Comprehensive periodontal evaluation - new or established patient	83.50	22.62	53	70	85	96	100	103	110	120	106	
D0210	Intraoral - complete series of radiographic images	121.32	21.54	92	105	120	138	142	145	150	154	157	
D0220	Intraoral - periapical first radiographic image	26.15	5.49	20	24	26	29	30	30	33	35	169	
D0230	Intraoral - periapical each additional radiographic image	21.95	6.19	15	19	22	25	26	28	29	30	169	
D0272	Bitewings - two radiographic images	41.15	7.24	32	37	40	45	47	49	50	52	163	
D0273	Bitewings - three radiographic images	50.62	9.35	40	45	50	56	58	60	61	64	81	
D0274	Bitewings - four radiographic images	58.48	10.01	47	50	58	65	66	68	72	75	160	
D0277	Vertical bitewings - 7 to 8 radiographic images	88.96	20.12	65	76	87	100	102	109	119	123	80	
D0330	Panoramic radiographic image	103.22	17.89	80	93	100	114	119	125	130	138	153	
D0350	Oral/facial photographic images	35.77	32.98	0	0	40	68	72	75	77	83	77	
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	55.83	25.44	21	45	58	67	68	75	75	122	36	
D0470	Diagnostic casts	93.87	28.64	60	75	92	110	112	119	129	147	127	
D1110	Prophylaxis - adult	83.32	13.59	67	75	82	90	92	95	98	105	171	

**2013 Survey of Dental Fees**  
**General Practitioners - South Atlantic Division**  
**(Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., West Virginia)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1120	Prophylaxis - child	61.92	10.03	50	55	61	68	70	72	75	79	168
D1206	Topical fluoride varnish	35.10	10.55	20	28	35	40	45	45	50	53	137
D1208	Topical application of fluoride	33.34	8.71	24	28	33	39	40	40	45	48	115
D1320	Tobacco counseling for the control and prevention of oral disease	31.02	36.05	0	0	18	55	75	84	86	92	64
D1330	Oral hygiene instructions	22.40	24.11	0	0	16	45	48	52	54	58	97
D1351	Sealant - per tooth	48.17	8.66	37	44	48	54	56	59	60	63	159
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	84.80	37.38	43	56	78	110	125	127	145	148	44
D1510	Space maintainer - fixed - unilateral	298.29	54.14	234	267	295	325	333	350	369	398	100
D1515	Space maintainer - fixed - bilateral	402.38	88.97	300	348	397	461	465	480	510	564	96
D2140	Amalgam - one surface, primary or permanent	126.59	27.73	95	109	125	143	148	152	165	174	122
D2150	Amalgam - two surfaces, primary or permanent	157.78	36.27	110	136	156	180	185	191	198	214	123
D2160	Amalgam - three surfaces, primary or permanent	188.94	42.52	135	166	188	212	218	228	240	259	121
D2161	Amalgam - four or more surfaces, primary or permanent	221.15	50.31	147	190	221	252	260	277	285	315	119
D2330	Resin-based composite - one surface, anterior	148.56	31.04	110	131	147	168	174	176	185	198	167
D2331	Resin-based composite - two surfaces, anterior	181.04	36.35	134	160	182	199	207	217	230	244	167
D2332	Resin-based composite - three surfaces, anterior	219.59	50.50	150	195	218	247	252	269	285	306	169
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	270.68	67.58	175	235	270	307	318	333	348	390	169
D2390	Resin-based composite crown, anterior	389.48	147.78	205	286	379	492	500	547	584	700	79
D2391	Resin-based composite - one surface, posterior	161.75	29.59	125	145	160	180	185	190	196	211	160

**2013 Survey of Dental Fees**  
**General Practitioners - South Atlantic Division**  
**(Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., West Virginia)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D2392	Resin-based composite - two surfaces, posterior	205.84	44.78	150	182	203	228	238	244	253	281	164	
D2393	Resin-based composite - three surfaces, posterior	253.17	55.04	185	222	250	283	293	301	321	332	162	
D2394	Resin-based composite - four or more surfaces, posterior	296.92	69.01	205	259	295	339	350	370	380	405	159	
D2520	Inlay - metallic - two surfaces	872.00	198.75	638	757	870	971	1,000	1,025	1,075	1,200	67	
D2543	Onlay - metallic - three surfaces	973.12	185.59	781	882	954	1,055	1,075	1,121	1,149	1,348	76	
D2620	Inlay - porcelain/ceramic - two surfaces	905.26	195.47	652	801	917	998	1,020	1,036	1,090	1,200	84	
D2642	Onlay - porcelain/ceramic - two surfaces	961.43	186.32	767	860	952	1,048	1,090	1,118	1,149	1,300	91	
D2643	Onlay - porcelain/ceramic - three surfaces	1,000.88	186.55	785	895	993	1,105	1,137	1,160	1,247	1,310	94	
D2644	Onlay - porcelain/ceramic - four or more surfaces	1,032.51	180.72	839	927	1,000	1,129	1,183	1,200	1,279	1,312	98	
D2651	Inlay - resin-based composite - two surfaces	830.94	222.47	500	764	862	920	953	985	1,000	1,121	52	
D2662	Onlay - resin-based composite - two surfaces	896.82	217.10	624	803	900	994	1,008	1,069	1,090	1,205	51	
D2663	Onlay - resin-based composite - three surfaces	939.94	208.91	630	855	954	1,050	1,080	1,103	1,145	1,251	49	
D2664	Onlay - resin-based composite - four or more surfaces	964.10	214.50	680	868	960	1,090	1,133	1,140	1,216	1,295	50	
D2710	Crown, resin-based composite (indirect)	725.65	337.86	330	422	741	985	1,000	1,034	1,150	1,250	62	
D2740	Crown - porcelain/ceramic substrate	1,112.37	202.38	895	985	1,075	1,233	1,279	1,310	1,350	1,532	153	
D2750	Crown - porcelain fused to high noble metal	1,080.49	174.77	890	953	1,049	1,196	1,228	1,260	1,310	1,385	157	
D2751	Crown - porcelain fused to predominantly base metal	995.38	148.65	821	895	976	1,088	1,100	1,150	1,212	1,300	89	
D2752	Crown - porcelain fused to noble metal	1,044.93	184.04	850	900	1,003	1,150	1,200	1,277	1,305	1,360	110	
D2780	Crown - 3/4 cast high noble metal	1,051.39	191.33	811	945	1,000	1,200	1,230	1,278	1,300	1,350	57	
D2783	Crown - 3/4 porcelain/ceramic	1,076.10	174.59	855	977	1,053	1,194	1,200	1,229	1,288	1,388	60	
D2790	Crown - full cast high noble metal	1,100.40	195.42	895	953	1,053	1,234	1,250	1,298	1,374	1,475	147	

**2013 Survey of Dental Fees**  
**General Practitioners - South Atlantic Division**  
**(Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., West Virginia)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	331.19	145.83	155	224	342	418	432	461	515	585		106
D2920	Recement crown	94.42	24.51	61	81	93	102	109	115	125	145		158
D2930	Prefabricated stainless steel crown - primary tooth	269.92	62.41	200	229	260	303	324	340	360	395		93
D2931	Prefabricated stainless steel crown - permanent tooth	296.66	70.91	195	263	300	333	337	353	377	406		80
D2940	Protective restoration	104.27	26.41	79	88	100	117	121	126	135	163		114
D2950	Core buildup, including any pins	245.21	52.74	178	208	246	278	290	298	304	338		160
D2952	Post and core in addition to crown; indirectly fabricated	355.21	82.45	252	303	353	404	425	438	459	480		117
D2954	Prefabricated post and core in addition to crown	298.81	54.58	227	270	303	331	340	351	364	378		152
D2961	Labial veneer (resin laminate) - laboratory	818.94	268.46	479	630	823	962	985	1,031	1,155	1,310		67
D2962	Labial veneer (porcelain laminate) - laboratory	1,082.57	216.28	863	938	1,050	1,200	1,254	1,312	1,350	1,487		150
D2970	Temporary crown (fractured tooth)	294.28	106.70	165	209	290	370	389	400	446	460		124
D3110	Pulp cap - direct (excluding final restoration)	70.84	27.84	39	55	70	81	85	90	93	107		123
D3120	Pulp cap - indirect (excluding final restoration)	69.29	27.96	38	51	70	81	84	90	93	138		113
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinoemental junction and application of medicament	172.35	56.02	110	144	175	201	210	218	229	260		126
D3221	Pulpal debridement, primary and permanent teeth	172.76	70.21	85	150	185	213	222	230	243	260		95
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	250.33	89.64	145	195	251	288	300	310	346	480		57

**2013 Survey of Dental Fees**  
**General Practitioners - South Atlantic Division**  
**(Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., West Virginia)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	270.25	102.87	150	203	262	327	343	350	400	489		57
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	702.36	129.93	525	625	700	780	788	825	880	950		146
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	811.92	131.34	642	731	800	891	907	933	995	1,055		144
D3330	Endodontic therapy, molar (excluding final restoration)	983.43	152.76	800	890	975	1,094	1,104	1,126	1,150	1,253		134
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	337.24	193.54	0	200	388	455	474	481	500	720		51
D3346	Retreatment of previous root canal therapy - anterior	824.79	165.85	625	747	829	900	927	945	1,011	1,100		68
D3347	Retreatment of previous root canal therapy - bicuspid	928.79	187.00	700	825	946	1,025	1,045	1,058	1,134	1,210		67
D3348	Retreatment of previous root canal therapy - molar	1,092.63	202.71	850	1,000	1,092	1,200	1,221	1,253	1,266	1,500		59
D3351	Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp spa	308.12	98.78	149	271	336	370	380	381	397	421		34
D3410	Apicoectomy/periradicular surgery - anterior	676.59	207.77	400	580	684	790	840	863	932	1,034		54
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	747.86	204.04	500	642	745	834	850	892	963	1,294		35
D3425	Apicoectomy/periradicular surgery - molar (first root)	815.76	230.09	500	730	820	924	932	1,000	1,045	1,232		33
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	552.18	172.02	322	450	570	663	679	713	754	803		92
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	244.51	104.39	107	175	242	294	305	320	375	450		108

**2013 Survey of Dental Fees**  
**General Practitioners - South Atlantic Division**  
**(Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., West Virginia)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	663.00	207.26	315	558	693	800	808	832	900	917		68
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	501.14	199.80	200	350	524	633	654	700	745	832		57
D4249	Clinical crown lengthening - hard tissue	664.90	200.03	350	587	698	800	813	823	917	1,003		87
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	983.43	243.34	602	832	968	1,131	1,167	1,245	1,285	1,428		56
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	760.55	178.49	534	598	799	891	946	960	989	1,004		44
D4263	Bone replacement graft - first site in quadrant	527.09	201.00	290	350	519	695	710	728	788	859		57
D4264	Bone replacement graft — each additional site in quadrant	374.77	159.68	200	227	359	512	525	539	575	618		53
D4266	Guided tissue regeneration — resorbable barrier, per site	532.76	259.51	206	300	512	761	797	825	900	934		42
D4273	Subepithelial connective tissue graft procedures, per tooth	1,002.35	238.75	700	898	976	1,147	1,207	1,250	1,280	1,456		34
D4321	Provisional splinting - extracoronal	368.76	153.34	150	285	378	468	487	500	531	639		100
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	233.21	44.22	180	206	230	250	256	275	285	300		150
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	162.92	42.03	115	141	155	183	193	200	215	250		137
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	159.54	37.86	110	139	157	180	186	195	206	225		148
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	83.25	49.83	31	42	65	125	135	150	162	172		109
D4910	Periodontal maintenance	121.08	24.48	85	102	125	136	140	150	154	158		145

**2013 Survey of Dental Fees**  
**General Practitioners - South Atlantic Division**  
**(Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., West Virginia)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5110	Complete denture - maxillary	1,482.29	384.97	980	1,200	1,477	1,725	1,820	1,900	2,000	2,104	158
D5120	Complete denture - mandibular	1,485.29	387.27	980	1,200	1,462	1,725	1,820	1,931	2,007	2,104	158
D5130	Immediate denture - maxillary	1,565.21	395.48	1,025	1,255	1,580	1,825	1,855	1,945	2,000	2,148	154
D5140	Immediate denture - mandibular	1,569.22	400.01	1,025	1,255	1,580	1,825	1,855	1,945	2,000	2,300	154
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	1,063.09	389.42	636	752	1,000	1,265	1,340	1,405	1,504	1,700	156
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	1,086.75	384.93	650	844	1,052	1,267	1,369	1,448	1,540	1,700	153
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,561.26	384.20	1,087	1,286	1,545	1,800	1,850	1,937	2,040	2,215	159
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,570.08	388.90	1,087	1,300	1,557	1,800	1,850	1,950	2,050	2,310	158
D5225	Maxillary partial denture - flexible base (including any clasps, rests, and teeth)	1,356.88	370.13	880	1,090	1,397	1,600	1,625	1,699	1,849	1,925	119
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,347.02	376.14	867	1,084	1,370	1,600	1,625	1,699	1,849	1,925	119
D5510	Repair broken complete denture base	185.86	59.76	103	150	184	210	222	239	250	294	143
D5520	Replace missing or broken teeth - complete denture (each tooth)	161.86	48.00	100	130	160	186	197	202	225	250	143
D5610	Repair resin denture base	181.83	52.12	115	150	180	206	214	219	240	268	138
D5640	Replace broken teeth - per tooth	169.59	50.81	104	142	166	195	203	221	237	261	140
D5650	Add tooth to existing partial denture	193.88	54.48	130	150	193	222	227	243	258	300	147
D5660	Add clasp to existing partial denture	222.57	64.91	150	174	224	259	273	288	300	343	145
D5710	Rebase complete maxillary denture	488.18	120.90	340	400	495	569	586	600	622	681	102
D5730	Reline complete maxillary denture (chairside)	301.28	93.35	175	237	315	357	381	395	408	435	133

**2013 Survey of Dental Fees**  
**General Practitioners - South Atlantic Division**  
**(Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., West Virginia)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D5731	Reline complete mandibular denture (chairside)	298.39	93.15	172	235	305	356	379	394	406	425		130
D5750	Reline complete maxillary denture (laboratory)	399.76	104.50	250	345	405	468	482	500	512	550		153
D5751	Reline complete mandibular denture (laboratory)	397.50	102.98	250	345	400	468	480	494	512	550		149
D6010	Surgical placement of implant body: endosteal implant	1,779.07	357.36	1,273	1,568	1,793	1,986	2,011	2,080	2,207	2,506		60
D6053	Implant/abutment supported removable denture for completely edentulous arch	2,107.73	821.11	1,100	1,628	2,015	2,683	2,753	2,972	3,107	3,493		73
D6055	Connecting bar - implant supported or abutment supported	2,047.96	1,212.66	605	950	2,021	2,848	2,906	3,075	3,542	4,578		69
D6056	Prefabricated abutment — includes modification and placement	651.07	242.40	387	447	650	850	868	893	959	1,016		100
D6057	Custom fabricated abutment - includes placement	814.98	257.23	475	605	802	1,000	1,040	1,050	1,124	1,205		106
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,278.16	278.32	950	1,050	1,277	1,433	1,500	1,516	1,596	1,708		121
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,360.93	340.69	950	1,100	1,350	1,530	1,590	1,700	1,738	1,895		102
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,281.62	298.36	902	1,019	1,295	1,473	1,500	1,571	1,655	1,750		79
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,355.02	337.49	950	1,095	1,388	1,571	1,655	1,701	1,764	1,895		57
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	189.92	127.73	0	88	175	295	300	320	330	375		75
D6210	Pontic - cast high noble metal	1,101.91	208.15	895	945	1,050	1,210	1,281	1,300	1,375	1,500		111
D6240	Pontic - porcelain fused to high noble metal	1,074.99	176.54	885	951	1,040	1,196	1,205	1,250	1,310	1,375		145

**2013 Survey of Dental Fees**  
**General Practitioners - South Atlantic Division**  
**(Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., West Virginia)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6241	Pontic - porcelain fused to predominantly base metal	1,017.85	212.29	795	893	985	1,106	1,145	1,200	1,300	1,400	87
D6245	Pontic - porcelain/ceramic	1,097.73	202.41	880	962	1,050	1,210	1,250	1,300	1,350	1,495	121
D6253	Provisional pontic — further treatment or completion of diagnosis necessary prior to final impression	437.90	232.70	189	295	391	568	668	732	778	868	52
D6545	Retainer - cast metal for resin bonded fixed prosthesis	628.87	273.98	282	430	611	825	885	915	985	1,080	86
D6750	Crown - porcelain fused to high noble metal	1,091.84	176.23	900	953	1,050	1,200	1,236	1,277	1,325	1,395	148
D6751	Crown - porcelain fused to predominantly base metal	1,018.30	199.65	813	890	984	1,102	1,142	1,223	1,298	1,420	80
D6790	Crown - full cast high noble metal	1,074.56	176.35	885	936	1,035	1,200	1,234	1,281	1,325	1,395	123
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	450.04	223.17	189	308	424	536	574	627	820	950	48
D6930	Recement fixed partial denture	142.39	36.40	95	119	145	163	168	175	184	207	137
D7111	Extraction, coronal remnants - deciduous tooth	111.15	30.87	72	89	114	131	135	140	150	167	128
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	156.99	38.19	105	135	155	180	185	195	204	220	164
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap	251.18	53.09	180	220	250	283	292	300	317	345	148
D7220	Removal of impacted tooth - soft tissue	297.52	64.04	225	257	293	338	345	355	390	422	114
D7230	Removal of impacted tooth - partially bony	369.65	65.70	275	337	373	412	420	433	444	478	100
D7240	Removal of impacted tooth - completely bony	438.24	78.82	325	399	450	495	500	514	528	550	76
D7250	Surgical removal of residual tooth roots (cutting procedure)	259.76	67.58	171	214	260	295	301	318	349	397	115
D7286	Biopsy of oral tissue - soft	273.87	89.85	152	200	289	324	339	350	370	424	78

**2013 Survey of Dental Fees**  
**General Practitioners - South Atlantic Division**  
**(Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., West Virginia)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D7288	Brush biopsy - transepithelial sample collection	150.97	47.45	92	110	152	181	191	200	205	208		30
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	268.42	73.33	187	230	258	300	317	325	350	400		91
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	388.22	140.57	234	300	388	454	468	500	579	621		81
D7410	Excision of benign lesion up to 1.25 cm	328.67	147.00	152	205	330	408	413	438	480	564		55
D7880	Occlusal orthotic device, by report	788.48	340.29	382	543	698	995	1,092	1,160	1,208	1,500		64
D7910	Suture of recent small wounds up to 5 cm	240.89	127.37	67	151	250	312	339	360	386	457		46
D7953	Bone replacement graft for ridge preservation – per site	441.44	196.79	235	300	445	546	550	600	747	847		39
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another	387.15	114.33	250	310	395	450	460	492	521	600		75
D7970	Excision of hyperplastic tissue - per arch	437.22	162.67	220	300	425	540	550	575	636	679		55
D8040	Limited orthodontic treatment of the adult dentition	2,668.82	1,379.40	788	1,548	3,073	3,500	3,700	3,800	4,293	5,000		44
D8090	Comprehensive orthodontic treatment of the adult dentition	5,336.26	767.75	4,500	4,841	5,175	5,665	5,831	5,900	6,106	6,600		46
D8692	Replacement of lost or broken retainer	255.31	100.95	109	157	280	324	325	345	372	422		39
D9110	Palliative (emergency) treatment of dental pain - minor procedure	97.89	35.12	50	75	99	119	125	128	135	155		155
D9120	Fixed partial denture sectioning	143.36	69.47	72	90	120	196	223	243	255	268		89
D9215	Local anesthesia in conjunction with operative or surgical procedures	32.49	30.08	0	0	26	57	60	64	69	80		65
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	61.81	31.35	0	42	67	80	82	88	103	120		97
D9248	Non-intravenous conscious sedation	186.61	161.14	0	0	170	314	345	368	400	457		36
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	82.31	54.69	0	47	82	119	127	131	140	165		95

**2013 Survey of Dental Fees**  
**General Practitioners - South Atlantic Division**  
**(Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., West Virginia)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D9410	House/extended care facility call	194.06	88.59	86	128	194	241	249	267	300	393	36	
D9420	Hospital or ambulatory surgical center call	257.68	94.70	130	204	259	300	305	330	350	420	31	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	46.24	31.08	0	20	52	74	75	76	79	83	85	
D9440	Office visit - after regularly scheduled hours	134.48	49.32	75	100	135	165	169	182	192	210	113	
D9610	Therapeutic parenteral drug, single administration	54.14	43.35	0	12	51	100	101	102	105	119	42	
D9630	Other drugs and/or medicaments, by report	28.29	19.86	4	16	25	37	45	49	50	57	73	
D9910	Application of desensitizing medicament	47.93	19.85	25	35	47	60	64	66	70	85	114	
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	57.02	35.66	15	34	51	76	82	85	103	125	88	
D9920	Behavior management, by report	88.72	47.69	32	46	81	136	143	150	159	166	32	
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	98.37	39.26	57	70	95	120	124	131	132	150	41	
D9940	Occlusal guard, by report	492.88	151.22	289	400	500	582	600	643	671	720	151	
D9941	Fabrication of athletic mouthguard	217.92	112.21	77	135	206	275	300	350	400	425	108	
D9951	Occlusal adjustment - limited	129.91	62.42	54	85	131	172	175	182	200	216	121	
D9952	Occlusal adjustment - complete	521.17	242.57	188	333	553	653	694	727	750	845	104	
D9972	External bleaching - per arch - performed in office	271.52	112.37	150	200	250	303	346	364	473	505	88	
D9974	Internal bleaching - per tooth	240.41	87.24	103	200	248	300	311	319	347	369	97	
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	264.48	105.81	149	175	251	350	362	395	400	475	94	

**2013 Survey of Dental Fees**  
**General Practitioners - East South Central Division**  
**(Alabama, Kentucky, Mississippi, Tennessee)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	39.32	9.48	26	33	40	45	47	49	50	53	94
D0140	Limited oral evaluation - problem focused	54.28	14.42	39	45	54	65	68	70	71	74	92
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	44.72	18.35	25	30	40	63	64	64	65	81	47
D0150	Comprehensive oral evaluation - new or established patient	63.36	16.99	40	50	65	78	79	82	85	87	91
D0160	Detailed and extensive oral evaluation - problem focused, by report	94.31	44.63	40	60	84	128	138	145	150	160	58
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	47.60	20.04	20	40	50	62	64	68	70	78	55
D0180	Comprehensive periodontal evaluation - new or established patient	72.54	22.07	44	51	72	92	95	98	100	103	54
D0210	Intraoral - complete series of radiographic images	114.31	24.36	80	96	114	130	132	135	145	165	78
D0220	Intraoral - periapical first radiographic image	23.03	5.53	16	19	23	27	27	29	29	32	93
D0230	Intraoral - periapical each additional radiographic image	19.70	6.08	12	15	20	23	24	25	27	30	91
D0272	Bitewings - two radiographic images	37.03	8.50	27	30	37	43	44	45	46	50	88
D0273	Bitewings - three radiographic images	45.07	9.44	33	38	45	52	55	56	57	60	45
D0274	Bitewings - four radiographic images	53.86	11.30	40	45	54	60	62	63	65	72	86
D0277	Vertical bitewings - 7 to 8 radiographic images	85.69	18.59	61	74	88	95	96	98	98	120	32
D0330	Panoramic radiographic image	93.80	14.88	75	81	95	105	107	108	110	114	83
D0350	Oral/facial photographic images	43.81	38.56	0	3	50	66	67	71	75	150	36
D0470	Diagnostic casts	82.68	32.15	48	57	80	101	111	113	118	145	65
D1110	Prophylaxis - adult	71.14	13.50	54	62	71	80	82	86	88	94	93
D1120	Prophylaxis - child	54.69	11.71	40	46	55	62	64	65	67	74	93
D1206	Topical fluoride varnish	31.49	9.64	20	25	30	36	40	41	43	45	61

**2013 Survey of Dental Fees**  
**General Practitioners - East South Central Division**  
**(Alabama, Kentucky, Mississippi, Tennessee)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1208	Topical application of fluoride	29.31	7.35	20	25	30	35	35	36	37	43	72
D1320	Tobacco counseling for the control and prevention of oral disease	29.36	29.68	0	0	25	53	64	65	67	80	33
D1330	Oral hygiene instructions	21.98	24.20	0	0	22	42	46	49	50	56	53
D1351	Sealant - per tooth	43.86	10.87	32	36	44	50	51	54	55	57	90
D1510	Space maintainer - fixed - unilateral	262.04	49.04	180	235	265	295	305	308	324	340	49
D1515	Space maintainer - fixed - bilateral	360.73	64.89	275	324	355	414	425	435	438	443	48
D2140	Amalgam - one surface, primary or permanent	107.59	26.75	70	85	110	128	130	134	143	153	78
D2150	Amalgam - two surfaces, primary or permanent	134.22	36.70	85	107	136	153	159	167	175	197	77
D2160	Amalgam - three surfaces, primary or permanent	158.96	47.29	100	125	160	183	190	195	210	268	78
D2161	Amalgam - four or more surfaces, primary or permanent	182.42	52.96	120	141	181	211	217	235	243	282	76
D2330	Resin-based composite - one surface, anterior	133.05	33.16	90	110	132	150	155	156	170	186	88
D2331	Resin-based composite - two surfaces, anterior	158.79	39.03	103	134	158	180	187	192	200	219	89
D2332	Resin-based composite - three surfaces, anterior	188.30	48.68	125	155	185	216	223	238	242	258	91
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	226.82	57.67	151	184	225	263	280	294	300	315	89
D2390	Resin-based composite crown, anterior	334.00	139.95	163	245	348	410	425	435	448	490	40
D2391	Resin-based composite - one surface, posterior	141.63	32.31	95	120	140	160	165	172	184	190	90
D2392	Resin-based composite - two surfaces, posterior	177.73	37.29	128	152	179	207	214	216	223	234	88
D2393	Resin-based composite - three surfaces, posterior	213.35	45.71	145	180	220	254	256	261	270	283	88
D2394	Resin-based composite - four or more surfaces, posterior	250.20	58.62	170	200	252	295	304	317	330	338	85

**2013 Survey of Dental Fees**  
**General Practitioners - East South Central Division**  
**(Alabama, Kentucky, Mississippi, Tennessee)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2520	Inlay - metallic - two surfaces	714.47	210.02	468	508	692	856	898	935	990	1,150	36
D2543	Onlay - metallic - three surfaces	844.10	199.96	561	689	855	987	997	1,044	1,045	1,200	31
D2620	Inlay - porcelain/ceramic - two surfaces	803.45	174.19	500	700	823	930	935	975	1,000	1,100	38
D2642	Onlay - porcelain/ceramic - two surfaces	882.85	150.21	640	792	895	990	1,018	1,021	1,045	1,101	34
D2643	Onlay - porcelain/ceramic - three surfaces	924.80	167.02	679	830	917	1,039	1,048	1,092	1,101	1,268	35
D2644	Onlay - porcelain/ceramic - four or more surfaces	929.71	166.39	660	840	930	1,036	1,058	1,138	1,150	1,268	38
D2710	Crown, resin-based composite (indirect)	569.95	259.45	250	325	599	790	855	880	927	940	37
D2740	Crown - porcelain/ceramic substrate	963.65	150.17	775	850	972	1,064	1,090	1,109	1,169	1,251	80
D2750	Crown - porcelain fused to high noble metal	940.34	137.49	750	856	938	1,012	1,055	1,091	1,130	1,175	80
D2751	Crown - porcelain fused to predominantly base metal	905.00	131.05	740	800	900	982	1,000	1,050	1,093	1,150	57
D2752	Crown - porcelain fused to noble metal	894.68	140.17	700	792	900	969	1,000	1,026	1,093	1,135	69
D2780	Crown - 3/4 cast high noble metal	952.31	138.85	787	862	936	1,041	1,075	1,107	1,125	1,200	32
D2783	Crown - 3/4 porcelain/ceramic	957.56	152.02	755	860	950	1,048	1,065	1,104	1,200	1,252	36
D2790	Crown - full cast high noble metal	970.09	171.81	750	855	975	1,075	1,095	1,125	1,153	1,267	81
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	268.07	148.35	94	150	270	380	383	400	433	442	42
D2920	Re cement crown	82.06	21.25	57	68	78	94	96	101	107	115	89
D2930	Prefabricated stainless steel crown - primary tooth	224.07	51.23	154	185	219	252	260	265	282	331	59
D2931	Prefabricated stainless steel crown - permanent tooth	270.07	84.80	154	200	259	317	331	350	388	461	58
D2940	Protective restoration	91.17	23.25	60	78	90	104	108	114	118	124	58
D2950	Core buildup, including any pins	212.14	49.82	141	175	213	252	260	263	270	275	86
D2952	Post and core in addition to crown; indirectly fabricated	309.83	76.16	218	253	308	359	373	377	393	422	64
D2954	Prefabricated post and core in addition to crown	266.15	57.86	180	225	264	303	311	325	337	353	80

**2013 Survey of Dental Fees**  
**General Practitioners - East South Central Division**  
**(Alabama, Kentucky, Mississippi, Tennessee)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2961	Labial veneer (resin laminate) - laboratory	723.43	215.95	394	558	768	900	912	925	950	1,014	40
D2962	Labial veneer (porcelain laminate) - laboratory	952.70	175.09	750	840	940	1,067	1,100	1,108	1,177	1,252	74
D2970	Temporary crown (fractured tooth)	244.81	98.13	125	176	232	300	332	350	385	420	63
D3110	Pulp cap - direct (excluding final restoration)	64.62	23.50	41	50	64	80	81	84	88	100	69
D3120	Pulp cap - indirect (excluding final restoration)	62.58	22.51	35	47	63	75	80	82	86	100	59
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	154.51	53.13	95	111	151	175	190	197	211	250	75
D3221	Pulpal debridement, primary and permanent teeth	175.83	60.31	106	140	174	197	197	228	244	314	46
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	233.50	71.43	150	184	243	280	299	321	323	331	32
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	624.43	118.56	450	533	645	700	709	720	751	775	81
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	727.14	134.61	512	645	744	810	842	858	885	934	80
D3330	Endodontic therapy, molar (excluding final restoration)	889.67	136.02	700	775	890	980	991	1,025	1,082	1,140	75
D3346	Retreatment of previous root canal therapy - anterior	689.00	160.42	483	580	700	774	800	815	845	995	41
D3347	Retreatment of previous root canal therapy - bicuspid	790.90	153.17	594	689	777	904	921	954	995	1,066	40
D3348	Retreatment of previous root canal therapy - molar	938.57	170.92	735	812	913	1,077	1,114	1,132	1,143	1,200	42
D3410	Apicoectomy/periradicular surgery - anterior	478.43	147.23	283	379	486	578	612	623	691	730	30

**2013 Survey of Dental Fees**  
**General Practitioners - East South Central Division**  
**(Alabama, Kentucky, Mississippi, Tennessee)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	432.11	135.14	259	328	451	504	552	558	587	616	47
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	210.41	85.49	92	150	203	270	288	303	320	350	51
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	485.86	161.84	295	375	443	594	645	700	720	767	36
D4249	Clinical crown lengthening - hard tissue	570.00	174.47	300	449	600	708	728	740	780	829	36
D4321	Provisional splinting - extracoronal	333.29	137.10	105	243	350	418	433	448	500	529	48
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	204.86	43.24	150	165	207	233	248	251	265	275	79
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	150.87	44.53	100	121	149	173	179	184	200	230	68
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	142.46	39.62	93	114	144	161	165	178	190	220	76
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	89.35	49.04	39	50	75	132	137	153	159	175	55
D4910	Periodontal maintenance	111.12	22.88	78	92	116	126	128	130	139	145	69
D5110	Complete denture - maxillary	1,276.92	390.72	822	1,000	1,215	1,450	1,514	1,661	1,698	2,000	87
D5120	Complete denture - mandibular	1,281.42	389.68	822	1,000	1,215	1,440	1,514	1,665	1,698	2,000	86
D5130	Immediate denture - maxillary	1,380.02	433.46	855	1,100	1,310	1,548	1,715	1,751	1,800	2,300	85
D5140	Immediate denture - mandibular	1,378.94	435.51	860	1,100	1,305	1,575	1,730	1,753	1,800	2,300	84
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	954.40	319.05	560	747	900	1,158	1,200	1,268	1,400	1,515	83
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	955.53	319.70	560	747	900	1,158	1,200	1,266	1,400	1,515	83

**2013 Survey of Dental Fees**  
**General Practitioners - East South Central Division**  
**(Alabama, Kentucky, Mississippi, Tennessee)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,334.94	362.22	875	1,124	1,323	1,497	1,600	1,640	1,732	1,876	88
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,349.69	384.87	875	1,147	1,328	1,500	1,600	1,650	1,747	1,880	89
D5225	Maxillary partial denture - flexible base (including any clasps, rests, and teeth)	1,178.74	307.57	850	900	1,203	1,350	1,391	1,447	1,527	1,800	62
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,176.69	307.40	842	900	1,190	1,350	1,391	1,447	1,517	1,800	62
D5510	Repair broken complete denture base	161.68	59.70	83	122	161	194	200	204	219	275	82
D5520	Replace missing or broken teeth - complete denture (each tooth)	135.64	43.26	80	100	132	165	172	178	192	200	77
D5610	Repair resin denture base	156.73	50.94	90	125	158	181	188	196	203	250	71
D5640	Replace broken teeth - per tooth	138.78	41.83	90	105	140	165	175	178	185	217	74
D5650	Add tooth to existing partial denture	175.37	53.24	110	141	173	200	210	216	226	285	78
D5660	Add clasp to existing partial denture	217.18	65.30	130	182	219	250	260	267	295	301	76
D5710	Rebase complete maxillary denture	449.29	120.62	281	379	456	520	545	566	579	650	62
D5730	Reline complete maxillary denture (chairside)	284.99	91.12	175	210	282	350	360	375	396	435	67
D5731	Reline complete mandibular denture (chairside)	274.33	95.29	153	200	275	335	359	374	381	426	67
D5750	Reline complete maxillary denture (laboratory)	358.92	88.40	231	300	371	420	430	450	469	498	89
D5751	Reline complete mandibular denture (laboratory)	358.76	88.44	231	300	369	421	430	450	469	498	89
D6053	Implant/abutment supported removable denture for completely edentulous arch	1,811.51	873.11	900	1,200	1,625	2,309	2,500	2,800	3,200	3,212	41
D6055	Connecting bar - implant supported or abutment supported	2,413.93	1,674.80	700	1,200	2,234	2,900	3,592	4,407	5,017	6,432	30

**2013 Survey of Dental Fees**  
**General Practitioners - East South Central Division**  
**(Alabama, Kentucky, Mississippi, Tennessee)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6056	Prefabricated abutment — includes modification and placement	601.12	214.46	385	450	559	700	761	798	856	1,100	57
D6057	Custom fabricated abutment - includes placement	716.69	201.77	450	575	718	828	856	891	980	1,100	54
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,109.61	192.50	850	950	1,118	1,206	1,250	1,300	1,376	1,395	61
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,123.63	252.73	843	923	1,098	1,267	1,323	1,402	1,445	1,636	60
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,145.67	239.57	800	1,000	1,114	1,300	1,329	1,371	1,400	1,500	43
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,153.00	246.32	845	1,000	1,125	1,309	1,359	1,395	1,445	1,548	30
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	153.51	96.84	50	75	145	230	244	250	269	276	35
D6210	Pontic - cast high noble metal	943.31	175.17	725	800	925	1,050	1,075	1,125	1,150	1,200	71
D6240	Pontic - porcelain fused to high noble metal	925.70	148.45	725	805	904	1,005	1,075	1,090	1,131	1,169	84
D6241	Pontic - porcelain fused to predominantly base metal	875.31	144.49	690	752	868	981	995	1,030	1,050	1,169	52
D6245	Pontic - porcelain/ceramic	959.67	158.76	761	850	965	1,050	1,093	1,111	1,200	1,250	69
D6545	Retainer - cast metal for resin bonded fixed prosthesis	493.58	211.63	300	350	425	620	675	730	750	885	43
D6750	Crown - porcelain fused to high noble metal	938.47	148.54	740	845	941	1,000	1,050	1,093	1,150	1,230	78
D6751	Crown - porcelain fused to predominantly base metal	885.04	145.82	680	795	890	951	993	1,045	1,131	1,169	49
D6790	Crown - full cast high noble metal	964.40	175.22	750	835	951	1,052	1,075	1,125	1,167	1,300	77
D6930	Recement fixed partial denture	115.90	36.87	73	87	120	138	145	150	154	163	78

**2013 Survey of Dental Fees**  
**General Practitioners - East South Central Division**  
**(Alabama, Kentucky, Mississippi, Tennessee)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7111	Extraction, coronal remnants - deciduous tooth	96.31	32.62	64	75	91	113	122	126	130	150	58
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	128.94	36.22	85	100	125	145	150	159	175	180	89
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap	218.74	54.01	150	184	223	240	250	268	280	304	81
D7220	Removal of impacted tooth - soft tissue	257.93	52.46	180	228	257	285	289	304	315	360	58
D7230	Removal of impacted tooth - partially bony	315.33	68.41	222	273	315	361	375	379	405	429	49
D7240	Removal of impacted tooth - completely bony	386.12	90.15	265	320	374	450	465	479	484	576	33
D7250	Surgical removal of residual tooth roots (cutting procedure)	221.88	62.82	144	171	230	259	275	277	304	325	48
D7286	Biopsy of oral tissue - soft	234.00	82.51	144	175	229	277	300	313	349	396	37
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	219.34	73.19	136	155	225	250	276	297	311	375	50
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	271.50	101.27	150	180	259	347	353	387	400	475	46
D7880	Occlusal orthotic device, by report	588.23	305.04	247	430	537	706	711	918	935	1,017	31
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another	343.24	105.72	214	259	343	420	442	450	462	502	41
D7970	Excision of hyperplastic tissue - per arch	360.07	155.27	134	222	400	462	466	497	527	595	30
D9110	Palliative (emergency) treatment of dental pain - minor procedure	86.35	24.62	51	69	90	101	109	112	117	125	84
D9120	Fixed partial denture sectioning	131.61	59.65	77	87	105	175	190	222	230	245	31
D9215	Local anesthesia in conjunction with operative or surgical procedures	28.46	22.71	0	0	32	49	50	50	55	59	35
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	48.43	21.38	22	30	50	62	68	73	75	82	67

**2013 Survey of Dental Fees**  
**General Practitioners - East South Central Division**  
**(Alabama, Kentucky, Mississippi, Tennessee)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	67.53	41.42	0	47	72	90	95	105	115	150	47
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	47.04	25.83	5	36	49	63	66	67	69	75	50
D9440	Office visit - after regularly scheduled hours	110.22	38.79	68	75	111	137	145	150	157	190	54
D9630	Other drugs and/or medicaments, by report	25.29	20.33	0	12	19	35	39	43	48	85	38
D9910	Application of desensitizing medicament	39.25	17.83	24	27	35	47	49	51	57	67	63
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	47.42	23.54	15	30	49	64	65	68	71	95	38
D9940	Occlusal guard, by report	421.20	130.20	275	337	432	500	515	535	551	650	84
D9941	Fabrication of athletic mouthguard	183.49	89.24	60	125	166	236	275	285	300	362	59
D9951	Occlusal adjustment - limited	110.16	57.13	40	62	119	151	156	165	170	204	58
D9952	Occlusal adjustment - complete	417.57	200.46	150	265	450	570	585	605	636	690	49
D9972	External bleaching - per arch - performed in office	287.34	157.39	130	175	250	385	464	499	525	595	41
D9974	Internal bleaching - per tooth	208.63	85.03	90	155	205	255	262	292	300	350	43
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	236.47	105.86	125	175	200	265	300	350	425	483	49

**2013 Survey of Dental Fees**  
**General Practitioners - West South Central Division**  
**(Arkansas, Louisiana, Oklahoma, Texas)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	41.16	10.52	30	35	42	47	48	50	51	60	97
D0140	Limited oral evaluation - problem focused	59.47	14.55	42	48	60	70	71	75	75	83	93
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	51.52	15.29	33	35	51	64	65	67	68	82	33
D0150	Comprehensive oral evaluation - new or established patient	65.86	17.67	44	52	68	77	80	81	85	90	95
D0160	Detailed and extensive oral evaluation - problem focused, by report	102.54	48.41	48	71	95	136	142	149	155	160	65
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	43.81	25.00	0	33	50	60	64	68	70	85	58
D0180	Comprehensive periodontal evaluation - new or established patient	74.11	21.16	48	59	75	84	90	92	100	118	63
D0210	Intraoral - complete series of radiographic images	111.10	20.89	86	98	110	122	125	132	135	145	86
D0220	Intraoral - periapical first radiographic image	23.21	5.31	15	20	24	27	27	28	30	31	95
D0230	Intraoral - periapical each additional radiographic image	19.24	5.52	12	15	20	24	25	25	25	27	91
D0272	Bitewings - two radiographic images	37.09	6.77	29	32	38	42	44	44	46	47	88
D0273	Bitewings - three radiographic images	45.74	9.16	34	38	47	50	52	54	55	57	43
D0274	Bitewings - four radiographic images	52.70	9.59	41	45	52	59	60	63	65	67	91
D0277	Vertical bitewings - 7 to 8 radiographic images	82.64	19.55	59	70	84	96	98	100	105	119	55
D0330	Panoramic radiographic image	93.40	17.50	71	80	95	102	105	106	117	121	81
D0350	Oral/facial photographic images	42.53	27.83	0	27	46	59	61	64	70	98	45
D0470	Diagnostic casts	88.44	32.36	57	68	84	98	100	108	123	150	71
D1110	Prophylaxis - adult	76.38	15.27	60	66	77	85	87	90	93	100	95
D1120	Prophylaxis - child	56.48	12.15	44	49	58	61	63	66	67	74	93
D1206	Topical fluoride varnish	30.56	9.81	18	25	29	38	39	39	43	45	63

**2013 Survey of Dental Fees**  
**General Practitioners - West South Central Division**  
**(Arkansas, Louisiana, Oklahoma, Texas)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1208	Topical application of fluoride	28.53	7.03	18	25	29	35	35	36	38	40	75
D1320	Tobacco counseling for the control and prevention of oral disease	39.85	30.95	0	20	40	69	74	80	80	84	41
D1330	Oral hygiene instructions	30.82	22.92	0	10	33	47	50	54	56	70	57
D1351	Sealant - per tooth	45.56	8.11	36	38	46	50	51	55	55	59	85
D1510	Space maintainer - fixed - unilateral	268.86	49.17	215	235	270	298	305	319	323	340	63
D1515	Space maintainer - fixed - bilateral	365.03	75.59	272	305	369	418	427	435	450	495	64
D2140	Amalgam - one surface, primary or permanent	116.38	29.74	85	93	117	132	140	145	155	172	77
D2150	Amalgam - two surfaces, primary or permanent	145.61	34.67	101	124	149	165	172	177	185	212	77
D2160	Amalgam - three surfaces, primary or permanent	177.38	44.88	122	150	176	200	206	221	230	272	77
D2161	Amalgam - four or more surfaces, primary or permanent	218.27	60.07	150	175	210	250	258	270	288	334	75
D2330	Resin-based composite - one surface, anterior	142.02	29.80	110	120	140	160	165	166	176	186	92
D2331	Resin-based composite - two surfaces, anterior	173.85	35.16	132	151	173	191	196	206	218	241	93
D2332	Resin-based composite - three surfaces, anterior	210.89	46.51	152	178	210	239	247	250	275	287	94
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	259.71	61.97	190	220	258	298	300	315	334	375	93
D2390	Resin-based composite crown, anterior	320.47	103.96	186	274	300	387	432	450	466	499	45
D2391	Resin-based composite - one surface, posterior	152.56	31.43	118	132	150	170	176	182	186	195	90
D2392	Resin-based composite - two surfaces, posterior	195.80	40.37	145	170	195	220	227	231	243	265	90
D2393	Resin-based composite - three surfaces, posterior	242.79	50.60	175	205	245	272	284	295	310	327	89
D2394	Resin-based composite - four or more surfaces, posterior	290.21	59.13	215	247	292	325	336	354	365	391	86

**2013 Survey of Dental Fees**  
**General Practitioners - West South Central Division**  
**(Arkansas, Louisiana, Oklahoma, Texas)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2520	Inlay - metallic - two surfaces	812.08	235.86	542	643	771	990	1,050	1,101	1,153	1,179	40
D2543	Onlay - metallic - three surfaces	926.24	187.04	660	812	922	1,037	1,093	1,150	1,176	1,300	37
D2620	Inlay - porcelain/ceramic - two surfaces	890.07	219.75	600	756	850	994	1,037	1,093	1,150	1,300	43
D2642	Onlay - porcelain/ceramic - two surfaces	906.73	196.81	645	800	898	1,017	1,037	1,093	1,150	1,200	44
D2643	Onlay - porcelain/ceramic - three surfaces	952.79	175.01	725	850	941	1,046	1,093	1,100	1,156	1,200	43
D2644	Onlay - porcelain/ceramic - four or more surfaces	971.68	159.24	752	895	972	1,093	1,150	1,156	1,200	1,217	38
D2662	Onlay - resin-based composite - two surfaces	759.68	193.47	554	625	792	923	930	940	965	1,093	31
D2710	Crown, resin-based composite (indirect)	665.45	231.11	350	500	659	825	880	925	995	1,093	38
D2740	Crown - porcelain/ceramic substrate	1,017.99	169.56	828	886	1,020	1,100	1,135	1,150	1,212	1,280	81
D2750	Crown - porcelain fused to high noble metal	981.74	173.50	775	875	960	1,055	1,100	1,148	1,200	1,250	87
D2751	Crown - porcelain fused to predominantly base metal	943.81	151.78	785	825	915	987	1,080	1,141	1,167	1,247	63
D2752	Crown - porcelain fused to noble metal	950.00	159.66	750	850	922	1,035	1,098	1,141	1,165	1,250	68
D2780	Crown - 3/4 cast high noble metal	982.08	148.28	792	869	983	1,080	1,100	1,150	1,200	1,250	38
D2783	Crown - 3/4 porcelain/ceramic	988.85	166.58	797	886	974	1,075	1,093	1,141	1,150	1,300	34
D2790	Crown - full cast high noble metal	1,010.23	159.38	800	910	975	1,100	1,116	1,175	1,200	1,298	87
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	324.96	191.95	60	234	320	396	400	439	575	689	48
D2920	Recement crown	86.85	24.04	60	73	87	96	98	104	113	130	91
D2930	Prefabricated stainless steel crown - primary tooth	227.65	54.94	160	185	232	251	260	278	300	350	77
D2931	Prefabricated stainless steel crown - permanent tooth	266.51	73.15	176	220	264	307	315	320	339	400	67
D2940	Protective restoration	91.74	22.66	60	75	95	105	109	112	113	130	66
D2950	Core buildup, including any pins	220.25	53.77	150	180	218	251	260	265	275	298	89
D2952	Post and core in addition to crown; indirectly fabricated	348.86	84.33	250	291	358	385	390	400	450	500	66

**2013 Survey of Dental Fees**  
**General Practitioners - West South Central Division**  
**(Arkansas, Louisiana, Oklahoma, Texas)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2954	Prefabricated post and core in addition to crown	286.68	62.65	211	247	284	314	323	327	354	435	80
D2961	Labial veneer (resin laminate) - laboratory	852.55	171.02	608	751	868	954	963	1,004	1,051	1,150	40
D2962	Labial veneer (porcelain laminate) - laboratory	1,028.84	198.52	800	898	1,000	1,144	1,182	1,200	1,307	1,400	81
D2970	Temporary crown (fractured tooth)	249.68	100.60	130	190	225	325	335	345	350	379	63
D3110	Pulp cap - direct (excluding final restoration)	65.48	22.96	38	51	66	74	78	79	87	105	73
D3120	Pulp cap - indirect (excluding final restoration)	62.45	22.32	35	48	62	75	76	80	88	105	71
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	156.11	47.70	95	127	159	179	185	195	206	228	81
D3221	Pulpal debridement, primary and permanent teeth	177.44	61.60	100	147	183	205	217	222	250	251	54
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	199.92	52.67	125	160	206	234	239	245	268	298	38
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	224.84	69.46	107	193	246	273	276	278	300	350	37
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	650.02	127.62	500	562	632	716	750	766	787	898	85
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	748.38	135.55	580	666	738	825	842	869	886	940	84
D3330	Endodontic therapy, molar (excluding final restoration)	899.84	150.20	746	798	883	970	995	1,015	1,082	1,174	86
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	319.94	174.20	180	224	317	398	412	466	528	594	32
D3346	Retreatment of previous root canal therapy - anterior	775.21	198.78	507	663	749	885	900	946	1,061	1,200	56

**2013 Survey of Dental Fees**  
**General Practitioners - West South Central Division**  
**(Arkansas, Louisiana, Oklahoma, Texas)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3347	Retreatment of previous root canal therapy - bicuspid	875.26	217.29	600	754	850	953	1,000	1,055	1,100	1,400	53
D3348	Retreatment of previous root canal therapy - molar	1,033.40	262.11	710	865	985	1,137	1,219	1,254	1,350	1,550	53
D3410	Apicoectomy/periradicular surgery - anterior	585.71	231.05	363	421	580	659	684	705	830	1,082	35
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	494.97	152.51	295	395	500	585	600	635	676	800	59
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	221.48	81.83	121	159	234	261	272	294	298	380	60
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	587.06	183.16	360	499	592	650	678	735	807	852	48
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	465.87	197.82	241	309	462	558	596	669	725	765	39
D4249	Clinical crown lengthening - hard tissue	568.24	169.23	338	475	574	675	693	721	760	813	50
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	912.35	201.28	665	755	923	1,037	1,095	1,188	1,200	1,225	40
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	600.74	195.60	328	490	630	770	782	787	810	877	34
D4263	Bone replacement graft - first site in quadrant	492.25	182.01	222	363	495	601	631	688	735	822	36
D4321	Provisional splinting - extracoronal	316.47	151.37	100	196	315	401	435	449	491	499	47
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	220.03	43.54	175	190	215	244	250	258	275	295	88
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	147.37	38.47	100	120	148	168	175	184	200	203	83

**2013 Survey of Dental Fees**  
**General Practitioners - West South Central Division**  
**(Arkansas, Louisiana, Oklahoma, Texas)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	148.86	36.82	99	125	150	170	178	180	192	200	87
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	78.68	45.13	35	40	71	100	118	135	137	150	66
D4910	Periodontal maintenance	117.94	23.35	91	98	119	135	140	144	149	151	82
D5110	Complete denture - maxillary	1,369.50	302.31	990	1,127	1,393	1,563	1,616	1,736	1,800	1,824	92
D5120	Complete denture - mandibular	1,370.82	301.90	990	1,156	1,386	1,579	1,616	1,736	1,800	1,824	92
D5130	Immediate denture - maxillary	1,486.86	341.36	1,000	1,209	1,522	1,695	1,747	1,825	1,903	2,100	92
D5140	Immediate denture - mandibular	1,487.07	341.59	1,000	1,209	1,515	1,695	1,747	1,825	1,903	2,100	92
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	1,014.69	336.73	600	825	1,000	1,193	1,239	1,350	1,435	1,500	87
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	1,020.20	343.05	600	830	997	1,200	1,300	1,380	1,458	1,500	86
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,443.09	308.86	1,026	1,220	1,500	1,627	1,687	1,750	1,839	1,860	90
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,447.13	311.70	1,025	1,220	1,500	1,627	1,736	1,761	1,850	1,860	89
D5225	Maxillary partial denture - flexible base (including any clasps, rests, and teeth)	1,287.14	269.61	998	1,100	1,275	1,450	1,500	1,590	1,600	1,625	58
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,298.45	258.38	1,000	1,100	1,275	1,458	1,500	1,590	1,600	1,625	58
D5510	Repair broken complete denture base	184.77	60.54	116	142	180	217	220	238	250	275	71
D5520	Replace missing or broken teeth - complete denture (each tooth)	153.79	44.57	98	115	154	188	195	200	208	238	76
D5610	Repair resin denture base	167.45	56.30	96	136	170	194	200	210	225	274	71

**2013 Survey of Dental Fees**  
**General Practitioners - West South Central Division**  
**(Arkansas, Louisiana, Oklahoma, Texas)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5640	Replace broken teeth - per tooth	149.04	46.13	87	115	150	175	185	200	206	237	78
D5650	Add tooth to existing partial denture	186.27	50.69	118	150	185	218	227	236	250	275	75
D5660	Add clasp to existing partial denture	224.42	59.79	148	184	233	253	267	275	280	311	72
D5710	Rebase complete maxillary denture	473.63	126.43	330	367	455	540	551	599	658	726	59
D5730	Reline complete maxillary denture (chairside)	273.11	102.19	150	210	278	340	350	375	390	450	74
D5731	Reline complete mandibular denture (chairside)	271.12	93.84	150	218	275	327	344	375	385	407	76
D5750	Reline complete maxillary denture (laboratory)	380.93	111.80	275	312	382	453	474	480	490	565	88
D5751	Reline complete mandibular denture (laboratory)	384.78	111.58	275	320	391	455	475	483	490	565	85
D6010	Surgical placement of implant body: endosteal implant	1,737.92	322.95	1,250	1,513	1,800	1,880	1,950	2,000	2,101	2,500	37
D6053	Implant/abutment supported removable denture for completely edentulous arch	2,254.51	959.29	1,265	1,542	2,400	2,730	2,800	2,939	3,334	4,100	37
D6056	Prefabricated abutment — includes modification and placement	551.85	137.39	400	465	545	645	656	688	766	799	48
D6057	Custom fabricated abutment - includes placement	699.34	147.44	500	600	690	788	800	806	909	963	41
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,198.17	233.72	850	1,045	1,203	1,354	1,389	1,410	1,459	1,500	58
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,278.52	278.19	900	1,100	1,252	1,453	1,500	1,515	1,647	1,700	48
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,239.14	211.69	925	1,116	1,250	1,355	1,400	1,458	1,499	1,500	36
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	186.08	132.33	34	91	176	277	289	301	313	425	38
D6210	Pontic - cast high noble metal	956.89	161.09	775	850	947	1,045	1,070	1,100	1,133	1,250	70

**2013 Survey of Dental Fees**  
**General Practitioners - West South Central Division**  
**(Arkansas, Louisiana, Oklahoma, Texas)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6240	Pontic - porcelain fused to high noble metal	956.82	145.11	775	865	950	1,049	1,054	1,093	1,141	1,217	85
D6241	Pontic - porcelain fused to predominantly base metal	914.13	152.35	730	803	898	1,018	1,058	1,100	1,144	1,165	55
D6245	Pontic - porcelain/ceramic	986.03	169.37	775	886	979	1,092	1,100	1,165	1,198	1,250	66
D6545	Retainer - cast metal for resin bonded fixed prosthesis	663.11	319.95	300	420	625	893	950	975	1,002	1,093	47
D6750	Crown - porcelain fused to high noble metal	980.22	159.08	785	852	974	1,055	1,093	1,119	1,172	1,280	83
D6751	Crown - porcelain fused to predominantly base metal	930.06	159.76	781	810	924	1,018	1,093	1,104	1,150	1,200	54
D6790	Crown - full cast high noble metal	978.04	168.13	778	856	958	1,089	1,102	1,158	1,200	1,289	80
D6930	Receement fixed partial denture	130.29	41.08	86	97	125	154	159	163	176	200	70
D7111	Extraction, coronal remnants - deciduous tooth	99.42	28.92	70	78	98	119	120	125	131	140	72
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	142.92	37.58	97	113	143	169	175	185	191	210	92
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap	233.84	53.01	165	193	236	260	267	280	297	315	89
D7220	Removal of impacted tooth - soft tissue	267.78	55.32	195	229	274	317	325	326	337	355	65
D7230	Removal of impacted tooth - partially bony	337.26	63.43	255	293	341	390	395	406	424	435	62
D7240	Removal of impacted tooth - completely bony	406.96	80.21	300	345	404	455	460	477	488	578	52
D7250	Surgical removal of residual tooth roots (cutting procedure)	242.83	59.17	173	195	250	283	292	300	315	320	65
D7286	Biopsy of oral tissue - soft	263.48	98.20	145	195	260	311	335	350	358	450	42
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	228.49	60.53	151	180	236	282	288	291	303	325	55

**2013 Survey of Dental Fees**  
**General Practitioners - West South Central Division**  
**(Arkansas, Louisiana, Oklahoma, Texas)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	302.46	110.82	175	215	302	371	387	418	438	450	52
D7880	Occlusal orthotic device, by report	713.82	263.07	385	518	715	895	980	1,014	1,100	1,190	39
D7910	Suture of recent small wounds up to 5 cm	194.21	107.97	87	110	187	246	275	300	310	335	34
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another	357.27	126.45	200	286	363	414	444	455	475	615	52
D8040	Limited orthodontic treatment of the adult dentition	2,466.00	1,406.14	1,250	1,500	2,176	3,300	3,300	3,500	3,800	3,914	31
D8090	Comprehensive orthodontic treatment of the adult dentition	5,027.57	826.50	4,250	4,500	4,920	5,500	5,500	5,600	5,951	6,200	30
D8692	Replacement of lost or broken retainer	274.48	91.26	140	213	277	327	345	350	350	489	33
D9110	Palliative (emergency) treatment of dental pain - minor procedure	91.51	38.79	50	67	90	109	115	117	139	150	78
D9120	Fixed partial denture sectioning	149.67	76.89	71	85	130	212	225	239	250	315	36
D9215	Local anesthesia in conjunction with operative or surgical procedures	36.46	23.10	0	20	40	50	55	58	61	66	39
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	48.51	19.00	25	36	46	60	65	69	75	80	71
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	78.25	44.24	0	50	84	100	104	111	119	160	48
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	56.46	27.98	30	43	56	68	73	75	90	95	57
D9440	Office visit - after regularly scheduled hours	131.67	47.90	75	95	130	161	175	182	195	206	63
D9630	Other drugs and/or medicaments, by report	30.64	18.97	10	16	29	44	46	50	50	64	44
D9910	Application of desensitizing medicament	45.43	20.85	22	30	41	55	60	64	69	95	65
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	41.96	24.55	7	25	41	60	67	68	75	79	47

**2013 Survey of Dental Fees**  
**General Practitioners - West South Central Division**  
**(Arkansas, Louisiana, Oklahoma, Texas)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9940	Occlusal guard, by report	488.41	161.72	325	388	464	580	620	669	695	787	82
D9941	Fabrication of athletic mouthguard	196.53	106.34	79	130	184	250	256	295	330	400	58
D9951	Occlusal adjustment - limited	110.23	48.29	47	78	110	150	154	159	165	182	64
D9952	Occlusal adjustment - complete	441.12	198.65	160	250	504	588	591	624	658	695	51
D9972	External bleaching - per arch - performed in office	248.11	142.75	100	160	200	299	314	400	495	595	57
D9974	Internal bleaching - per tooth	214.98	81.73	95	175	218	250	260	284	308	330	46
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	213.49	132.45	50	125	190	250	355	375	400	450	49

**2013 Survey of Dental Fees**  
**General Practitioners - Mountain Division**  
**(Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	45.57	8.90	34	40	45	52	53	55	57	59	89
D0140	Limited oral evaluation - problem focused	66.06	16.09	47	52	65	77	79	80	83	97	87
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	52.41	16.08	35	40	51	67	69	71	73	81	51
D0150	Comprehensive oral evaluation - new or established patient	73.21	18.30	50	56	75	84	90	90	94	108	89
D0160	Detailed and extensive oral evaluation - problem focused, by report	107.21	54.42	50	70	100	147	156	163	171	188	71
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	50.23	23.02	23	40	50	62	65	72	77	80	66
D0180	Comprehensive periodontal evaluation - new or established patient	78.81	21.53	52	57	80	94	99	103	108	119	67
D0210	Intraoral - complete series of radiographic images	120.56	18.85	96	108	121	131	134	140	144	153	80
D0220	Intraoral - periapical first radiographic image	24.92	5.41	18	21	25	28	29	31	31	35	88
D0230	Intraoral - periapical each additional radiographic image	20.83	5.07	14	18	21	24	25	26	27	30	87
D0272	Bitewings - two radiographic images	40.24	7.59	30	34	40	45	46	48	50	54	88
D0273	Bitewings - three radiographic images	48.21	9.95	35	40	48	56	57	59	60	68	56
D0274	Bitewings - four radiographic images	56.69	10.56	43	48	56	63	65	68	70	76	86
D0277	Vertical bitewings - 7 to 8 radiographic images	85.45	20.91	52	72	88	99	99	104	108	120	51
D0330	Panoramic radiographic image	98.00	17.08	77	85	98	108	111	113	120	131	87
D0350	Oral/facial photographic images	41.74	35.48	0	10	40	70	72	78	92	103	47
D0470	Diagnostic casts	90.85	27.78	64	72	90	112	118	121	125	140	72
D1110	Prophylaxis - adult	85.14	14.60	67	75	85	93	96	97	99	111	88
D1120	Prophylaxis - child	61.45	10.55	47	54	61	68	69	70	74	80	87
D1206	Topical fluoride varnish	35.37	9.81	24	30	35	41	42	44	47	49	68

**2013 Survey of Dental Fees**  
**General Practitioners - Mountain Division**  
**(Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1208	Topical application of fluoride	31.72	7.02	24	26	30	37	40	40	42	43	65
D1320	Tobacco counseling for the control and prevention of oral disease	25.50	29.70	0	0	18	47	50	65	76	87	36
D1330	Oral hygiene instructions	23.87	23.03	0	0	25	46	48	49	58	62	55
D1351	Sealant - per tooth	46.46	8.80	35	39	47	52	54	56	57	60	84
	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth											
D1352		77.61	43.00	35	40	75	100	105	118	132	145	33
D1510	Space maintainer - fixed - unilateral	276.60	57.93	191	233	278	323	325	342	350	379	77
D1515	Space maintainer - fixed - bilateral	364.05	88.90	256	287	363	410	424	443	476	552	74
	Amalgam - one surface, primary or permanent											
D2140		126.19	31.32	85	104	124	147	152	157	160	174	68
	Amalgam - two surfaces, primary or permanent											
D2150		156.57	37.31	113	126	159	180	188	196	200	228	68
	Amalgam - three surfaces, primary or permanent											
D2160		188.21	47.52	133	150	188	210	223	239	250	282	68
	Amalgam - four or more surfaces, primary or permanent											
D2161		224.28	58.25	162	180	220	254	266	284	298	331	67
	Resin-based composite - one surface, anterior											
D2330		145.40	30.62	106	124	145	163	172	176	179	200	87
	Resin-based composite - two surfaces, anterior											
D2331		179.97	39.52	130	150	178	205	207	215	220	251	87
	Resin-based composite - three surfaces, anterior											
D2332		220.59	52.22	160	182	220	249	251	260	274	309	87
	Resin-based composite - four or more surfaces or involving incisal angle (anterior)											
D2335		266.16	67.23	190	209	256	296	301	319	345	406	87
	Resin-based composite crown, anterior											
D2390		349.64	154.72	187	235	318	439	459	483	491	675	44
	Resin-based composite - one surface, posterior											
D2391		160.45	32.74	118	139	162	178	184	189	195	200	87
	Resin-based composite - two surfaces, posterior											
D2392		208.90	46.24	152	176	211	234	245	249	252	268	88
	Resin-based composite - three surfaces, posterior											
D2393		251.78	53.86	187	213	252	288	297	305	315	335	87

**2013 Survey of Dental Fees**  
**General Practitioners - Mountain Division**  
**(Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2394	Resin-based composite - four or more surfaces, posterior	297.99	66.03	210	245	300	334	350	367	389	420	87
D2520	Inlay - metallic - two surfaces	804.85	212.40	560	634	799	990	1,038	1,081	1,100	1,156	48
D2543	Onlay - metallic - three surfaces	918.02	190.52	678	771	887	1,075	1,092	1,121	1,186	1,266	47
D2620	Inlay - porcelain/ceramic - two surfaces	850.51	190.96	600	712	860	987	1,050	1,094	1,102	1,153	53
D2642	Onlay - porcelain/ceramic - two surfaces	935.47	189.19	688	830	905	1,085	1,118	1,148	1,195	1,211	53
D2643	Onlay - porcelain/ceramic - three surfaces	966.00	184.08	715	845	960	1,124	1,148	1,163	1,195	1,317	57
D2644	Onlay - porcelain/ceramic - four or more surfaces	1,007.81	173.11	761	890	995	1,148	1,181	1,196	1,210	1,350	59
D2651	Inlay - resin-based composite - two surfaces	749.00	197.05	480	597	763	882	915	944	981	999	30
D2662	Onlay - resin-based composite - two surfaces	796.85	194.65	530	688	801	943	995	1,040	1,041	1,102	33
D2663	Onlay - resin-based composite - three surfaces	825.85	183.98	562	688	845	940	1,014	1,059	1,068	1,117	33
D2664	Onlay - resin-based composite - four or more surfaces	838.69	185.76	600	690	855	940	989	1,051	1,105	1,170	35
D2710	Crown, resin-based composite (indirect)	683.05	214.73	396	542	708	850	873	885	899	950	41
D2740	Crown - porcelain/ceramic substrate	1,036.55	174.26	810	919	1,030	1,133	1,169	1,207	1,233	1,347	82
D2750	Crown - porcelain fused to high noble metal	993.59	168.34	752	875	989	1,098	1,126	1,181	1,221	1,288	83
D2751	Crown - porcelain fused to predominantly base metal	926.13	161.89	710	810	897	1,000	1,071	1,126	1,150	1,220	61
D2752	Crown - porcelain fused to noble metal	965.93	155.53	759	859	953	1,085	1,133	1,160	1,184	1,220	68
D2780	Crown - 3/4 cast high noble metal	986.92	159.14	780	887	978	1,169	1,173	1,200	1,221	1,227	50
D2783	Crown - 3/4 porcelain/ceramic	1,005.21	163.47	760	916	988	1,162	1,181	1,196	1,220	1,221	48
D2790	Crown - full cast high noble metal	1,029.51	176.87	800	923	995	1,150	1,211	1,223	1,262	1,387	83
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	309.68	144.27	65	241	335	399	418	463	475	544	59
D2920	Recement crown	92.33	22.30	60	79	90	105	108	115	117	125	84

**2013 Survey of Dental Fees**  
**General Practitioners - Mountain Division**  
**(Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2930	Prefabricated stainless steel crown - primary tooth	238.90	47.82	179	194	242	269	283	290	300	328	73
D2931	Prefabricated stainless steel crown - permanent tooth	283.61	70.91	193	233	279	333	350	355	395	402	69
D2940	Protective restoration	99.85	26.57	66	80	98	120	124	126	133	155	67
D2950	Core buildup, including any pins	234.63	51.94	168	190	230	270	275	280	295	337	89
D2952	Post and core in addition to crown; indirectly fabricated	335.20	85.40	217	260	340	400	400	415	446	470	71
D2954	Prefabricated post and core in addition to crown	287.06	62.52	200	232	295	326	338	345	361	371	85
D2961	Labial veneer (resin laminate) - laboratory	806.40	189.22	541	675	825	975	983	993	1,044	1,078	47
D2962	Labial veneer (porcelain laminate) - laboratory	1,047.16	199.49	799	902	1,036	1,175	1,200	1,217	1,300	1,400	76
D2970	Temporary crown (fractured tooth)	249.51	100.49	135	169	225	321	337	360	400	415	65
D3110	Pulp cap - direct (excluding final restoration)	70.46	24.90	44	52	67	85	89	95	98	110	72
D3120	Pulp cap - indirect (excluding final restoration)	67.79	25.16	45	55	64	80	85	88	93	105	67
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	161.88	41.76	109	130	164	189	197	205	220	228	80
D3221	Pulpal debridement, primary and permanent teeth	188.11	63.22	107	141	185	225	225	245	251	324	62
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	213.13	69.68	135	164	198	278	297	305	308	321	38
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	229.18	82.99	105	166	229	299	300	305	343	345	44
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	646.59	119.69	494	549	650	721	735	770	805	850	81

**2013 Survey of Dental Fees**  
**General Practitioners - Mountain Division**  
**(Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	755.59	139.18	593	627	758	833	860	905	934	950	82
D3330	Endodontic therapy, molar (excluding final restoration)	918.31	152.51	720	800	900	1,005	1,044	1,061	1,123	1,188	81
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	328.35	138.02	170	250	350	415	435	440	459	495	43
D3346	Retreatment of previous root canal therapy - anterior	750.80	171.35	565	643	745	819	843	885	974	1,064	60
D3347	Retreatment of previous root canal therapy - bicuspid	845.74	163.57	639	721	835	943	975	1,010	1,088	1,152	58
D3348	Retreatment of previous root canal therapy - molar	1,002.58	170.02	798	895	965	1,118	1,183	1,200	1,269	1,290	55
D3351	Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp spa	285.26	87.03	167	220	279	325	383	394	405	469	39
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	185.31	94.13	80	132	163	226	228	260	290	389	36
D3353	Apexification/recalcification/pulpal regeneration - final visit (includes completed root canal therapy)	423.24	171.09	167	335	400	550	575	590	650	714	33
D3410	Apicoectomy/periradicular surgery - anterior	620.51	190.55	356	549	619	757	795	805	818	904	39
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	650.32	191.12	434	500	653	800	818	882	890	926	31
D3425	Apicoectomy/periradicular surgery - molar (first root)	746.45	241.32	476	561	725	925	1,000	1,063	1,064	1,100	31
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	473.12	155.73	300	358	450	590	630	659	684	739	65

**2013 Survey of Dental Fees**  
**General Practitioners - Mountain Division**  
**(Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	233.06	98.00	121	156	225	298	310	335	351	407	72
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	578.72	200.38	360	400	575	759	773	788	832	931	43
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	451.90	213.87	200	272	439	588	609	637	663	774	40
D4249	Clinical crown lengthening - hard tissue	637.05	171.94	386	500	650	770	778	829	866	946	59
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	967.89	257.73	670	800	956	1,199	1,214	1,218	1,288	1,387	37
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	712.00	209.20	405	519	752	890	908	937	968	979	30
D4263	Bone replacement graft - first site in quadrant	485.80	186.87	275	350	436	652	684	700	767	786	46
D4264	Bone replacement graft — each additional site in quadrant	373.03	142.91	200	275	319	523	540	574	588	606	37
D4266	Guided tissue regeneration — resorbable barrier, per site	540.81	287.48	200	320	500	775	788	868	890	1,012	31
D4321	Provisional splinting - extracoronal	346.90	130.98	178	266	341	417	470	507	520	590	67
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	230.19	45.28	172	195	230	267	275	279	294	311	83
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	162.07	39.15	110	134	162	188	191	200	221	233	83
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	151.95	33.14	110	126	153	173	180	185	198	209	82
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	81.22	46.56	30	43	63	124	135	150	150	167	65

**2013 Survey of Dental Fees**  
**General Practitioners - Mountain Division**  
**(Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4910	Periodontal maintenance	123.79	22.69	95	109	122	139	142	145	150	166	84
D5110	Complete denture - maxillary	1,473.06	310.61	1,050	1,255	1,473	1,625	1,648	1,753	1,885	2,095	86
D5120	Complete denture - mandibular	1,471.78	310.19	1,050	1,255	1,487	1,600	1,650	1,750	1,884	2,095	86
D5130	Immediate denture - maxillary	1,574.96	341.28	1,150	1,350	1,558	1,775	1,850	1,991	2,101	2,234	84
D5140	Immediate denture - mandibular	1,570.14	342.31	1,124	1,350	1,556	1,775	1,852	1,993	2,101	2,234	85
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	1,115.13	374.71	745	850	1,082	1,300	1,377	1,454	1,552	1,753	77
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	1,117.10	375.39	745	850	1,097	1,316	1,384	1,454	1,552	1,753	78
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,492.58	314.03	1,044	1,263	1,535	1,686	1,725	1,751	1,910	1,950	88
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,496.49	312.40	1,050	1,263	1,541	1,686	1,725	1,753	1,910	1,950	88
D5225	Maxillary partial denture - flexible base (including any clasps, rests, and teeth)	1,328.30	330.96	900	1,100	1,279	1,550	1,600	1,655	1,701	1,912	54
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,332.20	330.63	900	1,145	1,279	1,552	1,600	1,655	1,700	1,912	54
D5510	Repair broken complete denture base	188.51	56.31	123	150	186	215	232	242	261	279	73
D5520	Replace missing or broken teeth - complete denture (each tooth)	162.19	49.54	100	125	157	195	200	215	228	255	81
D5610	Repair resin denture base	185.44	57.84	118	150	178	211	223	242	259	275	73
D5640	Replace broken teeth - per tooth	158.73	43.41	105	132	158	184	196	202	213	239	80
D5650	Add tooth to existing partial denture	182.92	43.58	122	150	187	210	215	225	240	263	84
D5660	Add clasp to existing partial denture	219.96	71.79	135	165	215	262	272	294	315	360	75
D5710	Rebase complete maxillary denture	487.29	122.95	315	378	495	595	608	635	638	697	65

**2013 Survey of Dental Fees**  
**General Practitioners - Mountain Division**  
**(Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D5730	Reline complete maxillary denture (chairside)	293.84	94.45	168	241	299	349	355	366	410	465	76	
D5731	Reline complete mandibular denture (chairside)	294.26	93.85	168	241	298	355	364	375	412	465	77	
D5750	Reline complete maxillary denture (laboratory)	395.80	87.31	275	335	400	450	459	475	515	544	82	
D5751	Reline complete mandibular denture (laboratory)	396.54	88.89	275	335	399	450	459	495	515	551	82	
D6010	Surgical placement of implant body: endosteal implant	1,755.55	331.19	1,400	1,509	1,725	1,962	1,986	2,090	2,195	2,485	47	
D6053	Implant/abutment supported removable denture for completely edentulous arch	2,278.58	820.13	1,200	1,589	2,381	2,802	2,995	3,079	3,200	3,360	48	
D6055	Connecting bar - implant supported or abutment supported	2,125.20	1,384.72	500	750	2,000	3,078	3,280	3,610	4,244	4,597	51	
D6056	Prefabricated abutment — includes modification and placement	580.15	196.77	352	417	570	695	750	770	837	867	67	
D6057	Custom fabricated abutment - includes placement	695.52	207.90	435	550	675	842	850	907	950	1,010	69	
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,228.60	289.60	850	995	1,209	1,415	1,478	1,575	1,600	1,785	72	
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,304.70	306.39	850	1,100	1,306	1,510	1,555	1,620	1,700	1,785	66	
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,264.40	275.06	850	1,078	1,281	1,415	1,492	1,555	1,650	1,750	48	
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,304.74	284.54	850	1,107	1,316	1,500	1,512	1,650	1,697	1,785	39	
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	180.96	99.22	60	118	165	257	268	305	335	339	48	
D6210	Pontic - cast high noble metal	983.01	154.22	760	897	968	1,090	1,118	1,169	1,197	1,240	76	

**2013 Survey of Dental Fees**  
**General Practitioners - Mountain Division**  
**(Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6240	Pontic - porcelain fused to high noble metal	981.36	169.43	750	884	960	1,098	1,122	1,175	1,204	1,247	85
D6241	Pontic - porcelain fused to predominantly base metal	928.09	147.63	750	810	925	983	1,032	1,100	1,150	1,200	57
D6245	Pontic - porcelain/ceramic	1,003.50	175.11	769	900	978	1,110	1,143	1,169	1,200	1,250	74
D6253	Provisional pontic — further treatment or completion of diagnosis necessary prior to final impression	492.91	292.02	135	220	447	755	825	853	855	975	35
D6545	Retainer - cast metal for resin bonded fixed prosthesis	676.93	267.14	305	480	691	855	950	1,025	1,098	1,113	57
D6750	Crown - porcelain fused to high noble metal	998.23	166.05	775	887	986	1,125	1,150	1,169	1,220	1,250	82
D6751	Crown - porcelain fused to predominantly base metal	937.36	156.67	750	858	925	1,010	1,098	1,145	1,153	1,227	53
D6790	Crown - full cast high noble metal	1,012.18	162.83	780	907	993	1,125	1,153	1,205	1,223	1,240	76
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	476.18	317.67	133	223	412	650	867	900	952	1,112	34
D6930	Recement fixed partial denture	135.66	37.71	82	110	131	158	165	170	186	209	79
D7111	Extraction, coronal remnants - deciduous tooth	110.40	33.28	72	89	110	127	135	138	150	164	78
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	148.45	33.94	100	125	150	171	175	177	188	203	88
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap	237.57	47.12	169	204	240	272	275	278	291	301	84
D7220	Removal of impacted tooth - soft tissue	273.10	61.31	200	225	274	310	319	330	335	350	73
D7230	Removal of impacted tooth - partially bony	343.50	72.31	268	291	344	388	396	418	437	482	68
D7240	Removal of impacted tooth - completely bony	403.08	88.98	294	328	395	468	477	500	513	590	59
D7250	Surgical removal of residual tooth roots (cutting procedure)	251.29	61.78	165	202	252	285	306	320	333	364	73

**2013 Survey of Dental Fees**  
**General Practitioners - Mountain Division**  
**(Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7286	Biopsy of oral tissue - soft	268.15	81.14	134	232	275	325	338	350	363	410	52
D7288	Brush biopsy - transepithelial sample collection	166.47	53.22	105	123	167	200	211	214	253	271	30
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	257.89	70.35	170	220	257	310	315	325	330	366	54
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	365.38	110.28	204	300	363	441	470	478	521	570	47
D7410	Excision of benign lesion up to 1.25 cm	341.00	131.23	220	250	310	402	422	469	570	635	37
D7880	Occlusal orthotic device, by report	762.93	351.56	412	550	621	901	1,037	1,128	1,177	1,550	30
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another	344.39	97.75	196	276	367	401	412	443	458	500	62
D7970	Excision of hyperplastic tissue - per arch	360.14	143.92	150	270	351	460	482	512	552	566	36
D9110	Palliative (emergency) treatment of dental pain - minor procedure	115.30	29.62	77	94	112	140	143	152	156	158	80
D9120	Fixed partial denture sectioning	153.87	82.09	60	85	158	200	235	260	281	294	46
D9215	Local anesthesia in conjunction with operative or surgical procedures	35.57	27.51	0	0	35	56	60	64	67	83	37
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	51.30	22.45	27	36	55	69	70	75	77	85	64
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	80.65	45.21	0	55	85	107	113	116	129	150	63
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	54.20	26.40	0	41	57	75	80	81	83	86	59
D9440	Office visit - after regularly scheduled hours	137.38	56.70	79	100	131	166	177	193	199	228	72
D9630	Other drugs and/or medicaments, by report	28.66	18.92	6	15	27	39	43	53	55	60	41
D9910	Application of desensitizing medicament	44.59	17.63	21	31	46	55	59	60	67	75	70

**2013 Survey of Dental Fees**  
**General Practitioners - Mountain Division**  
**(Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	53.32	34.03	10	35	50	74	79	85	86	110	44
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	101.06	43.21	39	65	110	125	130	145	148	165	32
D9940	Occlusal guard, by report	448.23	141.50	250	368	452	528	550	575	610	674	82
D9941	Fabrication of athletic mouthguard	182.71	90.44	55	127	175	245	250	254	275	334	62
D9951	Occlusal adjustment - limited	125.78	56.81	51	82	125	165	179	200	210	216	64
D9952	Occlusal adjustment - complete	497.42	256.98	170	265	489	650	739	750	850	871	62
D9972	External bleaching - per arch - performed in office	255.44	135.84	112	150	223	300	333	399	490	499	62
D9974	Internal bleaching - per tooth	207.21	79.74	80	150	212	275	280	285	289	320	67
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	196.50	95.50	87	120	192	250	295	309	329	386	46

**2013 Survey of Dental Fees**  
**General Practitioners - Pacific Division**  
**(Alaska, California, Hawaii, Oregon, Washington)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	53.37	13.84	38	45	55	63	65	67	70	75	200
D0140	Limited oral evaluation - problem focused	67.62	19.52	45	55	68	80	85	88	90	105	196
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	56.48	17.26	38	45	55	65	68	75	80	82	126
D0150	Comprehensive oral evaluation - new or established patient	79.51	22.38	52	65	80	95	97	100	107	116	200
D0160	Detailed and extensive oral evaluation - problem focused, by report	93.17	50.51	47	60	80	120	134	150	163	195	150
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	61.85	27.12	28	47	63	78	82	86	91	105	153
D0180	Comprehensive periodontal evaluation - new or established patient	82.82	29.47	50	60	80	97	104	110	125	149	153
D0210	Intraoral - complete series of radiographic images	134.73	25.12	103	118	132	150	152	160	170	184	198
D0220	Intraoral - periapical first radiographic image	32.40	8.17	24	26	30	39	40	42	45	47	197
D0230	Intraoral - periapical each additional radiographic image	22.16	7.39	12	17	22	26	28	29	31	34	199
D0272	Bitewings - two radiographic images	49.11	10.40	37	42	48	55	59	61	64	68	192
D0273	Bitewings - three radiographic images	59.42	11.79	45	50	59	68	70	71	75	80	144
D0274	Bitewings - four radiographic images	68.32	12.78	53	60	68	75	78	81	87	91	197
D0277	Vertical bitewings - 7 to 8 radiographic images	114.75	25.42	75	100	117	130	135	138	142	156	117
D0330	Panoramic radiographic image	113.82	22.82	87	98	110	125	130	135	145	160	133
D0350	Oral/facial photographic images	41.53	34.14	0	0	44	74	79	85	86	90	86
D0470	Diagnostic casts	100.93	36.56	59	72	98	125	130	140	154	170	151
D1110	Prophylaxis - adult	101.81	17.86	82	90	100	111	115	120	125	130	204
D1120	Prophylaxis - child	76.50	14.10	60	68	75	86	90	90	96	100	195
D1206	Topical fluoride varnish	39.99	12.56	25	32	40	47	50	50	56	60	152

**2013 Survey of Dental Fees**  
**General Practitioners - Pacific Division**  
**(Alaska, California, Hawaii, Oregon, Washington)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1208	Topical application of fluoride	37.97	10.27	25	30	38	45	47	50	50	54	145
D1320	Tobacco counseling for the control and prevention of oral disease	33.12	36.70	0	0	27	55	61	75	95	100	67
D1330	Oral hygiene instructions	20.97	27.24	0	0	0	41	48	55	60	70	103
D1351	Sealant - per tooth	56.19	13.32	41	47	55	65	67	70	75	80	187
	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth											
D1352		96.12	46.44	51	60	81	120	132	150	178	192	65
D1510	Space maintainer - fixed - unilateral	298.38	65.02	220	250	300	331	346	355	370	396	147
D1515	Space maintainer - fixed - bilateral	385.44	86.99	263	324	386	439	450	460	487	530	141
	Amalgam - one surface, primary or permanent											
D2140		144.11	37.74	98	119	141	170	175	185	195	221	173
	Amalgam - two surfaces, primary or permanent											
D2150		173.87	44.47	120	140	175	201	210	216	229	252	171
	Amalgam - three surfaces, primary or permanent											
D2160		207.14	56.67	140	166	200	235	250	266	291	325	171
	Amalgam - four or more surfaces, primary or permanent											
D2161		239.23	65.48	160	192	240	275	292	300	325	365	168
	Resin-based composite - one surface, anterior											
D2330		174.55	40.88	129	146	170	199	208	225	240	250	196
	Resin-based composite - two surfaces, anterior											
D2331		211.05	51.97	150	175	200	240	250	268	295	314	199
	Resin-based composite - three surfaces, anterior											
D2332		244.60	59.60	170	204	240	277	295	303	328	365	197
	Resin-based composite - four or more surfaces or involving incisal angle (anterior)											
D2335		289.45	64.22	200	247	285	332	345	352	372	412	192
D2390	Resin-based composite crown, anterior	391.15	130.79	236	300	379	459	490	500	540	624	124
	Resin-based composite - one surface, posterior											
D2391		190.47	42.44	143	160	183	217	229	235	250	275	196
	Resin-based composite - two surfaces, posterior											
D2392		240.98	54.45	179	200	236	272	285	295	312	341	197
	Resin-based composite - three surfaces, posterior											
D2393		288.79	64.93	200	245	285	326	336	350	375	417	195

**2013 Survey of Dental Fees**  
**General Practitioners - Pacific Division**  
**(Alaska, California, Hawaii, Oregon, Washington)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2394	Resin-based composite - four or more surfaces, posterior	329.56	76.58	234	276	328	371	394	403	437	457	190
D2520	Inlay - metallic - two surfaces	782.06	223.77	535	614	759	907	950	1,002	1,092	1,213	126
D2543	Onlay - metallic - three surfaces	949.18	227.89	670	780	928	1,095	1,125	1,195	1,250	1,316	129
D2620	Inlay - porcelain/ceramic - two surfaces	883.26	249.59	575	714	880	998	1,034	1,100	1,229	1,324	107
D2642	Onlay - porcelain/ceramic - two surfaces	985.36	254.62	645	868	964	1,114	1,151	1,211	1,279	1,500	108
D2643	Onlay - porcelain/ceramic - three surfaces	1,031.76	230.08	753	900	1,010	1,170	1,200	1,234	1,300	1,495	111
D2644	Onlay - porcelain/ceramic - four or more surfaces	1,061.57	222.85	716	925	1,053	1,200	1,235	1,270	1,370	1,474	111
D2651	Inlay - resin-based composite - two surfaces	722.97	242.08	445	535	700	902	940	980	1,031	1,170	91
D2662	Onlay - resin-based composite - two surfaces	764.22	264.91	459	566	720	922	1,024	1,089	1,140	1,213	89
D2663	Onlay - resin-based composite - three surfaces	825.29	257.74	520	615	790	1,044	1,050	1,114	1,193	1,275	93
D2664	Onlay - resin-based composite - four or more surfaces	861.97	262.41	525	641	860	1,060	1,090	1,160	1,213	1,307	91
D2710	Crown, resin-based composite (indirect)	710.52	308.64	330	450	690	941	995	1,075	1,114	1,200	107
D2740	Crown - porcelain/ceramic substrate	1,123.22	209.68	885	980	1,100	1,250	1,295	1,309	1,400	1,498	180
D2750	Crown - porcelain fused to high noble metal	1,110.87	208.02	896	951	1,080	1,214	1,273	1,313	1,400	1,500	193
D2751	Crown - porcelain fused to predominantly base metal	986.61	175.20	775	877	980	1,098	1,105	1,187	1,250	1,300	132
D2752	Crown - porcelain fused to noble metal	1,044.32	180.85	850	922	1,005	1,150	1,187	1,240	1,275	1,412	153
D2780	Crown - 3/4 cast high noble metal	1,081.05	231.78	800	923	1,051	1,225	1,276	1,325	1,400	1,495	150
D2783	Crown - 3/4 porcelain/ceramic	1,110.59	241.18	800	938	1,100	1,270	1,300	1,353	1,435	1,500	100
D2790	Crown - full cast high noble metal	1,125.56	226.38	876	958	1,100	1,268	1,309	1,351	1,450	1,525	188
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	277.06	190.45	0	105	300	400	450	475	500	600	109
D2920	Recement crown	107.19	28.75	76	89	100	121	125	135	147	162	191

**2013 Survey of Dental Fees**  
**General Practitioners - Pacific Division**  
**(Alaska, California, Hawaii, Oregon, Washington)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2930	Prefabricated stainless steel crown - primary tooth	255.19	66.40	175	219	250	290	295	317	343	375	143
D2931	Prefabricated stainless steel crown - permanent tooth	300.59	82.10	200	245	295	342	356	383	419	453	145
D2940	Protective restoration	110.60	39.49	70	85	101	129	135	150	171	200	117
D2950	Core buildup, including any pins	251.41	56.02	183	216	250	289	296	300	325	350	190
D2952	Post and core in addition to crown; indirectly fabricated	369.80	101.40	250	299	360	425	441	465	500	574	165
D2954	Prefabricated post and core in addition to crown	302.91	75.32	206	250	302	350	362	377	395	434	182
D2961	Labial veneer (resin laminate) - laboratory	834.53	323.51	424	570	827	1,048	1,086	1,115	1,307	1,400	116
D2962	Labial veneer (porcelain laminate) - laboratory	1,103.02	249.67	780	928	1,085	1,275	1,300	1,361	1,418	1,500	181
D2970	Temporary crown (fractured tooth)	267.83	131.54	110	167	250	350	378	400	458	510	116
D3110	Pulp cap - direct (excluding final restoration)	81.66	26.63	50	61	80	95	98	101	120	135	134
D3120	Pulp cap - indirect (excluding final restoration)	83.19	31.26	45	60	82	101	105	120	123	151	116
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	172.21	56.95	105	138	170	210	215	225	235	259	169
D3221	Pulpal debridement, primary and permanent teeth	164.19	67.97	94	120	160	208	213	232	255	289	138
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	185.80	83.53	100	125	170	225	250	250	280	350	54
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	200.08	79.33	107	143	185	250	252	276	299	343	100
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	212.08	91.66	105	145	191	272	292	310	350	373	98

**2013 Survey of Dental Fees**  
**General Practitioners - Pacific Division**  
**(Alaska, California, Hawaii, Oregon, Washington)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	708.71	140.91	550	612	698	800	838	877	900	965	171
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	825.92	151.35	650	735	818	900	950	990	1,020	1,080	173
D3330	Endodontic therapy, molar (excluding final restoration)	1,005.75	165.04	810	900	995	1,100	1,111	1,160	1,213	1,278	167
D3331	Treatment of root canal obstruction; non-surgical access	316.68	177.60	101	158	319	400	434	539	612	656	40
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	246.45	193.08	0	100	255	385	425	466	488	580	53
D3346	Retreatment of previous root canal therapy - anterior	786.45	190.59	575	648	774	894	928	990	1,034	1,165	116
D3347	Retreatment of previous root canal therapy - bicuspid	905.93	203.99	670	750	900	1,020	1,071	1,100	1,192	1,288	115
D3348	Retreatment of previous root canal therapy - molar	1,092.36	220.89	830	910	1,082	1,225	1,258	1,312	1,390	1,461	115
D3351	Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp spa	265.26	130.43	107	150	259	351	362	385	410	506	91
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	208.38	87.99	100	130	211	275	285	306	336	375	79
D3353	Apexification/recalcification/pulpal regeneration - final visit (includes completed root canal therapy)	409.37	243.75	111	200	400	567	650	710	772	856	79
D3410	Apicoectomy/periradicular surgery - anterior	643.24	233.83	356	464	606	780	810	890	946	1,096	83
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	687.46	245.29	365	497	671	838	890	946	997	1,085	76
D3425	Apicoectomy/periradicular surgery - molar (first root)	741.18	250.62	396	541	742	900	950	995	1,050	1,190	66

**2013 Survey of Dental Fees**  
**General Practitioners - Pacific Division**  
**(Alaska, California, Hawaii, Oregon, Washington)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	513.10	166.37	275	388	503	626	649	690	710	797	126
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	303.68	123.68	149	209	298	398	400	425	465	522	138
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	245.22	101.83	144	183	226	329	345	362	372	425	32
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	590.82	234.33	319	410	595	750	780	835	899	925	104
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	417.88	185.41	198	275	405	514	578	631	693	750	97
D4249	Clinical crown lengthening - hard tissue	615.61	227.82	320	450	625	775	800	863	902	985	101
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	917.02	395.95	474	603	880	1,135	1,169	1,250	1,484	1,750	91
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	617.20	279.16	300	420	598	779	850	900	960	1,163	79
D4263	Bone replacement graft - first site in quadrant	495.84	204.15	260	339	470	668	700	750	790	850	79
D4264	Bone replacement graft — each additional site in quadrant	352.47	175.17	163	225	301	480	517	550	591	727	70
D4266	Guided tissue regeneration — resorbable barrier, per site	550.33	259.74	208	371	476	785	800	825	860	1,000	58
D4267	Guided tissue regeneration — nonresorbable barrier, per site (includes membrane removal)	643.23	277.14	315	450	589	863	900	987	1,000	1,107	52

**2013 Survey of Dental Fees**  
**General Practitioners - Pacific Division**  
**(Alaska, California, Hawaii, Oregon, Washington)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4273	Subepithelial connective tissue graft procedures, per tooth	921.03	344.69	465	643	972	1,129	1,143	1,229	1,418	1,560	40
D4321	Provisional splinting - extracoronal	352.57	144.26	150	261	369	437	462	468	519	603	82
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	246.93	54.02	183	204	250	282	294	300	315	350	192
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	174.02	49.81	115	140	167	203	210	225	250	260	184
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	150.80	53.33	93	105	145	186	198	201	220	250	174
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	71.47	43.77	32	40	58	85	100	124	144	165	121
D4910	Periodontal maintenance	146.82	29.18	110	125	150	165	168	175	185	199	182
D5110	Complete denture - maxillary	1,575.92	406.59	1,110	1,275	1,510	1,800	1,890	2,000	2,100	2,413	193
D5120	Complete denture - mandibular	1,577.93	409.84	1,110	1,268	1,510	1,800	1,900	2,000	2,126	2,413	192
D5130	Immediate denture - maxillary	1,644.10	452.54	1,125	1,310	1,567	1,850	1,920	2,016	2,275	2,583	188
D5140	Immediate denture - mandibular	1,632.69	445.54	1,125	1,300	1,565	1,830	1,895	2,011	2,275	2,575	185
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	1,238.74	402.98	760	950	1,200	1,500	1,560	1,609	1,882	2,000	169
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	1,242.05	404.67	760	950	1,200	1,524	1,571	1,639	1,777	2,000	170
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,690.39	419.91	1,234	1,408	1,630	1,900	2,000	2,050	2,293	2,479	185
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	1,699.36	431.70	1,234	1,408	1,631	1,916	2,000	2,100	2,299	2,500	186
D5225	Maxillary partial denture - flexible base (including any clasps, rests, and teeth)	1,393.96	380.06	894	1,096	1,400	1,650	1,713	1,800	1,900	2,000	125

**2013 Survey of Dental Fees**  
**General Practitioners - Pacific Division**  
**(Alaska, California, Hawaii, Oregon, Washington)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1,409.38	390.85	918	1,096	1,400	1,650	1,738	1,875	1,996	2,000	125
D5510	Repair broken complete denture base	206.72	64.36	131	165	200	244	250	264	297	326	165
D5520	Replace missing or broken teeth - complete denture (each tooth)	176.86	54.88	110	140	168	200	207	225	250	300	176
D5610	Repair resin denture base	197.88	57.00	130	161	195	229	239	250	275	300	169
D5640	Replace broken teeth - per tooth	175.27	54.32	109	140	169	200	214	231	260	285	179
D5650	Add tooth to existing partial denture	208.19	61.88	136	163	198	248	260	275	291	323	180
D5660	Add clasp to existing partial denture	240.16	71.99	150	190	236	295	302	313	327	360	169
D5710	Rebase complete maxillary denture	534.22	143.64	370	450	525	603	637	660	704	775	145
D5730	Reline complete maxillary denture (chairside)	315.18	102.89	198	250	300	375	387	413	446	500	166
D5731	Reline complete mandibular denture (chairside)	314.66	102.31	198	250	300	375	380	403	443	498	165
D5750	Reline complete maxillary denture (laboratory)	437.11	104.96	315	380	440	494	500	525	565	622	192
D5751	Reline complete mandibular denture (laboratory)	437.09	104.20	320	380	440	494	500	525	565	622	192
D6010	Surgical placement of implant body: endosteal implant	1,932.36	419.56	1,500	1,633	1,854	2,193	2,225	2,400	2,500	2,900	77
D6053	Implant/abutment supported removable denture for completely edentulous arch	2,252.60	994.99	1,270	1,600	2,069	2,767	2,921	3,189	3,400	4,500	67
D6055	Connecting bar - implant supported or abutment supported	1,754.09	1,299.00	556	785	1,250	2,588	2,838	3,145	3,600	4,410	85
D6056	Prefabricated abutment — includes modification and placement	610.15	211.21	368	475	575	737	765	845	899	1,016	115
D6057	Custom fabricated abutment - includes placement	816.77	259.51	500	640	785	950	1,027	1,060	1,200	1,295	126
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,411.24	337.91	1,000	1,150	1,400	1,625	1,700	1,785	1,825	2,000	142
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,520.40	390.92	1,100	1,246	1,430	1,800	1,850	1,900	2,093	2,231	127

**2013 Survey of Dental Fees**  
**General Practitioners - Pacific Division**  
**(Alaska, California, Hawaii, Oregon, Washington)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,412.72	354.79	997	1,139	1,350	1,634	1,684	1,825	1,945	2,000	92
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1,512.74	398.04	1,020	1,170	1,485	1,815	1,895	1,945	2,020	2,228	69
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	145.42	138.68	0	0	112	218	266	300	350	420	65
D6205	Pontic - indirect resin based composite	977.43	304.49	638	750	941	1,195	1,200	1,255	1,316	1,500	30
D6210	Pontic - cast high noble metal	1,064.69	224.27	801	900	1,034	1,198	1,250	1,300	1,377	1,495	175
D6240	Pontic - porcelain fused to high noble metal	1,074.16	213.98	842	925	1,049	1,200	1,243	1,295	1,350	1,495	185
D6241	Pontic - porcelain fused to predominantly base metal	961.44	210.63	718	812	946	1,096	1,108	1,152	1,198	1,300	130
D6245	Pontic - porcelain/ceramic	1,134.78	215.68	900	968	1,100	1,266	1,295	1,313	1,459	1,536	112
D6253	Provisional pontic — further treatment or completion of diagnosis necessary prior to final impression	436.47	274.83	150	229	385	575	600	660	800	850	45
D6545	Retainer - cast metal for resin bonded fixed prosthesis	605.12	258.76	324	430	557	737	780	880	950	1,105	113
D6750	Crown - porcelain fused to high noble metal	1,092.60	206.63	860	950	1,049	1,204	1,250	1,300	1,360	1,500	182
D6751	Crown - porcelain fused to predominantly base metal	958.49	193.57	745	812	925	1,072	1,100	1,122	1,187	1,300	123
D6790	Crown - full cast high noble metal	1,092.21	216.49	845	940	1,050	1,204	1,276	1,326	1,402	1,500	175
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	436.33	268.54	152	225	400	600	609	681	700	995	51
D6930	Recement fixed partial denture	157.18	43.25	106	126	152	177	189	200	209	250	173
D7111	Extraction, coronal remnants - deciduous tooth	118.82	44.65	67	82	112	147	151	171	184	209	160

**2013 Survey of Dental Fees**  
**General Practitioners - Pacific Division**  
**(Alaska, California, Hawaii, Oregon, Washington)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	173.20	43.51	125	144	167	200	206	220	230	250	191
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap	268.65	58.30	200	233	265	300	310	326	350	380	178
D7220	Removal of impacted tooth - soft tissue	312.26	74.21	230	261	307	350	364	380	422	465	155
D7230	Removal of impacted tooth - partially bony	385.04	98.67	270	316	370	438	465	482	517	580	139
D7240	Removal of impacted tooth - completely bony	461.08	124.69	320	378	443	536	550	589	638	682	122
D7250	Surgical removal of residual tooth roots (cutting procedure)	287.73	78.61	190	240	285	342	357	360	376	417	128
D7286	Biopsy of oral tissue - soft	263.90	106.49	150	180	250	337	363	398	401	450	101
D7288	Brush biopsy - transepithelial sample collection	171.72	75.23	76	121	169	210	244	265	273	286	46
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	276.16	103.00	150	202	260	325	350	382	396	500	101
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	333.11	153.99	157	227	300	400	455	486	557	629	100
D7410	Excision of benign lesion up to 1.25 cm	312.56	145.38	150	226	286	362	411	450	512	625	77
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	374.12	222.63	165	225	320	462	500	600	695	800	51
D7880	Occlusal orthotic device, by report	627.39	282.43	285	420	562	819	881	919	994	1,200	74
D7910	Suture of recent small wounds up to 5 cm	214.78	130.69	51	105	224	296	300	305	340	450	36
D7953	Bone replacement graft for ridge preservation – per site	417.28	176.42	250	300	390	500	500	549	600	732	43
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another	364.43	128.13	206	261	350	458	490	500	519	590	110
D7970	Excision of hyperplastic tissue - per arch	356.67	159.81	174	235	329	472	512	568	591	658	84

**2013 Survey of Dental Fees**  
**General Practitioners - Pacific Division**  
**(Alaska, California, Hawaii, Oregon, Washington)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D8020	Limited orthodontic treatment of the transitional dentition	2,179.05	1,079.19	421	1,401	2,243	2,922	3,195	3,330	3,474	3,515	40
D8030	Limited orthodontic treatment of the adolescent dentition	2,643.90	1,276.76	915	1,651	2,922	3,553	3,700	3,900	4,377	4,680	40
D8040	Limited orthodontic treatment of the adult dentition	2,751.41	1,348.36	800	1,929	2,900	3,600	3,900	4,000	4,586	5,085	59
D8050	Interceptive orthodontic treatment of the primary dentition	2,099.45	1,136.73	800	1,029	2,200	3,000	3,000	3,328	3,340	4,200	31
D8060	Interceptive orthodontic treatment of the transitional dentition	2,359.56	1,324.52	572	1,339	2,405	3,360	3,725	3,800	4,000	4,842	34
D8070	Comprehensive orthodontic treatment of the transitional dentition	5,071.43	1,148.71	3,652	4,510	5,047	5,775	5,828	5,920	6,331	7,686	30
D8080	Comprehensive orthodontic treatment of the adolescent dentition	5,290.71	1,066.72	4,000	4,800	5,143	5,600	5,800	6,500	6,680	7,800	38
D8090	Comprehensive orthodontic treatment of the adult dentition	5,410.43	835.99	4,500	5,000	5,254	5,800	5,900	6,000	6,300	7,500	54
D8692	Replacement of lost or broken retainer	296.56	123.56	143	175	300	400	410	430	464	500	55
D9110	Palliative (emergency) treatment of dental pain - minor procedure	143.95	45.35	90	114	140	175	190	200	210	225	192
D9120	Fixed partial denture sectioning	156.89	71.60	65	100	150	200	205	238	250	283	79
D9215	Local anesthesia in conjunction with operative or surgical procedures	24.89	32.80	0	0	0	43	56	66	79	85	56
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	50.81	32.00	0	35	50	75	75	80	86	100	108
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	65.17	79.31	0	0	0	136	151	175	183	200	30
D9248	Non-intravenous conscious sedation	189.36	188.25	0	0	174	350	357	395	414	500	45
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	92.73	63.77	0	50	93	125	141	155	185	220	98
D9410	House/extended care facility call	174.21	94.14	68	99	165	235	250	278	300	339	39

**2013 Survey of Dental Fees**  
**General Practitioners - Pacific Division**  
**(Alaska, California, Hawaii, Oregon, Washington)**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	74.92	32.91	39	58	75	95	97	100	125	135		129
D9440	Office visit - after regularly scheduled hours	162.96	55.12	98	120	161	200	209	215	243	250		147
D9610	Therapeutic parenteral drug, single administration	46.79	49.71	0	0	32	85	86	97	126	141		39
D9630	Other drugs and/or medicaments, by report	24.35	23.01	0	8	19	33	38	50	60	67		60
D9910	Application of desensitizing medicament	50.57	20.94	24	36	50	60	69	74	80	87		119
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	50.79	33.49	0	26	49	75	78	85	90	100		92
D9920	Behavior management, by report	111.37	67.31	41	62	95	153	162	195	213	260		30
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	109.36	41.96	54	75	108	137	150	160	167	175		88
D9940	Occlusal guard, by report	480.15	150.50	300	375	475	569	596	650	690	750		183
D9941	Fabrication of athletic mouthguard	246.31	141.08	75	150	210	340	364	400	475	500		127
D9951	Occlusal adjustment - limited	146.33	62.65	75	99	141	180	191	199	225	275		147
D9952	Occlusal adjustment - complete	494.74	252.37	200	280	470	645	695	764	839	953		126
D9972	External bleaching - per arch - performed in office	279.42	127.92	150	184	250	350	374	400	450	540		102
D9974	Internal bleaching - per tooth	248.04	78.09	150	200	250	300	308	320	336	368		140
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	247.18	113.28	110	160	225	308	350	350	394	450		111

**2013 Survey of Dental Fees**  
**Oral and Maxillofacial Surgeons - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	66.30	26.62	35	45	60	90	90	95	100	110	67
D0140	Limited oral evaluation - problem focused	82.65	27.33	50	65	80	100	100	105	121	130	129
D0150	Comprehensive oral evaluation - new or established patient	95.25	32.52	60	70	90	115	125	130	142	150	108
D0160	Detailed and extensive oral evaluation - problem focused, by report	143.33	53.22	75	100	136	173	175	197	200	250	75
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	66.69	35.31	30	47	61	92	95	100	110	138	55
D0220	Intraoral - periapical first radiographic image	28.90	8.77	18	24	28	35	36	39	40	45	115
D0230	Intraoral - periapical each additional radiographic image	23.35	8.39	14	20	25	27	28	28	35	40	96
D0330	Panoramic radiographic image	108.28	23.89	80	93	105	120	125	131	140	150	148
D0363	Cone beam — 3D image reconstruction using existing data, includes multiple images	282.81	103.07	141	225	285	350	350	375	400	500	37
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	309.76	87.28	200	250	300	350	351	364	400	515	37
D0470	Diagnostic casts	113.77	57.70	55	79	102	142	146	160	175	250	56
D3410	Apicoectomy/periradicular surgery - anterior	676.87	202.10	425	555	661	800	805	874	933	1,106	67
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	734.28	227.95	440	590	700	850	897	909	1,019	1,231	61
D3425	Apicoectomy/periradicular surgery - molar (first root)	821.27	264.20	525	672	761	975	1,000	1,016	1,153	1,394	62
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	629.88	180.36	435	491	607	716	803	836	900	950	41

**2013 Survey of Dental Fees**  
**Oral and Maxillofacial Surgeons - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	368.88	153.62	204	274	318	450	525	575	605	650	42
D4249	Clinical crown lengthening - hard tissue	694.00	234.23	431	506	670	862	892	953	967	1,160	48
D4263	Bone replacement graft - first site in quadrant	500.33	237.50	243	350	438	562	706	750	895	968	46
D4264	Bone replacement graft — each additional site in quadrant	364.56	169.80	185	235	305	488	510	566	611	748	36
D4266	Guided tissue regeneration — resorbable barrier, per site	504.50	249.15	200	323	440	719	775	821	859	965	56
D4267	Guided tissue regeneration — nonresorbable barrier, per site (includes membrane removal)	630.21	291.58	265	400	575	948	995	1,000	1,004	1,037	33
D4273	Subepithelial connective tissue graft procedures, per tooth	917.28	268.88	562	750	863	1,050	1,089	1,260	1,300	1,330	39
D6010	Surgical placement of implant body: endosteal implant	1,999.30	316.50	1,624	1,800	2,000	2,200	2,250	2,300	2,375	2,600	141
D6056	Prefabricated abutment — includes modification and placement	459.89	199.42	240	300	450	594	604	610	665	800	56
D6057	Custom fabricated abutment - includes placement	644.69	270.34	350	477	660	800	800	800	900	1,192	36
D6104	Bone graft at time of implant placement	387.53	137.67	223	276	352	500	500	550	595	600	60
D7111	Extraction, coronal remnants - deciduous tooth	126.95	47.63	75	95	111	150	165	175	198	220	108
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	167.53	51.77	110	127	162	195	200	222	235	260	152
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap	274.87	60.82	201	230	275	308	325	340	350	375	153
D7220	Removal of impacted tooth - soft tissue	318.61	68.38	235	265	315	360	370	380	410	445	151
D7230	Removal of impacted tooth - partially bony	399.68	74.54	317	345	390	450	459	477	518	535	150

**2013 Survey of Dental Fees**  
**Oral and Maxillofacial Surgeons - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D7240	Removal of impacted tooth - completely bony	455.47	87.07	356	392	445	513	529	550	585	603		152
D7250	Surgical removal of residual tooth roots (cutting procedure)	291.09	77.38	195	232	290	337	350	372	381	400		145
D7251	Coronectomy - intentional partial tooth removal	470.48	128.37	330	376	457	550	579	600	609	700		63
D7286	Biopsy of oral tissue - soft	361.22	129.83	220	275	350	435	450	488	500	600		137
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	294.28	100.07	175	222	282	340	355	395	429	500		135
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	426.43	174.50	250	300	399	512	572	630	650	750		133
D7410	Excision of benign lesion up to 1.25 cm	527.93	294.30	250	323	439	693	750	776	900	1,110		108
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	835.75	570.45	275	438	672	1,005	1,228	1,357	1,763	2,100		48
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	608.92	262.32	325	450	575	700	772	831	950	1,200		109
D7630	Mandible - open reduction (teeth immobilized, if present)	3,772.81	1,510.47	2,000	2,550	3,700	4,800	5,115	5,500	5,764	6,250		73
D7640	Mandible - closed reduction (teeth immobilized, if present)	2,875.58	1,209.33	1,500	2,124	2,539	3,500	3,680	3,800	4,000	5,500		74
D7730	Mandible - open reduction	4,183.99	1,482.25	2,500	3,188	4,000	4,931	5,233	5,700	5,988	6,750		72
D7740	Mandible - closed reduction	2,873.88	1,149.07	1,500	2,124	2,610	3,561	3,700	3,838	4,300	5,000		73
D7880	Occlusal orthotic device, by report	845.53	318.55	500	601	786	1,050	1,150	1,229	1,287	1,500		45
D7910	Suture of recent small wounds up to 5 cm	449.55	286.66	240	259	342	598	607	665	858	1,135		56
D7953	Bone replacement graft for ridge preservation – per site	419.07	159.11	250	302	395	500	508	575	600	750		105
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another	465.70	166.38	285	350	428	550	624	665	700	757		128
D7970	Excision of hyperplastic tissue - per arch	506.54	225.64	275	350	475	600	679	769	850	920		105

**2013 Survey of Dental Fees**  
**Oral and Maxillofacial Surgeons - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	114.85	62.21	50	75	109	129	142	150	200	272	53
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	91.73	37.09	51	65	85	110	116	125	150	182	118
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	364.39	93.70	250	295	350	420	435	450	500	540	122
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	143.75	59.28	80	105	131	175	185	192	220	250	109
D9248	Non-intravenous conscious sedation	191.82	115.63	54	103	175	265	292	300	366	374	45
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	129.25	51.20	75	90	120	155	171	195	200	218	81
D9420	Hospital or ambulatory surgical center call	217.90	103.55	100	144	200	280	300	330	344	475	39
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	74.20	38.35	0	53	87	100	100	102	110	134	40
D9440	Office visit - after regularly scheduled hours	163.83	69.13	85	100	160	229	234	242	250	275	42
D9610	Therapeutic parenteral drug, single administration	70.17	37.26	35	40	55	99	100	110	111	150	46

## 2013 Survey of Dental Fees

### Endodontists - National

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	87.27	50.14	0	60	88	125	136	140	150	155	33
D0140	Limited oral evaluation - problem focused	97.50	33.53	60	75	90	123	134	141	150	155	152
D0150	Comprehensive oral evaluation - new or established patient	110.05	47.86	75	90	120	144	150	150	170	175	41
D0160	Detailed and extensive oral evaluation - problem focused, by report	139.30	50.51	81	107	146	170	175	185	199	213	40
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	68.69	52.82	0	25	65	100	111	123	125	170	51
D0220	Intraoral - periapical first radiographic image	25.86	9.40	15	22	25	30	32	35	35	40	125
D0230	Intraoral - periapical each additional radiographic image	20.58	9.03	10	16	21	25	25	30	31	34	112
D2140	Amalgam - one surface, primary or permanent	131.75	44.83	84	100	120	152	160	176	200	225	59
D2150	Amalgam - two surfaces, primary or permanent	162.58	48.91	93	126	170	190	198	200	228	253	40
D2160	Amalgam - three surfaces, primary or permanent	199.43	56.85	115	167	206	240	243	248	263	275	35
D2161	Amalgam - four or more surfaces, primary or permanent	214.63	56.74	115	190	225	260	268	275	275	276	30
D2330	Resin-based composite - one surface, anterior	150.83	46.22	95	120	150	176	181	197	218	236	63
D2331	Resin-based composite - two surfaces, anterior	185.03	41.44	115	168	185	210	218	221	240	265	39
D2332	Resin-based composite - three surfaces, anterior	224.65	51.31	160	200	233	250	255	265	275	315	34
D2391	Resin-based composite - one surface, posterior	166.73	40.56	113	140	170	193	200	200	218	250	59
D2392	Resin-based composite - two surfaces, posterior	216.65	25.15	182	200	218	235	240	241	250	258	34
D2940	Protective restoration	129.85	52.44	74	96	123	153	160	185	193	254	40

## 2013 Survey of Dental Fees

### Endodontists - National

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2950	Core buildup, including any pins	261.51	84.62	155	200	260	305	319	325	350	445	73
D2954	Prefabricated post and core in addition to crown	329.39	88.00	220	275	315	385	395	400	410	450	49
D3110	Pulp cap - direct (excluding final restoration)	157.64	81.74	68	90	140	210	225	250	300	320	77
D3120	Pulp cap - indirect (excluding final restoration)	141.16	76.77	68	80	124	189	200	225	250	310	58
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	290.85	116.24	155	208	275	350	387	400	445	500	109
D3221	Pulpal debridement, primary and permanent teeth	284.37	113.21	150	184	275	350	396	400	435	499	99
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	392.68	184.31	200	262	365	450	500	515	735	800	62
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	370.51	213.07	190	230	290	500	531	575	700	829	45
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	436.04	283.30	190	231	315	538	695	797	900	1,045	48
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	922.89	195.34	695	790	900	1,050	1,095	1,125	1,167	1,250	179
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	1,042.89	203.41	810	890	1,030	1,195	1,200	1,245	1,295	1,350	177
D3330	Endodontic therapy, molar (excluding final restoration)	1,208.03	227.53	945	1,017	1,195	1,350	1,395	1,450	1,495	1,590	179
D3331	Treatment of root canal obstruction; non-surgical access	319.92	157.39	150	203	289	400	400	450	550	653	108
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	406.39	136.92	250	313	400	495	500	550	595	640	146

## 2013 Survey of Dental Fees

### Endodontists - National

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3346	Retreatment of previous root canal therapy - anterior	1,052.52	203.77	820	900	1,043	1,178	1,248	1,293	1,322	1,365	170
D3347	Retreatment of previous root canal therapy - bicuspid	1,176.37	219.78	925	1,005	1,160	1,300	1,350	1,395	1,450	1,542	170
D3348	Retreatment of previous root canal therapy - molar	1,352.97	246.67	1,065	1,155	1,325	1,538	1,565	1,600	1,680	1,750	171
D3351	Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp spa)	363.85	146.22	185	250	354	432	469	500	525	600	124
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	222.03	90.37	121	150	210	282	300	303	340	385	111
D3353	Apexification/recalcification/pulpal regeneration - final visit (includes completed root canal therapy)	480.28	268.04	162	295	440	615	679	738	838	998	100
D3354	Pulpal regeneration - (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final res	579.86	230.07	300	415	525	748	800	900	908	1,000	36
D3410	Apicoectomy/periradicular surgery - anterior	984.11	218.34	725	825	976	1,143	1,195	1,205	1,274	1,350	158
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	1,083.33	242.57	820	909	1,055	1,245	1,286	1,350	1,400	1,500	159
D3425	Apicoectomy/periradicular surgery - molar (first root)	1,210.16	265.64	920	1,000	1,163	1,365	1,450	1,500	1,595	1,660	158
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	194.35	53.01	126	158	192	229	250	250	251	288	40
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap	325.38	102.92	200	260	300	360	387	445	475	575	45
D9110	Palliative (emergency) treatment of dental pain - minor procedure	252.82	121.84	100	144	245	351	389	400	435	450	68

**2013 Survey of Dental Fees**

**Endodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	97.72	51.60	45	75	95	109	115	125	150	250	67
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	131.59	53.54	75	90	125	155	175	185	198	238	66
D9440	Office visit - after regularly scheduled hours	192.52	83.98	100	125	183	253	260	300	313	335	48
D9974	Internal bleaching - per tooth	262.24	112.86	125	175	250	339	364	375	420	475	75

**2013 Survey of Dental Fees**  
**Orthodontists and Dentofacial Orthopedists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D0120	Periodic oral evaluation — established patient	32.18	39.14	0	0	20	53	59	71	90	95		45
D0140	Limited oral evaluation - problem focused	37.22	44.15	0	0	0	73	75	85	95	100		37
D0150	Comprehensive oral evaluation - new or established patient	55.43	59.75	0	0	48	82	92	100	130	200		58
D0330	Panoramic radiographic image	90.56	23.34	60	75	89	100	109	115	125	135		124
D0350	Oral/facial photographic images	54.65	27.31	18	40	50	75	75	80	90	100		99
D0470	Diagnostic casts	86.76	34.42	50	60	80	100	115	125	137	150		104
D1510	Space maintainer - fixed - unilateral	328.86	156.63	150	225	300	420	450	500	550	600		51
D1515	Space maintainer - fixed - bilateral	497.14	209.42	250	350	486	580	620	655	750	895		81
D8020	Limited orthodontic treatment of the transitional dentition	2,065.39	887.69	900	1,495	2,000	2,685	2,800	3,000	3,250	3,500		166
D8030	Limited orthodontic treatment of the adolescent dentition	2,506.14	982.00	1,200	1,800	2,500	3,200	3,427	3,500	3,900	4,000		167
D8040	Limited orthodontic treatment of the adult dentition	3,156.95	1,003.10	2,000	2,500	3,070	3,680	3,800	4,130	4,500	4,900		165
D8050	Interceptive orthodontic treatment of the primary dentition	2,249.98	952.55	1,000	1,500	2,200	2,975	3,037	3,200	3,400	3,850		134
D8060	Interceptive orthodontic treatment of the transitional dentition	2,526.28	910.75	1,500	1,800	2,500	3,200	3,356	3,500	3,750	4,130		185
D8070	Comprehensive orthodontic treatment of the transitional dentition	5,009.27	1,049.02	3,300	4,500	5,160	5,700	5,800	5,980	6,050	6,450		169
D8080	Comprehensive orthodontic treatment of the adolescent dentition	5,456.13	647.64	4,685	5,000	5,400	5,850	5,950	6,050	6,200	6,500		231
D8090	Comprehensive orthodontic treatment of the adult dentition	5,768.49	743.12	4,800	5,200	5,700	6,200	6,380	6,500	6,801	7,135		229
D8670	Periodic orthodontic treatment visit (as part of contract)	161.90	55.37	100	125	150	190	200	200	250	283		87
D8690	Orthodontic treatment (alternative billing to a contract fee)	209.55	89.18	130	150	180	215	295	350	350	402		33
D8692	Replacement of lost or broken retainer	212.65	76.87	130	150	200	250	275	300	325	350		220
D9940	Occlusal guard, by report	528.80	266.27	200	350	485	660	760	900	1,000	1,000		49

**2013 Survey of Dental Fees**  
**Pediatric Dentists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	Periodic oral evaluation — established patient	49.75	11.83	35	43	50	55	59	63	65	70	119
D0140	Limited oral evaluation - problem focused	67.34	20.60	42	54	67	80	82	86	90	100	121
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	64.76	23.21	40	48	65	75	80	85	92	108	101
D0150	Comprehensive oral evaluation - new or established patient	73.72	20.92	46	60	73	87	89	90	95	111	118
D0160	Detailed and extensive oral evaluation - problem focused, by report	96.51	51.93	36	58	87	139	141	160	166	188	68
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	53.10	27.99	0	37	56	75	75	84	86	90	82
D0180	Comprehensive periodontal evaluation - new or established patient	83.79	37.23	40	60	77	101	105	120	127	181	33
D0210	Intraoral - complete series of radiographic images	127.29	32.45	84	108	127	144	150	155	168	183	97
D0220	Intraoral - periapical first radiographic image	28.39	8.78	18	23	28	32	35	37	40	47	118
D0230	Intraoral - periapical each additional radiographic image	23.01	6.02	15	20	24	26	27	28	31	33	119
D0272	Bitewings - two radiographic images	44.13	11.05	30	37	44	50	52	53	59	69	116
D0273	Bitewings - three radiographic images	50.87	12.92	32	44	50	60	61	64	68	70	46
D0274	Bitewings - four radiographic images	62.57	14.80	40	52	62	75	75	78	82	85	107
D0330	Panoramic radiographic image	104.58	18.58	80	90	105	115	117	123	130	135	114
D0350	Oral/facial photographic images	53.36	30.28	13	35	56	71	73	75	79	99	44
D0470	Diagnostic casts	95.25	29.09	58	75	96	112	118	129	135	153	59
D1110	Prophylaxis - adult	81.50	18.46	60	68	81	93	95	99	110	114	119
D1120	Prophylaxis - child	62.88	13.53	49	54	61	70	73	77	81	90	120
D1206	Topical fluoride varnish	37.86	10.39	25	31	38	43	45	47	52	57	101
D1208	Topical application of fluoride	34.06	9.39	22	26	34	40	41	43	45	49	104

**2013 Survey of Dental Fees**  
**Pediatric Dentists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1320	Tobacco counseling for the control and prevention of oral disease	33.35	34.59	0	0	28	68	69	82	84	88	31
D1330	Oral hygiene instructions	22.27	24.47	0	0	15	44	47	55	59	62	62
D1351	Sealant - per tooth	52.64	11.38	39	45	51	60	62	64	66	72	114
	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth											
D1352		88.95	28.15	54	60	95	107	115	120	125	126	39
D1510	Space maintainer - fixed - unilateral	322.50	72.63	247	277	310	356	374	395	405	450	113
D1515	Space maintainer - fixed - bilateral	464.38	101.55	348	392	450	545	564	582	592	642	111
D2140	Amalgam - one surface, primary or permanent	130.27	30.50	85	114	133	151	159	161	168	175	88
D2150	Amalgam - two surfaces, primary or permanent	160.70	38.07	110	140	162	183	190	200	212	223	88
D2160	Amalgam - three surfaces, primary or permanent	190.94	44.92	132	165	190	218	224	237	249	270	86
D2161	Amalgam - four or more surfaces, primary or permanent	222.99	52.68	155	180	222	259	267	280	284	308	81
D2330	Resin-based composite - one surface, anterior	148.50	34.81	99	128	149	168	170	179	198	220	118
D2331	Resin-based composite - two surfaces, anterior	180.97	38.26	128	157	185	203	210	216	230	260	116
D2332	Resin-based composite - three surfaces, anterior	218.91	53.67	150	181	219	248	250	265	277	325	116
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	282.91	81.23	182	235	277	329	340	350	393	439	116
D2390	Resin-based composite crown, anterior	326.67	98.08	210	258	316	366	394	434	478	508	105
D2391	Resin-based composite - one surface, posterior	161.47	32.13	115	140	163	182	186	190	197	223	115
D2392	Resin-based composite - two surfaces, posterior	203.83	41.38	145	172	202	236	240	243	253	271	115
D2393	Resin-based composite - three surfaces, posterior	243.44	52.54	170	210	245	280	292	297	308	328	114

**2013 Survey of Dental Fees**  
**Pediatric Dentists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2394	Resin-based composite - four or more surfaces, posterior	288.85	61.41	187	250	297	327	341	348	365	375	106
D2920	Recement crown	78.80	26.62	45	55	80	100	103	109	117	120	88
D2930	Prefabricated stainless steel crown - primary tooth	257.36	49.93	187	224	259	287	297	305	320	336	108
D2931	Prefabricated stainless steel crown - permanent tooth	307.19	58.32	230	266	310	347	350	367	383	398	108
D2940	Protective restoration	102.17	33.17	60	81	99	120	127	133	144	155	82
D2950	Core buildup, including any pins	221.15	57.35	135	186	231	260	274	287	298	303	40
D3110	Pulp cap - direct (excluding final restoration)	73.97	25.25	42	55	75	87	90	101	105	113	102
D3120	Pulp cap - indirect (excluding final restoration)	72.18	26.72	40	54	71	85	91	98	111	115	99
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	170.42	45.99	110	146	174	199	202	215	225	236	118
D3221	Pulpal debridement, primary and permanent teeth	168.65	85.39	50	121	173	222	230	249	250	292	66
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	230.88	66.89	150	183	220	275	280	301	306	375	78
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	252.38	89.77	144	181	245	312	326	330	348	437	79
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	630.41	179.90	400	475	674	750	770	797	842	895	51
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	751.23	204.06	475	596	790	888	898	917	975	1,078	39
D3330	Endodontic therapy, molar (excluding final restoration)	889.19	197.21	550	780	936	1,049	1,066	1,075	1,078	1,129	37

**2013 Survey of Dental Fees**  
**Pediatric Dentists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D3351	Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp spa	305.53	99.46	143	255	290	371	384	415	416	504		38
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	188.47	74.38	101	128	190	235	258	275	280	301		36
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	483.31	182.37	260	316	508	613	619	626	681	783		36
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	240.22	111.47	134	157	241	283	318	350	371	445		36
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	211.27	67.71	112	175	213	255	272	275	289	300		49
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	156.23	58.57	81	105	162	187	195	198	220	278		35
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	160.49	53.20	86	125	163	187	195	201	219	262		45
D7111	Extraction, coronal remnants - deciduous tooth	111.80	30.52	70	88	110	137	139	145	150	152		83
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	147.64	37.12	100	125	147	174	177	183	189	204		114
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap	236.36	55.21	150	210	240	274	278	285	297	341		74
D7220	Removal of impacted tooth - soft tissue	270.87	60.85	170	240	280	317	320	325	331	360		46
D7230	Removal of impacted tooth - partially bony	325.80	90.27	213	250	336	378	413	430	434	472		35
D7240	Removal of impacted tooth - completely bony	378.06	108.30	257	281	391	450	470	475	539	560		34
D7250	Surgical removal of residual tooth roots (cutting procedure)	237.51	71.62	143	189	250	285	290	304	327	363		39

**2013 Survey of Dental Fees**  
**Pediatric Dentists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7286	Biopsy of oral tissue - soft	290.58	102.00	180	231	285	325	345	408	426	495	33
D7910	Suture of recent small wounds up to 5 cm	229.70	105.96	85	166	226	292	301	311	345	410	44
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another	398.00	107.15	262	312	396	461	475	495	535	579	48
D8020	Limited orthodontic treatment of the transitional dentition	1,624.03	1,145.16	448	666	1,410	2,430	2,550	2,708	3,128	3,340	40
D8030	Limited orthodontic treatment of the adolescent dentition	1,892.60	1,205.21	531	850	1,785	2,749	2,846	3,000	3,370	3,407	30
D8050	Interceptive orthodontic treatment of the primary dentition	1,608.33	803.14	638	937	1,424	2,380	2,500	2,595	2,761	2,916	40
D8060	Interceptive orthodontic treatment of the transitional dentition	1,914.33	1,076.97	600	995	1,599	2,849	3,000	3,148	3,500	3,749	46
D8692	Replacement of lost or broken retainer	226.90	104.98	107	150	205	275	323	350	394	420	30
D9110	Palliative (emergency) treatment of dental pain - minor procedure	99.54	41.06	51	74	95	129	133	143	153	176	92
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	57.57	26.14	27	40	55	70	75	82	89	115	90
D9248	Non-intravenous conscious sedation	208.86	114.25	70	116	217	299	301	343	375	400	66
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	97.93	49.36	40	75	92	125	130	147	160	198	71
D9420	Hospital or ambulatory surgical center call	303.38	158.08	119	200	274	407	435	485	500	560	58
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	56.85	28.12	20	42	58	75	80	83	86	95	65
D9440	Office visit - after regularly scheduled hours	156.92	56.17	86	117	150	197	202	221	245	260	75
D9910	Application of desensitizing medicament	48.68	13.68	30	40	49	56	61	64	68	74	38
D9920	Behavior management, by report	101.07	55.34	31	60	99	125	147	159	187	208	57
D9940	Occlusal guard, by report	359.95	175.47	100	232	350	500	517	541	600	639	77

**2013 Survey of Dental Fees**  
**Pediatric Dentists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9941	Fabrication of athletic mouthguard	154.85	90.65	50	100	137	210	225	250	292	325	78
D9951	Occlusal adjustment - limited	90.78	48.37	31	50	85	126	133	140	156	175	37
D9972	External bleaching - per arch - performed in office	222.27	82.64	103	172	210	295	300	330	350	356	45
D9974	Internal bleaching - per tooth	208.51	99.05	85	154	198	274	291	299	354	374	37

## 2013 Survey of Dental Fees

### Periodontists - National

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D0120	Periodic oral evaluation — established patient	69.05	37.56	35	45	60	88	101	109	125	150		83
D0140	Limited oral evaluation - problem focused	87.17	29.16	50	70	85	100	110	123	130	139		89
D0150	Comprehensive oral evaluation - new or established patient	124.76	46.14	71	96	125	155	165	175	175	195		78
D0160	Detailed and extensive oral evaluation - problem focused, by report	136.43	60.85	69	98	142	175	189	195	198	225		53
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	75.89	43.98	0	50	78	100	120	124	135	140		64
D0180	Comprehensive periodontal evaluation - new or established patient	134.62	36.68	95	105	126	161	167	175	185	195		86
D0210	Intraoral - complete series of radiographic images	136.60	30.81	96	115	135	155	160	165	175	180		87
D0220	Intraoral - periapical first radiographic image	26.88	7.82	17	23	27	31	31	34	35	40		88
D0230	Intraoral - periapical each additional radiographic image	19.96	6.84	10	15	22	25	25	26	27	28		84
D0272	Bitewings - two radiographic images	42.45	9.63	26	35	45	50	50	52	53	57		55
D0273	Bitewings - three radiographic images	57.09	16.52	40	50	56	65	70	75	75	83		34
D0274	Bitewings - four radiographic images	66.33	18.56	45	55	65	78	81	83	95	98		63
D0277	Vertical bitewings - 7 to 8 radiographic images	98.84	30.19	60	81	96	119	120	125	140	160		37
D0330	Panoramic radiographic image	112.95	27.55	80	92	110	130	135	144	155	165		57
D0470	Diagnostic casts	96.37	43.77	45	63	98	123	133	150	150	170		52
D1110	Prophylaxis - adult	116.96	30.82	75	95	115	135	137	145	160	166		78
D1120	Prophylaxis - child	92.36	34.13	56	70	86	111	121	129	135	162		42
D1206	Topical fluoride varnish	37.53	14.37	20	25	35	45	50	50	55	65		34
D1330	Oral hygiene instructions	23.63	29.45	0	0	0	55	55	60	65	75		41
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	851.33	332.23	485	625	800	985	1,050	1,213	1,349	1,500		91

## 2013 Survey of Dental Fees

### Periodontists - National

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	548.89	281.65	220	325	478	750	810	850	900	1,050		91
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	565.86	294.87	296	350	486	670	809	884	979	1,250		37
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	947.32	284.24	650	788	878	1,050	1,092	1,210	1,379	1,500		79
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	727.51	264.02	425	529	700	850	874	1,050	1,190	1,253		79
D4249	Clinical crown lengthening - hard tissue	994.58	263.37	700	850	958	1,100	1,199	1,234	1,283	1,550		95
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1,310.98	334.39	900	1,100	1,249	1,500	1,644	1,700	1,800	1,900		98
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1,013.79	279.99	750	850	969	1,155	1,221	1,283	1,350	1,544		91
D4263	Bone replacement graft - first site in quadrant	530.84	198.45	322	400	494	620	670	750	802	973		97
D4264	Bone replacement graft — each additional site in quadrant	392.91	183.75	175	262	370	489	520	550	661	705		85
D4266	Guided tissue regeneration — resorbable barrier, per site	543.44	275.45	295	350	475	650	750	802	975	1,125		94
D4267	Guided tissue regeneration — nonresorbable barrier, per site (includes membrane removal)	645.11	341.56	310	414	531	864	975	1,041	1,100	1,300		72
D4273	Subepithelial connective tissue graft procedures, per tooth	1,215.02	299.88	876	995	1,175	1,375	1,435	1,500	1,610	1,800		97
D4275	Soft tissue allograft	1,220.49	325.00	850	975	1,250	1,405	1,491	1,500	1,610	1,700		57

## 2013 Survey of Dental Fees

### Periodontists - National

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	1,077.03	256.97	750	885	1,063	1,258	1,283	1,320	1,350	1,500	86
D4321	Provisional splinting - extracoronal	443.57	197.56	215	293	431	516	595	605	707	775	44
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	301.38	61.83	225	265	295	345	350	375	385	400	97
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	211.55	55.72	150	180	200	238	245	250	275	337	91
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	198.47	65.50	127	150	187	220	244	275	300	310	70
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	76.47	43.90	35	45	65	85	98	120	158	176	79
D4910	Periodontal maintenance	138.47	24.50	110	125	135	155	160	166	175	185	98
D6010	Surgical placement of implant body: endosteal implant	2,100.58	292.25	1,795	1,900	2,062	2,250	2,300	2,382	2,480	2,600	88
D6056	Prefabricated abutment — includes modification and placement	533.85	165.10	312	400	500	650	700	735	750	840	39
D6104	Bone graft at time of implant placement	521.27	220.94	300	355	495	590	650	740	832	980	49
D7111	Extraction, coronal remnants - deciduous tooth	152.28	82.64	81	95	135	176	195	210	250	375	39
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	219.87	86.62	136	160	187	268	275	300	350	380	84
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap	352.18	138.71	225	257	322	395	410	475	536	660	83
D7220	Removal of impacted tooth - soft tissue	386.13	143.60	248	278	354	450	494	509	613	675	45
D7230	Removal of impacted tooth - partially bony	484.11	172.07	308	372	450	550	600	629	789	924	35
D7240	Removal of impacted tooth - completely bony	523.20	142.46	336	442	511	587	625	650	708	800	30
D7250	Surgical removal of residual tooth roots (cutting procedure)	365.04	142.56	228	272	343	395	450	452	550	740	52

## 2013 Survey of Dental Fees

### Periodontists - National

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7286	Biopsy of oral tissue - soft	353.32	129.78	186	282	343	437	450	475	500	575	76
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	466.64	266.34	246	273	356	636	720	803	850	1,200	39
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	595.86	242.47	346	424	540	750	808	877	972	1,165	37
D7410	Excision of benign lesion up to 1.25 cm	448.92	145.77	295	350	450	549	557	620	675	760	38
D7953	Bone replacement graft for ridge preservation – per site	631.20	301.26	324	398	526	836	875	980	1,046	1,165	56
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another	499.58	157.32	300	395	490	595	608	660	715	788	66
D9110	Palliative (emergency) treatment of dental pain - minor procedure	132.65	52.22	75	100	125	167	180	187	200	227	48
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	70.29	33.97	35	50	72	85	88	93	105	150	56
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	115.23	77.68	0	79	111	145	150	167	200	250	44
D9910	Application of desensitizing medicament	52.39	27.41	20	37	50	62	70	75	83	95	33
D9940	Occlusal guard, by report	592.93	136.79	450	495	595	650	676	725	780	850	61
D9951	Occlusal adjustment - limited	190.07	122.03	83	106	174	217	250	265	296	499	60
D9952	Occlusal adjustment - complete	483.98	232.83	188	295	489	625	644	675	723	828	51

**2013 Survey of Dental Fees**  
**Prosthodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D0120	Periodic oral evaluation — established patient	63.24	28.87	35	42	51	82	85	95	100	125		58
D0140	Limited oral evaluation - problem focused	83.56	32.14	50	65	81	97	100	119	125	150		52
D0150	Comprehensive oral evaluation - new or established patient	114.22	52.23	65	75	100	150	165	175	195	200		58
D0160	Detailed and extensive oral evaluation - problem focused, by report	141.61	72.20	63	90	128	195	200	200	231	250		44
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	59.77	44.92	0	25	61	90	95	100	125	150		39
D0210	Intraoral - complete series of radiographic images	151.46	39.95	109	122	146	175	180	185	200	250		54
D0220	Intraoral - periapical first radiographic image	28.77	8.17	20	23	28	32	33	38	40	44		53
D0230	Intraoral - periapical each additional radiographic image	22.81	7.61	15	19	22	28	28	30	30	33		53
D0272	Bitewings - two radiographic images	46.20	12.78	32	38	45	52	55	56	61	65		44
D0274	Bitewings - four radiographic images	70.13	20.98	48	55	67	85	88	91	95	112		56
D0330	Panoramic radiographic image	117.62	30.44	90	97	115	127	135	138	158	205		37
D0470	Diagnostic casts	130.59	58.58	78	90	125	150	157	185	215	250		46
D1110	Prophylaxis - adult	110.36	37.92	75	85	104	125	130	150	175	175		56
D1120	Prophylaxis - child	76.36	36.12	50	58	70	90	92	103	111	170		39
D1330	Oral hygiene instructions	21.50	30.25	0	0	0	48	55	60	71	77		30
D1351	Sealant - per tooth	53.46	15.69	36	40	50	65	68	70	75	75		41
D2140	Amalgam - one surface, primary or permanent	149.30	44.31	93	120	150	177	183	188	198	231		40
D2150	Amalgam - two surfaces, primary or permanent	189.15	53.79	133	150	182	223	233	244	250	290		40
D2160	Amalgam - three surfaces, primary or permanent	223.74	60.70	160	180	220	250	278	299	300	345		39
D2161	Amalgam - four or more surfaces, primary or permanent	268.51	73.71	180	218	260	300	338	350	375	400		37

**2013 Survey of Dental Fees**  
**Prosthodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D2330	Resin-based composite - one surface, anterior	193.64	65.56	121	151	178	220	224	235	288	375		55
D2331	Resin-based composite - two surfaces, anterior	236.82	77.65	150	180	225	275	286	302	336	414		55
D2332	Resin-based composite - three surfaces, anterior	276.07	80.56	188	220	265	330	345	350	391	425		54
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	336.54	99.59	225	268	325	406	425	430	475	503		48
D2391	Resin-based composite - one surface, posterior	206.09	68.33	135	160	200	230	247	279	305	350		55
D2392	Resin-based composite - two surfaces, posterior	253.26	73.71	175	200	245	290	318	325	341	395		53
D2393	Resin-based composite - three surfaces, posterior	298.87	78.27	204	244	293	346	365	385	391	450		52
D2394	Resin-based composite - four or more surfaces, posterior	359.24	91.57	231	293	369	424	435	450	475	523		46
D2520	Inlay - metallic - two surfaces	1,252.24	610.17	695	810	1,102	1,496	1,568	1,800	1,875	2,650		33
D2543	Onlay - metallic - three surfaces	1,392.05	417.27	875	1,192	1,275	1,600	1,749	1,785	1,875	2,475		37
D2620	Inlay - porcelain/ceramic - two surfaces	1,268.89	493.44	725	862	1,203	1,600	1,650	1,750	1,800	2,475		38
D2642	Onlay - porcelain/ceramic - two surfaces	1,377.62	486.48	800	1,100	1,365	1,650	1,750	1,800	1,875	2,475		37
D2643	Onlay - porcelain/ceramic - three surfaces	1,497.61	414.37	1,045	1,200	1,446	1,768	1,800	1,850	2,000	2,475		36
D2644	Onlay - porcelain/ceramic - four or more surfaces	1,493.35	421.19	1,040	1,200	1,400	1,749	1,785	1,800	1,875	2,500		37
D2740	Crown - porcelain/ceramic substrate	1,482.15	372.09	1,045	1,200	1,488	1,699	1,750	1,800	1,875	2,000		48
D2750	Crown - porcelain fused to high noble metal	1,526.19	471.31	1,040	1,176	1,500	1,785	1,800	1,850	2,000	2,475		54
D2752	Crown - porcelain fused to noble metal	1,440.27	388.45	950	1,139	1,450	1,650	1,785	1,800	1,875	2,000		37
D2780	Crown - 3/4 cast high noble metal	1,447.35	407.05	1,000	1,139	1,400	1,600	1,650	1,800	1,800	2,475		31
D2783	Crown - 3/4 porcelain/ceramic	1,573.43	549.38	1,018	1,219	1,556	1,800	1,800	1,850	2,175	2,650		30
D2790	Crown - full cast high noble metal	1,510.94	385.38	1,040	1,194	1,500	1,725	1,785	1,800	1,875	2,175		48

**2013 Survey of Dental Fees**  
**Prosthodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	340.37	180.44	150	225	325	492	500	525	576	650	43
D2920	Recement crown	126.12	52.65	65	92	125	150	166	175	189	250	57
D2940	Protective restoration	131.87	48.97	79	103	126	158	160	185	191	237	31
D2950	Core buildup, including any pins	321.84	142.94	171	250	310	351	360	390	485	700	51
D2952	Post and core in addition to crown; indirectly fabricated	570.02	276.27	325	374	493	688	719	750	780	1,250	52
D2954	Prefabricated post and core in addition to crown	413.04	164.88	250	298	365	500	550	598	650	750	46
D2962	Labial veneer (porcelain laminate) - laboratory	1,479.08	422.64	1,050	1,198	1,475	1,660	1,800	1,850	1,875	2,475	52
D2970	Temporary crown (fractured tooth)	363.07	190.22	196	250	308	450	480	500	560	750	45
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	246.67	56.12	185	212	240	285	295	298	300	368	33
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	164.40	48.93	115	125	157	190	205	220	250	251	35
D4910	Periodontal maintenance	139.94	41.41	98	110	128	166	173	200	200	220	32
D5110	Complete denture - maxillary	2,666.39	1,001.77	1,580	2,000	2,450	3,400	3,500	3,500	4,400	4,500	57
D5120	Complete denture - mandibular	2,702.22	1,003.05	1,580	2,000	2,475	3,475	3,500	3,586	4,400	4,500	58
D5130	Immediate denture - maxillary	2,685.23	1,034.46	1,500	2,040	2,500	3,200	3,586	4,000	4,000	4,500	57
D5140	Immediate denture - mandibular	2,696.05	1,045.34	1,500	2,020	2,500	3,250	3,586	4,000	4,062	4,500	56
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	1,793.33	1,071.56	750	960	1,498	2,104	2,500	3,475	3,500	4,000	46
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	1,812.17	1,068.13	750	950	1,500	2,104	2,500	3,475	3,500	4,000	46
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	2,625.89	1,029.92	1,276	1,910	2,500	3,421	3,500	3,700	4,000	4,500	56

**2013 Survey of Dental Fees**  
**Prosthodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	2,651.98	1,017.69	1,276	1,975	2,500	3,465	3,500	3,700	4,000	4,500		57
D5510	Repair broken complete denture base	243.27	131.77	133	168	215	300	300	340	350	521		51
D5520	Replace missing or broken teeth - complete denture (each tooth)	181.58	67.17	100	137	180	209	215	250	279	325		53
D5610	Repair resin denture base	209.08	83.69	98	150	200	266	290	300	313	363		50
D5640	Replace broken teeth - per tooth	166.28	62.43	85	127	160	200	200	210	225	295		53
D5650	Add tooth to existing partial denture	205.69	61.51	125	150	200	253	260	272	300	304		52
D5660	Add clasp to existing partial denture	238.09	57.67	150	200	240	279	289	300	314	325		44
D5710	Rebase complete maxillary denture	686.60	324.36	300	410	650	911	945	954	1,024	1,343		48
D5730	Reline complete maxillary denture (chairside)	439.79	164.72	275	340	422	500	550	577	708	750		48
D5731	Reline complete mandibular denture (chairside)	433.35	166.18	275	325	408	500	525	575	708	750		48
D5750	Reline complete maxillary denture (laboratory)	626.63	257.86	342	409	588	791	854	890	917	1,125		56
D5751	Reline complete mandibular denture (laboratory)	627.09	256.56	350	415	582	779	854	900	950	1,125		57
D6053	Implant/abutment supported removable denture for completely edentulous arch	3,550.31	1,718.94	1,511	2,500	3,500	4,250	4,500	5,097	5,750	7,500		32
D6055	Connecting bar - implant supported or abutment supported	3,098.81	1,919.03	1,060	1,483	3,000	4,354	4,500	4,976	5,750	7,500		32
D6056	Prefabricated abutment — includes modification and placement	650.91	264.17	400	495	595	750	850	950	1,000	1,060		43
D6057	Custom fabricated abutment - includes placement	888.78	366.45	500	612	800	1,100	1,100	1,200	1,500	1,500		46
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,721.19	506.78	1,100	1,355	1,700	1,985	2,000	2,150	2,475	2,500		47
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	2,024.52	789.74	1,350	1,545	1,812	2,375	2,475	2,500	2,750	4,000		44

**2013 Survey of Dental Fees**  
**Prosthodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees									Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$		
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,536.61	586.77	860	1,225	1,595	1,809	1,820	1,878	2,000	2,700		36
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	263.08	163.76	93	148	238	363	414	450	484	600		40
D6210	Pontic - cast high noble metal	1,462.51	418.36	950	1,100	1,500	1,700	1,749	1,800	1,900	2,175		43
D6240	Pontic - porcelain fused to high noble metal	1,454.80	389.60	995	1,176	1,467	1,650	1,749	1,800	1,900	2,175		54
D6245	Pontic - porcelain/ceramic	1,447.05	423.28	980	1,139	1,425	1,655	1,750	1,850	1,900	2,475		39
D6545	Retainer - cast metal for resin bonded fixed prosthesis	969.31	630.97	300	538	762	1,253	1,350	1,700	1,700	2,500		32
D6750	Crown - porcelain fused to high noble metal	1,440.44	370.78	985	1,139	1,463	1,665	1,749	1,800	1,875	2,000		54
D6790	Crown - full cast high noble metal	1,453.04	389.73	984	1,143	1,488	1,675	1,733	1,800	1,875	2,150		52
D6930	Recement fixed partial denture	190.92	72.52	125	143	185	225	227	250	300	320		51
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	205.38	87.02	118	148	197	250	250	259	325	385		34
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap	296.03	82.96	199	237	300	350	350	360	425	450		30
D9110	Palliative (emergency) treatment of dental pain - minor procedure	133.32	66.53	75	85	125	164	185	200	210	250		44
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	143.89	87.59	60	95	125	179	196	200	226	387		35
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	73.83	40.20	0	58	82	99	102	105	120	150		36
D9440	Office visit - after regularly scheduled hours	156.71	60.55	95	121	150	192	200	223	250	285		38
D9940	Occlusal guard, by report	670.76	295.61	350	450	618	800	890	900	1,000	1,400		55

**2013 Survey of Dental Fees**  
**Prosthodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9941	Fabrication of athletic mouthguard	322.73	204.91	103	175	255	484	518	550	575	683	30
D9951	Occlusal adjustment - limited	185.80	85.91	90	125	172	241	250	280	300	350	44
D9952	Occlusal adjustment - complete	659.45	354.23	246	400	595	860	911	975	1,000	1,252	40
D9972	External bleaching - per arch - performed in office	327.50	131.58	180	228	300	400	400	425	500	600	34
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	276.16	133.81	150	182	250	350	350	450	499	550	31

## 2013 Survey of Dental Fees

### Methodology

In accordance with a directive from the 1976 House of Delegates, the Survey Center is responsible for periodically gathering and disseminating information regarding dental fees in the United States. The American Dental Association's (ADA) survey of fees charged by general practitioners and specialists is limited to the publication of statistics gathered from a nationwide random sample of dentists, who were asked to record the fee most often charged for each of 238 different dental procedures. **The survey data should not be interpreted as constituting a fee schedule in any way, and should not be used for that purpose. Dentists must establish their own fees based on their individual practice and market considerations.**

The procedure codes on the 2013 *Survey of Dental Fees* survey instrument and presented in the tables of this report were taken from *CDT 2013*, the reference manual published by the ADA. The previous *Survey of Dental Fees* used codes based on the 2011 edition of the manual; therefore, care should be taken when comparing data in this report with data from previous ADA *Surveys of Dental Fees* or reports from other sources. *CDT 2013* contains numerous updates and modifications to procedure codes, descriptors and common dental terms.

In this report, data for general practitioners are presented separately for each of the nine U.S. Census Divisions and for the nation as a whole. Following the general practitioner data, national statistics are presented for six dental specialties. The sample design used to select specialists did not provide a sufficient number of specialists to allow for analysis by specialty at the divisional level. Statistics presented for each procedure include the number of respondents, average, standard deviation and percentiles. The Glossary (separate page) includes definitions of these statistics, all of which help indicate how fee answers varied for a given procedure in our survey. To ensure statistical validity, at least 30 responses must have been received for each reported procedure. In both the general practitioner and specialty sections, only those procedures that received 30 or more responses are included in this report.

#### Sampling

The 2013 *Survey of Dental Fees* sample was selected from the ADA's national sampling frame of active private practitioners ("the population"), which includes member and non-member dentists. The sample, representing 7.4% of the population, was a simple random probability sample of 13,052 dentists in private practice, of whom approximately 60% were general practitioners and 40% were specialists.

Among active private practitioners in the sampling frame, specialists comprise only 18.5% of the total population. To ensure enough responses from specialists to report reliable national data, specialists were oversampled with respect to their proportion in the population. General practitioners from the New England and East South Central divisions were also oversampled to ensure a sufficient number of responses.

Representativeness was determined by checking for statistically significant differences between the sample and population on the following demographic characteristics using chi-square statistics and T-tests: division, primary occupation, secondary occupation, specialty, race, ownership status, age, and graduation year. No statistically significant differences were found between any of the subsamples of general practitioners and specialists and their populations.

#### Data collection

The 2013 *Survey of Dental Fees* was initially mailed to 13,052 dentists in private practice in April 2013, and two follow-up mailings to non-respondents were sent in May and June. Data collection was concluded in August 2013 after responses had been received from 2,198 dentists. The final adjusted response rate of 18.2% excludes those individuals who were retired, not in private practice, deceased, or had unknown or foreign addresses.

## Weighting

The proportion of oversampled dentists in the sample and among the respondents was higher than in the actual population. To be able to make statements about all private practitioners, all general practitioners, or all specialists, the proportion of general practitioners and specialists among the respondents had to match those of the sample frame and the dental population as a whole. If left unbalanced, the statistics presented for all dentists, all general practitioners, or all specialists would have been skewed by the disproportionate number of oversampled dentists among the respondents and would not have been an accurate representation of the dental population being analyzed.

In the sampling frame, 4.3% of dentists were New England general practitioners, 3.8% were East South Central general practitioners, 73.4% were general practitioners from other divisions, 1.5% were prosthodontists, and 17.0% were specialists other than prosthodontists. Among the respondents to the survey, 3.6% of dentists were New England general practitioners, 4.3% were East South Central general practitioners, 51.3% were general practitioners from other divisions, 3.0% were prosthodontists, and 37.8% were specialists other than prosthodontists. Weights were calculated for these five sets of dentists to bring the proportions found among the respondents into line with those found in the dental population.

In this report, the weights were used in the calculation of statistics in which all general practitioners were combined. Weights were not used when a single division of general practitioners or a single specialty were analyzed separately. Statistics computed with weights are indicated as such in the report.

Each weight was calculated by dividing the percentage of each in the sampling frame by the percentage in the respondent population.

$$\frac{\text{Percentage in the sampling frame}}{\text{Percentage in the respondent population}} = \text{Weight}$$

Weighting scheme for reporting all dentists combined			Weighting scheme for reporting all general practitioners combined		
General practitioners (New England)	<u>0.04315</u> 0.03609	= 1.19569	General practitioners (New England)	<u>0.05294</u> 0.06096	= 0.86847
General practitioners (East South Central)	<u>0.03782</u> 0.04340	= 0.87144	General practitioners (East South Central)	<u>0.04640</u> 0.07330	= 0.63295
General practitioners (All other divisions)	<u>0.73415</u> 0.51256	= 1.43232	General practitioners (All other divisions)	<u>0.90066</u> 0.86574	= 1.04034
Prosthodontists	<u>0.01500</u> 0.02969	= 0.50498	Weighting scheme for reporting all specialists combined		
Specialists other than prosthodontists	<u>0.16988</u> 0.37825	= 0.44911	Prosthodontists	<u>0.08111</u> 0.07279	= 1.11429
			Specialists other than prosthodontists	<u>0.91889</u> 0.92721	= 0.99103

For example, when reporting all general practitioners combined, weighting had the effect of turning every responding general practitioner from the New England division into 0.86847 general practitioners.

## 2013 Survey of Dental Fees

### Glossary

#### AVERAGE

The arithmetic average of all fees reported by the respondents, obtained by taking the sum of all fees and dividing by the number of responses. It is possible that no dentist reported charging a fee that is exactly equal to the average value. If the distribution of fees is not symmetrical (that is, one half is not the mirror image of the other), the median is a better indicator of the typical fee charged than the average.

#### CHI-SQUARE STATISTICS

Chi-square statistics indicate, in the context of this report, whether the demographic characteristics of a random sample occur with a distribution similar to that of the population from which the sample is drawn.

#### DIVISIONS

##### ***Nine U.S. Census Divisions:***

New England: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

Middle Atlantic: New Jersey, New York, and Pennsylvania.

East North Central: Illinois, Indiana, Michigan, Ohio, and Wisconsin.

West North Central: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota.

South Atlantic: Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., and West Virginia.

East South Central: Alabama, Kentucky, Mississippi, and Tennessee.

West South Central: Arkansas, Louisiana, Oklahoma, and Texas.

Mountain: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming.

Pacific: Alaska, California, Hawaii, Oregon, and Washington.

**MEDIAN**

A statistical measure that divides ranked numeric responses into halves. The median is the response that falls at the fifty percent mark. The responses in one half are all smaller than the median and those in the other half are all larger than the median.

**PERCENTILE**

A percentile represents a fee at which a certain percentage of dentists charge up to the value of that fee. Example: the 75th percentile describes the fee equal to or greater than 75% of the fees for a given procedure.

**SIMPLE RANDOM PROBABILITY SAMPLE**

A simple random probability sample denotes a sample in which names are drawn at random without replacement.

**STANDARD DEVIATION (S.D.)**

The typical deviation of sample values from the mean. The size of the standard deviation reflects the accuracy of the sample mean in representing the population. In a normal population, 68.0% of the observations fall within one standard deviation of the mean, 95.5% within two standard deviations, and 99.7% within three standard deviations.

**T-TESTS**

T-tests indicate, in the context of this report, whether the mean values of numeric demographic characteristics (age, year of graduation) of a random sample are statistically similar to those of the population from which the sample is drawn.

## 2013 Survey of Dental Fees

Please **circle** the number corresponding to the most appropriate response or fill in the blank. **Please do not report ranges.**

1. What is your current occupation? (Please circle only one response.)
  - a. Private practice (full- or part-time) ..... 1
  - b. Other dental occupation ..... 2
  - c. Other non-dental occupation ..... 3

Please complete this questionnaire if you are currently in **private practice**. Otherwise, **stop here** and **return** the questionnaire. Thank you.

### Individual Dentist Questions

2. In your primary practice in 2013, in which of the following ADA-recognized specialty areas were you announcing yourself and practicing as a licensed specialist? (Circle **one** response.)

- a. No specialty, I am a general practitioner ..... 0
- b. Oral and maxillofacial surgery ..... 1
- c. Endodontics ..... 2
- d. Orthodontics and dentofacial orthopedics ..... 3
- e. Pediatric dentistry ..... 4
- f. Periodontics ..... 5
- g. Prosthodontics ..... 6
- h. Oral and maxillofacial pathology ..... 7
- i. Public health ..... 8
- j. Oral and maxillofacial radiology ..... 9

3. Please describe your **primary practice**.

- a. The practice is:

1. incorporated ..... 1
2. unincorporated ..... 2

- b. You are:

1. a sole proprietor (i.e., the only owner) ..... 1
2. a partner (i.e., one of two or more owners) ..... 2
3. an employee (on a salary, commission, percentage or associate basis) ..... 3
4. an independent contractor ..... 4

### Primary Practice Questions

4. What is the zip code of your **primary practice**? ..... **zip code**

5. Please indicate the current number of full- or part-time dentist positions in the **entire primary practice**. Please include yourself. (If none, enter zero.)

- a. Number of **owner** dentists (i.e., sole proprietors, partners or shareholders) ..... \_\_\_\_\_
- b. Number of **non-owner** dentists (i.e., employed dentists, associates and non-shareholders) ..... \_\_\_\_\_

6. Approximately what percentage of the patients who currently visit the **entire primary practice** are:

- a. covered by a private insurance program that pays or partially pays for their dental care? ..... %
  - b. covered by a public assistance program that pays or partially pays for their dental care? ..... %
  - c. covered by a direct reimbursement plan? ..... %
  - d. not covered by an insurance program? ..... %
- Total 100%

- 7a. Does your primary practice accept payment from third party payers for dental claims?

- Yes ..... 1  
No (Skip to Question 8.) ..... 2

- 7b. In your primary practice, how many **days** does it take, on average, to receive reimbursement for clean claims (when you have submitted all the information required in accordance with applicable laws or contract provisions for the company to review the claim) from the following types of payers?

1. Commercial insurance carriers (Aetna, MetLife, etc.) ..... \_\_\_\_\_
2. Delta Dental Plans ..... \_\_\_\_\_
3. Blue Cross/Blue Shield Plans ..... \_\_\_\_\_
4. Government programs ..... \_\_\_\_\_ days

8. Do you submit dental claims electronically?

- Yes ..... 1  
No ..... 2

9. How frequently do you update your fees? (Select the closest time interval.)

- a. Less than 6 months between updates ..... 1
- b. Every 6 months ..... 2
- c. Every year ..... 3
- d. Every two years ..... 4
- e. More than two years between updates ..... 5

**Legal Disclaimer:** This survey is taken in accordance with Statement 6 of the Federal Trade Commission's *Statements of Antitrust Enforcement Policy in HealthCare*. Dentists are reminded to avoid sharing fee or cost information with their competitors.

For the following procedures, record the actual fee amount that you most often charge, not the portion of your charge which you expect to receive or for which you might be reimbursed.

- Do not report a fee range.
- Record a single fee for each service.
- If you provide certain services without charge, write in zero.
- If you do not perform a certain procedure, leave the corresponding space blank. Procedure codes from the most recent revision of the ADA's *Code on Dental Procedures and Nomenclature* are provided for your assistance in specifying services. All codes and nomenclature are published in the ADA's *CDT 2013: Dental Procedure Codes*.

#### DIAGNOSTIC (D0100 - D0999)

D0120	Periodic oral evaluation — established patient	\$ _____ .00
D0140	Limited oral evaluation - problem focused	\$ _____ .00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$ _____ .00
D0150	Comprehensive oral evaluation — new or established patient	\$ _____ .00
D0160	Detailed and extensive oral evaluation — problem focused, by report	\$ _____ .00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$ _____ .00
D0180	Comprehensive periodontal evaluation — new or established patient	\$ _____ .00
D0190	Screening of a patient	\$ _____ .00
D0191	Assessment of a patient	\$ _____ .00
D0210	Intraoral - complete series of radiographic images	\$ _____ .00
D0220	Intraoral - periapical first radiographic image	\$ _____ .00
D0230	Intraoral - periapical each additional radiographic image	\$ _____ .00
D0272	Bitewings - two radiographic images	\$ _____ .00
D0273	Bitewings - three radiographic images	\$ _____ .00
D0274	Bitewings - four radiographic images	\$ _____ .00
D0277	Vertical bitewings - 7 to 8 radiographic images	\$ _____ .00
D0330	Panoramic radiographic image	\$ _____ .00
D0350	Oral/facial photographic images	\$ _____ .00
D0363	Cone beam — 3D image reconstruction using existing data, includes multiple images	\$ _____ .00
D0364	Cone beam CT capture and interpretation with limited field of view — less than one whole jaw	\$ _____ .00

#### DIAGNOSTIC (D0100 - D0999) Continued

D0365	Cone beam CT capture and interpretation with field of view of one full dental arch — mandible	\$ _____ .00
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch — maxilla, with or without cranium	\$ _____ .00
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	\$ _____ .00
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	\$ _____ .00
D0418	Analysis of saliva sample	\$ _____ .00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	\$ _____ .00
D0470	Diagnostic casts	\$ _____ .00

#### PREVENTIVE (D1000 — D1999)

D1110	Prophylaxis - adult	\$ _____ .00
D1120	Prophylaxis - child	\$ _____ .00
D1206	Topical application of fluoride varnish	\$ _____ .00
D1208	Topical application of fluoride	\$ _____ .00
D1320	Tobacco counseling for the control and prevention of oral disease	\$ _____ .00
D1330	Oral hygiene instructions	\$ _____ .00
D1351	Sealant - per tooth	\$ _____ .00
	Preventive resin restoration in a moderate to high caries risk patient — permanent tooth	\$ _____ .00
D1352		\$ _____ .00
D1510	Space maintainer — fixed unilateral	\$ _____ .00
D1515	Space maintainer — fixed bilateral	\$ _____ .00

**RESTORATIVE (D2000 — D2999)**

D2140	Amalgam - one surface, primary or permanent	\$ _____ .00
D2150	Amalgam - two surfaces, primary or permanent	\$ _____ .00
D2160	Amalgam - three surfaces, primary or permanent	\$ _____ .00
D2161	Amalgam - four or more surfaces, primary or permanent	\$ _____ .00
D2330	Resin-based composite — one surface, anterior	\$ _____ .00
D2331	Resin-based composite - two surfaces, anterior	\$ _____ .00
D2332	Resin-based composite — three surfaces, anterior	\$ _____ .00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$ _____ .00
D2390	Resin-based composite crown, anterior	\$ _____ .00
D2391	Resin-based composite - one surface, posterior	\$ _____ .00
D2392	Resin-based composite - two surfaces, posterior	\$ _____ .00
D2393	Resin-based composite - three surfaces, posterior	\$ _____ .00
D2394	Resin-based composite — four or more surfaces, posterior	\$ _____ .00
D2520	Inlay — metallic - two surfaces	\$ _____ .00
D2543	Onlay — metallic - three surfaces	\$ _____ .00
D2620	Inlay - porcelain/ceramic -two surfaces	\$ _____ .00
D2642	Onlay - porcelain/ceramic -two surfaces	\$ _____ .00
D2643	Onlay - porcelain/ceramic -three surfaces	\$ _____ .00
D2644	Onlay - porcelain/ceramic — four or more surfaces	\$ _____ .00
D2651	Inlay - resin-based composite -two surfaces	\$ _____ .00
D2662	Onlay - resin-based composite -two surfaces	\$ _____ .00
D2663	Onlay - resin-based composite - three surfaces	\$ _____ .00
D2664	Onlay - resin-based composite - four or more surfaces	\$ _____ .00
D2710	Crown - resin-based composite (indirect)	\$ _____ .00
D2740	Crown - porcelain/ceramic substrate	\$ _____ .00
D2750	Crown - porcelain fused to high noble metal	\$ _____ .00
D2751	Crown - porcelain fused to predominantly base metal	\$ _____ .00

**RESTORATIVE (D2000 — D2999) *Continued***

D2752	Crown - porcelain fused to noble metal	\$ _____ .00
D2780	Crown - $\frac{3}{4}$ cast high noble metal	\$ _____ .00
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic	\$ _____ .00
D2790	Crown - full cast high noble metal	\$ _____ .00
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	\$ _____ .00
D2920	Re cement crown	\$ _____ .00
D2929	Prefabricated porcelain/ceramic crown – primary tooth	\$ _____ .00
D2930	Prefabricated stainless steel crown - primary tooth	\$ _____ .00
D2931	Prefabricated stainless steel crown - permanent tooth	\$ _____ .00
D2940	Protective restoration	\$ _____ .00
D2950	Core buildup, including any pins	\$ _____ .00
D2952	Post and core in addition to crown, indirectly fabricated	\$ _____ .00
D2954	Prefabricated post and core in addition to crown	\$ _____ .00
D2961	Labial veneer (resin laminate) - laboratory	\$ _____ .00
D2962	Labial veneer (porcelain laminate) - laboratory	\$ _____ .00
D2970	Temporary crown (fractured tooth)	\$ _____ .00
D2981	Inlay repair necessitated by restorative material failure	\$ _____ .00
D2982	Onlay repair necessitated by restorative material failure	\$ _____ .00
D2983	Veneer repair necessitated by restorative material failure	\$ _____ .00
D2990	Resin infiltration of incipient smooth surface lesions	\$ _____ .00

**ENDODONTICS (D3000 — D3999)**

D3110	Pulp cap - direct (excluding final restoration)	\$ _____ .00
D3120	Pulp cap - indirect (excluding final restoration)	\$ _____ .00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$ _____ .00
D3221	Pulpal debridement, primary and permanent teeth	\$ _____ .00
D3222	Partial pulpotomy for apexogenesis	\$ _____ .00

**ENDODONTICS (D3000 — D3999) Continued**

D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$_____ .00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$_____ .00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$_____ .00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$_____ .00
D3330	Endodontic therapy, molar (excluding final restoration)	\$_____ .00
D3331	Treatment of root canal obstruction; non-surgical access	\$_____ .00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$_____ .00
D3346	Retreatment of previous root canal therapy — anterior	\$_____ .00
D3347	Retreatment of previous root canal therapy — bicuspid	\$_____ .00
D3348	Retreatment of previous root canal therapy — molar	\$_____ .00
D3351	Apexification/recalcification/pulpal regeneration - initial visit	\$_____ .00
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	\$_____ .00
D3353	Apexification/recalcification — final visit	\$_____ .00
D3354	Pulpal regeneration	\$_____ .00
D3410	Apicoectomy/periradicular surgery - anterior	\$_____ .00
D3421	Apicoectomy/periradicular surgery — bicuspid (first root)	\$_____ .00
D3425	Apicoectomy/periradicular surgery — molar (first root)	\$_____ .00

**PERIODONTICS (D4000 — D4999)**

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$_____ .00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$_____ .00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$_____ .00
D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	\$_____ .00

**PERIODONTICS (D4000 — D4999) Continued**

D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	\$_____ .00
D4249	Clinical crown lengthening — hard tissue	\$_____ .00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$_____ .00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$_____ .00
D4263	Bone replacement graft - first site in quadrant	\$_____ .00
D4264	Bone replacement graft — each additional site in quadrant	\$_____ .00
D4266	Guided tissue regeneration — resorbable barrier, per site	\$_____ .00
D4267	Guided tissue regeneration — non-resorbable barrier, per site (includes membrane removal)	\$_____ .00
D4273	Subepithelial connective tissue graft procedures, per tooth	\$_____ .00
D4275	Soft tissue allograft	\$_____ .00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$_____ .00
D4321	Provisional splinting - extracoronal	\$_____ .00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$_____ .00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$_____ .00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$_____ .00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$_____ .00
D4910	Periodontal maintenance	\$_____ .00

**PROSTHODONTICS (D5000 — D5899 )**

D5110	Complete denture - maxillary	\$_____ .00
D5120	Complete denture - mandibular	\$_____ .00
D5130	Immediate denture - maxillary	\$_____ .00

**PROSTHODONTICS (D5000 — D5899 ) Continued**

D5140	Immediate denture - mandibular	\$ _____ .00
D5211	Maxillary partial denture — resin base (including any conventional clasps, rests and teeth)	\$ _____ .00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$ _____ .00
D5213	Maxillary partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	\$ _____ .00
D5214	Mandibular partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	\$ _____ .00
D5225	Maxillary partial denture — flexible base (including any clasps, rests, and teeth)	\$ _____ .00
D5226	Mandibular partial denture — flexible base (including any clasps, rests, and teeth)	\$ _____ .00
D5510	Repair broken complete denture base	\$ _____ .00
D5520	Replace missing or broken teeth — complete denture (each tooth)	\$ _____ .00
D5610	Repair resin denture base	\$ _____ .00
D5640	Replace broken teeth - per tooth	\$ _____ .00
D5650	Add tooth to existing partial denture	\$ _____ .00
D5660	Add clasp to existing partial denture	\$ _____ .00
D5710	Rebase complete maxillary denture	\$ _____ .00
D5730	Reline complete maxillary denture (chairside)	\$ _____ .00
D5731	Reline complete mandibular denture (chairside)	\$ _____ .00
D5750	Reline complete maxillary denture (laboratory)	\$ _____ .00
D5751	Reline complete mandibular denture (laboratory)	\$ _____ .00

**IMPLANT SERVICES (D6000 — D6199)**

D6010	Surgical placement of implant body: endosteal implant	\$ _____ .00
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$ _____ .00
D6051	Interim abutment	\$ _____ .00
D6053	Implant/abutment supported removable denture for completely edentulous arch	\$ _____ .00

**IMPLANT SERVICES (D6000 — D6199) Continued**

D6055	Connecting bar - implant supported or abutment supported	\$ _____ .00
D6056	Prefabricated abutment — includes modification and placement	\$ _____ .00
D6057	Custom fabricated abutment - includes placement	\$ _____ .00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$ _____ .00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$ _____ .00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$ _____ .00
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$ _____ .00
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$ _____ .00
D6104	Bone graft at time of implant placement	\$ _____ .00

**PROSTHODONTICS (FIXED) D6200 — D6999**

D6205	Pontic - indirect resin based composite	\$ _____ .00
D6210	Pontic - cast high noble metal	\$ _____ .00
D6240	Pontic - porcelain fused to high noble metal	\$ _____ .00
D6241	Pontic - porcelain fused to predominantly base metal	\$ _____ .00
D6245	Pontic - porcelain/ceramic	\$ _____ .00
D6253	Provisional pontic — further treatment or completion of diagnosis necessary prior to final impression	\$ _____ .00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$ _____ .00
D6710	Crown - indirect resin based composite	\$ _____ .00
D6750	Crown - porcelain fused to high noble metal	\$ _____ .00
D6751	Crown - porcelain fused to predominantly base metal	\$ _____ .00
D6790	Crown - full cast high noble metal	\$ _____ .00
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$ _____ .00

**PROSTHODONTICS (FIXED) D6200 — D6999 *Continued***

D6930	Re cement fixed partial denture	\$ _____ .00
-------	---------------------------------	--------------

**ORAL AND MAXILLOFACIAL SURGERY (D7000 — D7999)**

D7111	Extraction, coronal remnants - deciduous tooth	\$ _____ .00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ _____ .00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$ _____ .00
D7220	Removal of impacted tooth - soft tissue	\$ _____ .00
D7230	Removal of impacted tooth - partially bony	\$ _____ .00
D7240	Removal of impacted tooth - completely bony	\$ _____ .00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$ _____ .00
D7251	Coronectomy - intentional partial tooth removal	\$ _____ .00
D7286	Biopsy of oral tissue — soft	\$ _____ .00
D7287	Exfoliative cytological sample collection	\$ _____ .00
D7288	Brush biopsy — transepithelial sample collection	\$ _____ .00
D7295	Harvest of bone for use in autogenous grafting procedure	\$ _____ .00
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$ _____ .00
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$ _____ .00
D7410	Excision of benign lesion up to 1.25 cm	\$ _____ .00
D7440	Excision of malignant tumor — lesion diameter up to 1.25 cm	\$ _____ .00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$ _____ .00
D7630	Mandible - open reduction (teeth immobilized, if present)	\$ _____ .00
D7640	Mandible - closed reduction (teeth immobilized, if present)	\$ _____ .00
D7730	Mandible - open reduction	\$ _____ .00
D7740	Mandible - closed reduction	\$ _____ .00
D7880	Occlusal orthotic device, by report	\$ _____ .00

**ORAL AND MAXILLOFACIAL SURGERY (D7000 — D7999) *Continued***

D7910	Suture of recent small wounds up to 5 cm	\$ _____ .00
D7921	Collection and application of autologous blood concentrate product	\$ _____ .00
D7953	Bone replacement graft for ridge preservation — per site	\$ _____ .00
D7960	Frenulectomy — also known as frenectomy or frenotomy - separate procedure not incidental to another	\$ _____ .00
D7970	Excision of hyperplastic tissue - per arch	\$ _____ .00

**ORTHODONTICS D8000 — D8999**

D8020	Limited orthodontic treatment of the transitional dentition	\$ _____ .00
D8030	Limited orthodontic treatment of the adolescent dentition	\$ _____ .00
D8040	Limited orthodontic treatment of the adult dentition	\$ _____ .00
D8050	Interceptive orthodontic treatment of the primary dentition	\$ _____ .00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$ _____ .00
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$ _____ .00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$ _____ .00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$ _____ .00
D8670	Periodic orthodontic treatment visit (as part of contract)	\$ _____ .00
D8690	Orthodontic treatment (alternative billing to a contract fee)	\$ _____ .00
D8692	Replacement of lost or broken retainer	\$ _____ .00

**ADJUNCTIVE GENERAL SERVICES (D9000 — D9999)**

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$ _____ .00
D9120	Fixed partial denture sectioning	\$ _____ .00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$ _____ .00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$ _____ .00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$ _____ .00

**ADJUNCTIVE GENERAL SERVICES (D9000 — D9999)*****Continued*****Any comments?**

D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$ _____ .00
D9248	Non-intravenous conscious sedation	\$ _____ .00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$ _____ .00
D9410	House/extended care facility call	\$ _____ .00
D9420	Hospital or ambulatory surgical center call	\$ _____ .00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$ _____ .00
D9440	Office visit - after regularly scheduled hours	\$ _____ .00
D9450	Case presentation, detailed and extensive treatment planning	\$ _____ .00
D9610	Therapeutic parenteral drug, single administration	\$ _____ .00
D9630	Other drugs and/or medicaments, by report	\$ _____ .00
D9910	Application of desensitizing medicament	\$ _____ .00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$ _____ .00
D9920	Behavior management, by report	\$ _____ .00
D9930	Treatment of complications (post-surgical) — unusual circumstances, by report	\$ _____ .00
D9940	Occlusal guard, by report	\$ _____ .00
D9941	Fabrication of athletic mouthguard	\$ _____ .00
D9951	Occlusal adjustment - limited	\$ _____ .00
D9952	Occlusal adjustment - complete	\$ _____ .00
D9972	External bleaching - per arch - performed in office	\$ _____ .00
D9974	Internal bleaching - per tooth	\$ _____ .00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$ _____ .00

Thank you very much for your assistance in this important research project. Please return this questionnaire by folding and placing tape as indicated. The postage is already paid.