

Dental Fees

Results from the 2020
Survey of Dental Fees



ADA Center for
Professional Success™



Health Policy Institute

ADA American Dental Association®

**2020 Survey of Dental Fees
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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.

**2020 Survey of Dental Fees
General Practitioners - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	54.79	13.66	39	46	54	63	65	68	72	78	832
D0140	limited oral evaluation - problem focused	75.91	19.56	50	65	75	87	90	94	99	110	825
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	65.40	21.23	40	48	65	78	81	85	91	103	522
D0150	comprehensive oral evaluation - new or established patient	87.19	23.14	60	71	87	100	103	107	116	126	816
D0160	detailed and extensive oral evaluation - problem focused, by report	126.68	56.94	58	84	130	166	171	180	190	208	543
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	62.90	25.72	35	50	66	79	81	85	88	100	548
D0171	re-evaluation – post-operative office visit	27.21	34.08	0	0	0	60	65	73	80	88	353
D0180	comprehensive periodontal evaluation - new or established patient	100.67	26.45	72	83	99	114	118	125	132	150	568
D0190	screening of a patient	61.14	29.71	25	39	55	83	86	93	95	114	153
D0191	assessment of a patient	60.62	33.43	25	38	52	80	84	91	95	150	154
D0210	intraoral - complete series of radiographic images	143.30	27.71	110	125	140	160	166	174	180	195	773
D0220	intraoral - periapical first radiographic image	30.99	7.76	21	25	31	35	36	38	40	45	827
D0230	intraoral - periapical each additional radiographic image	25.30	7.37	16	20	25	30	30	32	35	38	819
D0251	extra-oral posterior dental radiographic image	35.90	35.53	0	0	29	69	71	75	78	89	188
D0272	bitewings - two radiographic images	48.94	10.47	37	42	48	54	56	59	64	69	767
D0273	bitewings - three radiographic images	59.09	11.93	45	50	58	65	67	70	75	82	518
D0274	bitewings - four radiographic images	69.76	13.87	53	60	69	77	80	84	87	95	776
D0277	vertical bitewings - 7 to 8 radiographic images	101.21	21.93	74	87	100	112	115	121	129	140	416
D0330	panoramic radiographic image	123.36	23.78	95	106	122	137	141	147	156	166	640

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D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	56.65	38.21	0	30	64	81	85	90	99	120	320
D0364	cone beam CT capture and interpretation with limited field of view – less than one whole jaw	256.60	114.27	125	155	250	369	380	395	402	432	123
D0365	cone beam CT capture and interpretation with field of view of one full dental arch – mandible	298.99	111.30	155	200	300	383	401	411	432	500	109
D0366	cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	297.93	111.81	150	200	300	384	396	410	432	500	106
D0367	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	327.17	142.10	170	225	300	392	405	433	478	515	145
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	148.61	84.50	32	59	175	201	215	220	258	260	98
D0418	analysis of saliva sample	155.23	53.46	72	126	160	174	180	181	201	290	82
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	63.53	25.10	29	45	68	75	76	81	88	95	148
D0470	diagnostic casts	121.41	51.31	69	90	113	140	150	155	175	250	597
D0601	caries risk assessment and documentation, with a finding of low risk	39.35	30.88	10	12	24	65	81	82	85	90	91
D0602	caries risk assessment and documentation, with a finding of moderate risk	37.48	30.07	8	12	20	65	75	80	81	87	91
D0603	caries risk assessment and documentation, with a finding of high risk	37.41	30.32	8	12	20	65	75	81	82	88	91
D1110	prophylaxis - adult	97.50	20.95	74	84	95	110	114	120	125	135	839
D1120	prophylaxis - child	73.04	15.85	55	63	71	81	85	88	93	102	831

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D1206	topical application of fluoride varnish	41.96	11.70	28	35	41	49	50	52	57	62	694
D1208	topical application of fluoride – excluding varnish	39.89	10.55	27	32	40	45	48	50	53	57	590
D1320	tobacco counseling for the control and prevention of oral disease	38.20	35.25	0	0	38	70	77	80	87	97	318
D1330	oral hygiene instructions	32.05	26.89	0	0	35	55	57	60	63	71	457
D1351	sealant - per tooth	57.10	13.01	42	49	56	64	65	70	75	80	763
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	99.32	37.24	51	72	97	120	125	132	147	175	329
D1354	interim caries arresting medicament application – per tooth	54.53	33.46	22	31	50	65	75	80	95	125	235
D1510	space maintainer - fixed, unilateral – per quadrant	328.92	67.11	250	280	323	367	380	396	415	450	522
D1515	space maintainer - fixed, bilateral	441.18	90.31	335	384	434	490	506	519	550	599	412
D2140	amalgam - one surface, primary or permanent	145.78	32.14	104	124	145	165	170	177	188	200	614
D2150	amalgam - two surfaces, primary or permanent	181.77	39.49	130	155	179	204	211	220	234	250	600
D2160	amalgam - three surfaces, primary or permanent	218.02	48.97	155	185	215	247	253	265	285	305	604
D2161	amalgam - four or more surfaces, primary or permanent	257.28	58.20	180	220	250	288	299	316	335	362	601
D2330	resin-based composite - one surface, anterior	174.13	38.47	130	149	170	192	200	208	223	247	790
D2331	resin-based composite - two surfaces, anterior	212.11	45.41	159	180	207	235	245	253	270	293	789
D2332	resin-based composite - three surfaces, anterior	256.04	55.55	189	219	250	287	295	306	324	350	786
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	310.07	72.01	220	260	307	350	360	381	400	430	788

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D2390	resin-based composite crown, anterior	455.26	158.97	260	350	447	530	554	599	632	749	425
D2391	resin-based composite - one surface, posterior	190.99	41.23	144	163	187	210	219	228	245	260	777
D2392	resin-based composite - two surfaces, posterior	242.48	50.03	180	207	240	269	278	290	305	332	771
D2393	resin-based composite - three surfaces, posterior	294.82	60.79	218	252	290	329	341	354	375	401	764
D2394	resin-based composite - four or more surfaces, posterior	344.06	73.17	250	294	345	385	400	415	440	472	749
D2520	inlay - metallic - two surfaces	917.92	255.78	615	734	875	1,067	1,112	1,187	1,290	1,422	336
D2543	onlay - metallic - three surfaces	1,070.33	258.90	770	890	1025	1224	1285	1334	1,418	1,550	348
D2620	inlay - porcelain/ceramic - two surfaces	991.59	233.31	700	824	987	1,125	1,166	1,204	1,265	1,418	394
D2642	onlay - porcelain/ceramic - two surfaces	1,059.45	223.44	769	900	1,061	1,180	1,240	1,268	1,358	1,467	398
D2643	onlay - porcelain/ceramic - three surfaces	1,117.26	220.06	869	950	1100	1,242	1,265	1,315	1,402	1,500	418
D2644	onlay - porcelain/ceramic - four or more surfaces	1,164.29	224.80	900	997	1150	1,290	1,320	1,390	1,450	1,576	421
D2651	inlay - resin-based composite - two surfaces	891.25	220.17	600	740	888	1,025	1,061	1,096	1,165	1,290	259
D2662	onlay - resin-based composite - two surfaces	915.34	231.91	585	789	909	1,069	1,088	1,129	1,180	1,293	249
D2663	onlay - resin-based composite - three surfaces	968.60	214.68	650	835	973	1,100	1,130	1,178	1,250	1,300	249
D2664	onlay - resin-based composite - four or more surfaces	1,027.09	242.70	700	865	1014	1149	1182	1235	1320	1423	258
D2710	crown - resin-based composite (indirect)	826.53	313.70	400	591	844	1047	1100	1129	1200	1367	333
D2740	crown - porcelain/ceramic	1,213.08	216.28	970	1035	1200	1337	1379	1421	1500	1600	774
D2750	crown - porcelain fused to high noble metal	1,201.52	217.36	950	1010	1190	1324	1367	1422	1500	1600	715
D2751	crown - porcelain fused to predominantly base metal	1,095.76	203.89	857	947	1071	1207	1254	1301	1378	1468	476
D2752	crown - porcelain fused to noble metal	1,140.42	204.83	900	978	1112	1250	1300	1352	1401	1500	570

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D2780	crown - 3/4 cast high noble metal	1,168.94	226.51	900	980	1156	1315	1358	1406	1475	1590	358
D2783	crown - 3/4 porcelain/ceramic	1,198.26	213.63	940	1041	1195	1328	1354	1410	1474	1638	352
D2790	crown - full cast high noble metal	1,240.88	241.47	973	1050	1215	1363	1410	1480	1572	1673	656
D2794	crown - titanium and titanium alloys	1,195.54	245.94	900	1015	1159	1314	1,390	1,442	1,550	1,698	181
D2799	provisional crown– further treatment or completion of diagnosis necessary prior to final impression	356.87	159.22	120	254	375	464	489	500	525	600	523
D2920	re-cement or re-bond crown	114.64	30.84	80	94	110	129	135	146	155	171	752
D2929	prefabricated porcelain/ceramic crown – primary tooth	345.69	118.88	211	275	327	400	413	436	500	518	140
D2930	prefabricated stainless steel crown - primary tooth	283.56	63.54	200	244	277	315	329	350	364	400	523
D2931	prefabricated stainless steel crown - permanent tooth	336.67	72.40	250	285	334	375	388	400	420	450	445
D2940	protective restoration	126.23	38.97	81	98	124	144	150	160	176	200	579
D2949	restorative foundation for an indirect restoration	176.92	82.73	60	101	188	225	235	245	270	325	113
D2950	core buildup, including any pins when required	282.49	61.31	202	242	277	313	325	340	358	397	754
D2952	post and core in addition to crown, indirectly fabricated	411.52	92.39	299	350	408	469	475	495	525	557	589
D2954	prefabricated post and core in addition to crown	348.17	72.80	255	300	350	387	399	415	440	483	716
D2961	labial veneer (resin laminate) - laboratory	1,013.10	259.13	659	843	1023	1173	1200	1250	1328	1450	362
D2962	labial veneer (porcelain laminate) - laboratory	1,230.66	225.18	953	1059	1223	1361	1400	1450	1506	1618	679
D2980	crown repair necessitated by restorative material failure	268.67	81.49	165	210	270	311	320	338	364	402	425
D2981	inlay repair necessitated by restorative material failure	269.14	70.98	193	221	275	310	315	324	350	361	94
D2982	onlay repair necessitated by restorative material failure	289.48	99.59	193	235	285	320	324	350	376	541	95

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D2983	veneer repair necessitated by restorative material failure	261.16	94.51	128	193	250	320	330	350	400	425	140
D2990	resin infiltration of incipient smooth surface lesions	148.79	85.99	50	85	130	200	205	215	250	350	101
D3110	pulp cap - direct (excluding final restoration)	84.40	28.94	50	65	82	96	100	104	115	134	570
D3120	pulp cap - indirect (excluding final restoration)	81.75	28.27	49	63	80	95	99	102	114	130	552
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	201.50	60.79	125	160	200	230	243	255	283	315	665
D3221	pulpal debridement, primary and permanent teeth	218.16	77.69	125	164	216	260	270	285	306	361	532
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	259.23	87.20	145	193	269	320	330	347	356	400	149
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	256.12	71.47	172	201	250	300	312	324	342	374	313
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	283.96	74.07	183	230	287	331	337	353	362	419	309
D3310	endodontic therapy, anterior tooth (excluding final restoration)	799.76	156.02	620	688	790	880	902	950	1000	1100	692
D3320	endodontic therapy, premolar tooth (excluding final restoration)	917.71	171.04	705	798	900	1002	1045	1095	1177	1250	688
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,109.31	202.26	870	950	1100	1210	1257	1320	1395	1,472	668
D3331	treatment of root canal obstruction; non-surgical access	487.32	239.68	210	273	501	639	672	698	720	750	175

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D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	385.88	185.95	103	270	412	508	525	541	592	625	325
D3346	retreatment of previous root canal therapy - anterior	911.61	199.21	670	750	900	1027	1066	1100	1183	1305	417
D3347	retreatment of previous root canal therapy - premolar	1,044.12	220.94	760	855	1025	1193	1220	1275	1350	1454	408
D3348	retreatment of previous root canal therapy - molar	1,246.06	267.84	900	1015	1244	1402	1460	1500	1585	1700	399
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	366.28	97.64	250	309	362	406	424	444	487	524	223
D3352	apexification/recalcification – interim medication replacement	239.73	74.93	149	180	244	284	289	300	320	353	209
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	556.64	149.21	378	480	555	613	635	701	744	800	187
D3355	pulpal regeneration - initial visit	414.35	116.54	277	300	430	490	515	516	580	619	44
D3356	pulpal regeneration - interim medication replacement	261.70	98.39	147	195	265	306	313	354	386	511	44
D3357	pulpal regeneration - completion of treatment	488.61	215.65	195	229	510	624	668	679	721	721	40
D3410	apicoectomy - anterior	767.40	202.63	518	633	760	868	900	930	1000	1140	273
D3421	apicoectomy - premolar (first root)	849.16	211.15	600	700	836	954	989	1023	1,136	1,270	215
D3425	apicoectomy - molar (first root)	961.87	246.28	700	825	946	1,030	1,072	1,158	1,274	1,452	207
D3426	apicoectomy (each additional root)	380.16	109.96	250	298	365	449	458	490	508	562	182
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	612.88	181.61	385	474	605	709	742	775	821	907	473

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D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	299.46	101.10	180	230	296	354	363	383	418	464	531
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	235.76	119.72	100	150	217	300	318	334	356	456	326
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	751.41	233.29	446	585	760	874	908	950	1024	1150	329
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	573.17	195.48	300	411	605	691	701	750	800	905	292
D4249	clinical crown lengthening – hard tissue	761.96	228.77	450	607	752	900	927	981	1053	1153	410
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1,144.38	315.46	733	940	1135	1331	1400	1475	1536	1654	289
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	906.77	266.77	561	715	936	1,041	1,098	1,162	1,236	1,400	237
D4263	bone replacement graft – retained natural tooth – first site in quadrant	597.86	195.66	325	450	606	713	740	786	813	927	282
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	466.03	153.27	260	350	477	578	600	625	655	737	233
D4266	guided tissue regeneration - resorbable barrier, per site	608.23	267.43	263	401	600	778	800	837	885	1,027	243
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	698.30	286.91	318	470	693	900	945	986	1,038	1,150	200

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D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	1,128.05	272.16	779	950	1,126	1,295	1,321	1,390	1,475	1,610	167
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft	969.72	254.20	653	800	980	1,126	1,142	1,155	1,237	1,400	132
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	883.16	296.53	540	630	895	1,093	1,123	1,155	1,201	1,490	114
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	636.03	307.18	288	400	585	812	837	872	990	1,214	99
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	871.06	285.34	546	700	794	1,080	1,115	1,170	1,220	1,500	47
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	801.10	313.56	446	550	750	929	1010	1059	1300	1500	40
D4321	provisional splinting - extracoronal	424.69	141.08	239	330	425	510	520	549	600	646	468
D4341	periodontal scaling and root planing - four or more teeth per quadrant	266.51	50.97	201	230	260	294	303	315	331	355	724
D4342	periodontal scaling and root planing - one to three teeth per quadrant	189.68	44.96	135	160	189	210	220	230	242	267	668

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D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	187.06	44.47	135	151	185	210	215	225	240	274	686
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	92.84	54.85	40	50	76	125	139	150	171	198	545
D4910	periodontal maintenance	149.01	30.89	115	127	147	165	170	177	187	200	674
D5110	complete denture - maxillary	1,739.91	428.68	1250	1425	1697	1969	2009	2142	2300	2561	781
D5120	complete denture - mandibular	1,737.49	434.02	1250	1424	1677	1967	2000	2142	2300	2573	784
D5130	immediate denture - maxillary	1,852.49	453.05	1340	1504	1800	2078	2158	2250	2408	2727	739
D5140	immediate denture - mandibular	1,850.74	452.94	1350	1504	1800	2075	2158	2250	2401	2738	737
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,338.52	435.55	800	1000	1300	1600	1700	1795	1921	2136	684
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,350.62	441.21	800	1000	1328	1615	1725	1800	1937	2147	687
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,809.27	417.65	1335	1500	1751	2025	2125	2200	2350	2565	776
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,811.46	417.40	1340	1500	1759	2024	2125	2200	2369	2575	772
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,352.90	505.13	700	945	1350	1687	1750	1850	2069	2150	270
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,354.47	522.56	688	945	1350	1700	1800	1950	2097	2200	275

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D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,701.10	469.75	1090	1400	1635	2000	2090	2175	2310	2500	212
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,725.42	464.53	1190	1450	1654	2034	2100	2176	2311	2500	211
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,503.04	369.26	1004	1246	1500	1734	1783	1899	1995	2142	554
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,498.05	371.68	1000	1245	1500	1720	1790	1875	1983	2169	556
D5520	replace missing or broken teeth - complete denture (each tooth)	192.60	56.86	124	150	191	220	235	250	273	299	645
D5640	replace broken teeth - per tooth	197.79	61.56	125	156	191	230	245	256	280	309	685
D5650	add tooth to existing partial denture	234.11	64.66	155	192	227	270	282	297	317	350	705
D5660	add clasp to existing partial denture - per tooth	268.15	74.72	180	216	261	304	320	341	363	401	658
D5710	rebase complete maxillary denture	594.67	161.30	395	495	577	674	715	740	775	873	518
D5711	rebase complete mandibular denture	589.98	161.34	400	489	572	670	710	735	773	850	510
D5720	rebase maxillary partial denture	567.73	155.71	375	473	554	650	671	704	745	800	475
D5721	rebase mandibular partial denture	566.31	155.09	376	473	550	650	670	704	745	801	476
D5730	reline complete maxillary denture (chairside)	350.42	111.87	199	286	350	417	435	458	497	529	670
D5731	reline complete mandibular denture (chairside)	351.32	111.63	200	289	350	418	435	459	494	533	666
D5750	reline complete maxillary denture (laboratory)	465.57	125.30	300	389	470	546	567	588	616	670	750
D5751	reline complete mandibular denture (laboratory)	463.29	127.54	300	390	470	542	565	583	618	670	746
D5986	fluoride gel carrier	169.76	71.10	72	116	174	218	225	234	250	288	324

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5991	vesiculobullous disease medicament carrier	202.54	69.65	113	153	201	242	249	268	290	300	57
D5994	periodontal medicament carrier with peripheral seal – laboratory processed	407.71	288.35	40	175	420	649	669	690	721	824	56
D6010	surgical placement of implant body: endosteal implant	2,013.73	386.33	1545	1755	1962	2263	2321	2402	2500	2626	347
D6011	second stage implant surgery	540.06	477.33	165	225	400	647	706	918	1120	1654	87
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	1,646.55	486.16	1027	1364	1620	1848	1966	2100	2219	2500	104
D6051	interim abutment	448.96	196.20	200	318	416	550	600	647	750	800	136
D6055	connecting bar – implant supported or abutment supported	2,554.28	1,369.39	800	1252	2737	3264	3525	3776	4191	4997	286
D6056	prefabricated abutment – includes modification and placement	717.97	217.79	450	565	700	825	850	890	990	1072	517
D6057	custom fabricated abutment – includes placement	872.56	224.81	600	713	875	979	1000	1055	1150	1283	629
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,456.48	292.92	1100	1245	1422	1600	1651	1701	1825	2000	605
D6066	implant supported crown - porcelain fused to high noble alloys	1,511.04	346.85	1085	1250	1500	1690	1740	1816	1993	2127	518
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,443.88	315.09	1050	1200	1429	1597	1640	1720	1828	2000	423
D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	1,509.74	353.40	1050	1241	1500	1710	1767	1851	1957	2199	293
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	212.47	127.79	70	109	200	304	327	343	371	410	370
D6100	implant removal, by report	640.78	293.02	260	400	667	803	848	900	974	1124	183
D6104	bone graft at time of implant placement	552.15	247.32	285	350	525	703	750	800	813	980	187

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D6205	pontic - indirect resin based composite	982.41	231.19	682	858	977	1113	1170	1200	1220	1280	157
D6210	pontic - cast high noble metal	1,171.26	224.07	910	999	1160	1290	1323	1380	1470	1590	563
D6240	pontic - porcelain fused to high noble metal	1,188.22	225.74	945	1000	1168	1296	1350	1400	1500	1600	668
D6241	pontic - porcelain fused to predominantly base metal	1,094.53	199.57	857	950	1082	1200	1236	1285	1374	1455	458
D6245	pontic - porcelain/ceramic	1,184.07	212.34	950	1005	1176	1295	1335	1385	1468	1580	654
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	553.73	303.68	183	300	544	779	824	855	903	1050	293
D6545	retainer - cast metal for resin bonded fixed prosthesis	750.53	321.47	350	500	742	948	999	1090	1196	1250	436
D6549	retainer – for resin bonded fixed prosthesis	717.92	384.55	268	325	752	1003	1075	1146	1200	1427	119
D6710	retainer crown - indirect resin based composite	1,016.46	216.86	748	884	1024	1149	1198	1200	1254	1340	131
D6750	retainer crown - porcelain fused to high noble metal	1,204.67	218.31	954	1034	1200	1300	1350	1400	1500	1625	604
D6751	retainer crown - porcelain fused to predominantly base metal	1,103.69	194.00	875	959	1098	1200	1225	1280	1350	1455	391
D6790	retainer crown - full cast high noble metal	1,202.04	230.84	950	1030	1200	1300	1333	1397	1500	1673	522
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	487.26	255.98	200	300	446	604	650	694	853	1007	275
D6930	re-cement or re-bond fixed partial denture	170.52	52.65	110	134	165	197	202	217	240	265	677
D7111	extraction, coronal remnants – primary tooth	134.94	38.96	88	104	130	158	164	171	185	200	636
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	189.83	51.69	135	151	182	210	225	237	260	299	778

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D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	291.53	62.28	220	248	287	327	338	350	365	400	709
D7220	removal of impacted tooth - soft tissue	335.51	70.28	250	285	327	375	390	400	424	460	539
D7230	removal of impacted tooth - partially bony	417.17	85.71	312	357	405	469	477	499	519	572	469
D7240	removal of impacted tooth - completely bony	505.38	107.22	383	432	496	555	578	600	630	702	408
D7250	removal of residual tooth roots (cutting procedure)	304.09	75.96	200	250	301	350	363	375	395	427	538
D7251	coronectomy – intentional partial tooth removal	415.76	166.23	160	295	440	504	528	588	618	674	111
D7286	incisional biopsy of oral tissue-soft	339.92	92.09	225	276	344	394	408	437	465	493	345
D7287	exfoliative cytological sample collection	188.27	62.26	114	154	186	210	222	230	255	311	105
D7288	brush biopsy - transepithelial sample collection	199.14	61.04	131	160	198	220	235	238	270	306	195
D7295	harvest of bone for use in autogenous grafting procedure	744.59	434.73	287	450	695	1014	1100	1211	1214	1449	45
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	301.75	87.78	196	250	300	343	360	391	420	462	422
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	428.09	133.29	255	328	431	500	517	541	587	642	399
D7410	excision of benign lesion up to 1.25 cm	394.64	192.76	177	275	375	457	493	534	625	807	314
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	726.64	417.32	264	420	660	939	969	1001	1240	1603	88
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	586.07	234.09	258	418	600	705	740	815	876	1009	149
D7640	mandible - closed reduction (teeth immobilized, if present)	3,440.72	414.70	2843	3168	3450	3672	3678	3745	3836	4118	44

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D7880	occlusal orthotic device, by report	876.43	381.47	451	575	821	1099	1151	1200	1326	1545	291
D7910	suture of recent small wounds up to 5 cm	292.09	111.26	150	208	300	341	356	382	434	500	223
D7921	collection and application of autologous blood concentrate product	371.34	198.38	100	175	398	500	509	567	600	694	49
D7953	bone replacement graft for ridge preservation - per site	520.15	219.12	262	350	495	652	700	750	803	994	300
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	441.78	110.27	300	360	443	500	520	550	585	625	390
D7970	excision of hyperplastic tissue - per arch	471.24	167.75	256	325	477	567	585	618	674	800	290
D8020	limited orthodontic treatment of the transitional dentition	2,692.42	1,155.92	1000	2000	2662	3318	3682	4000	4293	5000	135
D8030	limited orthodontic treatment of the adolescent dentition	3,072.72	1,096.49	1575	2374	3120	3678	3900	4379	4600	5000	163
D8040	limited orthodontic treatment of the adult dentition	3,355.57	1,069.67	1950	2600	3400	4000	4263	4500	4738	5000	254
D8050	interceptive orthodontic treatment of the primary dentition	2,892.85	976.07	1800	2441	2824	3338	3500	3657	4400	4900	109
D8060	interceptive orthodontic treatment of the transitional dentition	2,971.73	1,047.33	1800	2373	2939	3500	3630	3966	4400	4950	117
D8070	comprehensive orthodontic treatment of the transitional dentition	5,327.80	839.38	4282	4809	5400	5800	5993	6032	6409	6636	134
D8080	comprehensive orthodontic treatment of the adolescent dentition	5,369.51	740.61	4500	4900	5329	5800	5900	6032	6300	6663	196
D8090	comprehensive orthodontic treatment of the adult dentition	5,426.03	689.99	4560	4975	5400	5833	5995	6120	6500	6600	289
D8660	pre-orthodontic treatment examination to monitor growth and development	290.44	163.59	82	150	286	391	436	472	500	587	155
D8670	periodic orthodontic treatment visit	248.45	124.42	103	145	250	305	319	329	400	464	73
D8681	removable orthodontic retainer adjustment	162.16	114.47	51	94	125	200	231	275	310	395	69

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D8690	orthodontic treatment (alternative billing to a contract fee)	368.81	175.06	180	271	310	420	480	565	618	730	60
D9110	palliative (emergency) treatment of dental pain - minor procedure	126.85	47.87	70	95	125	150	161	175	187	210	731
D9120	fixed partial denture sectioning	178.32	77.05	75	110	175	246	250	263	276	302	468
D9210	local anesthesia not in conjunction with operative or surgical procedures	65.14	28.67	30	45	66	80	85	88	98	108	281
D9215	local anesthesia in conjunction with operative or surgical procedures	35.03	31.19	0	0	35	63	65	69	74	85	296
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	261.55	189.50	57	150	225	300	300	381	600	600	38
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	72.51	33.40	35	50	75	87	92	100	112	145	503
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	204.05	101.23	108	145	185	250	255	292	350	417	61
D9248	non-intravenous conscious sedation	211.53	156.98	0	60	210	326	336	359	400	481	195
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	106.84	58.10	0	70	110	148	150	166	178	203	442
D9410	house/extended care facility call	219.17	102.56	89	130	230	278	300	315	343	394	207
D9420	hospital or ambulatory surgical center call	295.57	106.67	150	218	305	360	371	383	403	460	171
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	62.88	37.92	0	45	69	85	90	99	101	118	448
D9440	office visit - after regularly scheduled hours	165.05	54.66	93	125	163	196	201	218	233	261	544
D9450	case presentation, detailed and extensive treatment planning	145.42	51.30	77	109	147	168	184	198	205	250	145
D9610	therapeutic parenteral drug, single administration	61.92	47.43	0	20	56	100	107	115	119	141	228

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D9630	drugs or medicaments dispensed in the office for home use	29.23	23.06	0	14	25	43	49	50	59	73	333
D9910	application of desensitizing medicament	55.96	25.12	25	36	54	69	75	78	82	100	565
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	63.00	34.97	15	40	65	83	86	92	100	125	404
D9920	behavior management, by report	127.23	70.75	50	75	125	158	162	177	200	273	184
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	124.54	51.73	65	90	124	145	150	165	177	210	249
D9932	cleaning and inspection of removable complete denture, maxillary	68.03	42.45	25	40	56	80	85	95	150	175	142
D9933	cleaning and inspection of removable complete denture, mandibular	67.05	41.21	25	40	56	80	82	86	125	175	139
D9934	cleaning and inspection of removable partial denture, maxillary	64.82	39.52	25	40	56	77	80	82	100	175	133
D9935	cleaning and inspection of removable partial denture, mandibular	64.97	39.87	25	40	56	78	81	85	100	175	130
D9940	occlusal guard, by report	522.02	156.29	324	400	510	619	639	659	711	788	621
D9941	fabrication of athletic mouthguard	241.40	127.73	100	148	230	300	312	350	412	500	550
D9943	occlusal guard adjustment	96.93	60.61	35	60	78	130	136	150	180	225	150
D9951	occlusal adjustment - limited	147.63	68.40	59	95	147	194	200	212	231	269	503
D9952	occlusal adjustment - complete	565.50	255.97	200	358	599	730	774	807	850	943	424
D9972	external bleaching - per arch - performed in office	297.12	143.02	131	200	273	375	400	450	500	590	436
D9974	internal bleaching - per tooth	271.67	87.21	150	200	276	325	335	350	373	400	460
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	242.10	124.70	108	150	216	300	328	375	400	495	486

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D0120	periodic oral evaluation - established patient	59.17	12.84	45	49	58	66	70	75	75	83	68
D0140	limited oral evaluation - problem focused	93.37	18.71	70	80	94	107	109	110	120	123	68
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	74.08	20.27	50	56	75	86	91	91	106	118	43
D0150	comprehensive oral evaluation - new or established patient	99.64	19.93	72	90	98	111	112	115	125	141	62
D0160	detailed and extensive oral evaluation - problem focused, by report	141.50	54.34	70	100	148	195	195	198	198	209	40
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	69.90	26.08	50	61	73	84	86	91	93	100	43
D0180	comprehensive periodontal evaluation - new or established patient	111.84	25.75	75	99	106	126	128	132	145	168	47
D0210	intraoral - complete series of radiographic images	160.89	24.41	135	142	160	173	179	193	195	200	66
D0220	intraoral - periapical first radiographic image	36.79	6.66	29	32	37	40	43	45	48	49	68
D0230	intraoral - periapical each additional radiographic image	30.35	6.26	25	26	28	35	37	38	40	40	68
D0272	bitewings - two radiographic images	56.50	9.09	46	50	56	64	65	67	70	73	66
D0273	bitewings - three radiographic images	65.84	11.56	56	58	60	74	76	82	85	85	38
D0274	bitewings - four radiographic images	79.65	12.74	65	68	80	87	90	95	98	102	65
D0330	panoramic radiographic image	143.53	21.05	120	127	141	160	165	168	173	180	48
D0470	diagnostic casts	137.49	47.68	80	111	140	151	154	160	182	221	46
D1110	prophylaxis - adult	112.23	16.20	95	99	111	120	125	125	130	138	65
D1120	prophylaxis - child	83.98	12.24	70	73	85	89	91	95	100	104	66
D1206	topical application of fluoride varnish	49.82	11.12	40	42	48	58	60	61	65	66	56
D1208	topical application of fluoride – excluding varnish	47.85	10.89	39	41	44	55	58	60	65	70	46
D1330	oral hygiene instructions	34.58	24.78	0	0	41	50	50	58	70	72	39

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D1351	sealant - per tooth	64.15	11.41	50	55	63	72	75	77	80	85	66
D1510	space maintainer - fixed, unilateral – per quadrant	389.65	89.79	250	313	394	458	468	475	500	516	39
D2140	amalgam - one surface, primary or permanent	155.39	24.54	125	141	150	172	185	189	193	194	50
D2150	amalgam - two surfaces, primary or permanent	192.76	31.68	159	178	186	206	225	239	240	245	49
D2160	amalgam - three surfaces, primary or permanent	233.50	42.54	180	206	225	254	275	291	299	305	48
D2161	amalgam - four or more surfaces, primary or permanent	275.32	51.21	220	235	265	303	325	348	352	367	49
D2330	resin-based composite - one surface, anterior	188.62	42.97	136	155	184	217	222	243	250	268	67
D2331	resin-based composite - two surfaces, anterior	233.09	48.97	175	195	226	264	265	286	295	342	66
D2332	resin-based composite - three surfaces, anterior	282.45	62.32	208	235	275	325	326	345	365	403	67
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	337.56	67.83	250	285	329	396	408	418	430	451	64
D2390	resin-based composite crown, anterior	528.52	113.65	325	461	554	600	615	620	637	684	35
D2391	resin-based composite - one surface, posterior	206.28	38.74	150	182	200	232	238	252	258	276	65
D2392	resin-based composite - two surfaces, posterior	265.74	44.34	205	235	260	295	303	312	327	342	65
D2393	resin-based composite - three surfaces, posterior	323.49	56.73	260	285	326	351	365	376	404	425	65
D2394	resin-based composite - four or more surfaces, posterior	384.04	76.40	305	345	379	418	432	445	465	531	65
D2543	onlay - metallic - three surfaces	1,338.52	282.41	1,025	1,150	1,325	1,536	1,580	1,705	1,726	1,914	38
D2620	inlay - porcelain/ceramic - two surfaces	1,114.65	269.47	823	877	1,150	1,269	1,300	1,389	1,409	1,612	32
D2642	onlay - porcelain/ceramic - two surfaces	1,183.30	256.85	850	1,017	1,140	1,350	1,389	1,528	1,572	1,612	34

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2643	onlay - porcelain/ceramic - three surfaces	1,271.03	262.67	935	1,074	1,275	1,456	1,498	1,580	1,639	1,731	39
D2644	onlay - porcelain/ceramic - four or more surfaces	1,346.24	242.25	1,095	1,150	1,325	1,500	1,580	1,600	1,649	1,760	41
D2740	crown - porcelain/ceramic	1,386.01	205.24	1,155	1,283	1,396	1,525	1,590	1,590	1,630	1,685	65
D2750	crown - porcelain fused to high noble metal	1,393.43	190.15	1,175	1,288	1,396	1,500	1,530	1,590	1,630	1,760	63
D2751	crown - porcelain fused to predominantly base metal	1,295.60	208.23	1,040	1,154	1,248	1,444	1,453	1,498	1,580	1,600	35
D2752	crown - porcelain fused to noble metal	1,324.99	199.74	1,125	1,198	1,290	1,444	1,483	1,549	1,580	1,640	42
D2783	crown - 3/4 porcelain/ceramic	1,413.46	194.18	1,155	1,275	1,398	1,500	1,580	1,638	1,649	1,839	31
D2790	crown - full cast high noble metal	1,446.56	236.98	1,155	1,289	1,442	1,600	1,630	1,650	1,726	1,887	52
D2799	provisional crown– further treatment or completion of diagnosis necessary prior to final impression	403.69	167.71	150	333	411	500	526	538	596	697	47
D2920	re-cement or re-bond crown	137.59	36.98	93	109	135	161	162	169	180	206	62
D2940	protective restoration	141.74	41.60	83	118	131	173	175	191	193	200	47
D2950	core buildup, including any pins when required	334.43	63.42	250	292	338	375	388	399	408	436	64
D2952	post and core in addition to crown, indirectly fabricated	488.86	93.53	350	440	485	540	548	611	613	642	53
D2954	prefabricated post and core in addition to crown	395.57	70.52	312	357	390	433	448	460	472	506	64
D2962	labial veneer (porcelain laminate) - laboratory	1,404.31	199.68	1,200	1,267	1,400	1,525	1,580	1,649	1,725	1,760	54
D2980	crown repair necessitated by restorative material failure	284.41	112.06	170	201	275	304	373	375	394	500	34
D3110	pulp cap - direct (excluding final restoration)	91.44	24.42	68	76	92	110	110	110	119	125	46
D3120	pulp cap - indirect (excluding final restoration)	85.83	30.08	44	70	79	100	110	110	122	129	42

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	228.98	66.13	150	166	223	275	285	290	309	330	50
D3221	pulpal debridement, primary and permanent teeth	237.78	78.42	135	205	239	295	303	305	315	360	42
D3310	endodontic therapy, anterior tooth (excluding final restoration)	923.89	134.31	752	825	930	1,040	1,047	1,075	1,090	1,113	54
D3320	endodontic therapy, premolar tooth (excluding final restoration)	1,060.51	153.90	881	932	1,054	1,190	1,242	1,261	1,265	1,284	53
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,325.18	183.62	1,100	1,167	1,335	1,456	1,535	1,566	1,569	1,614	49
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	696.39	246.29	439	512	668	818	840	913	1,015	1,144	34
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	361.20	98.70	250	300	359	430	431	460	499	559	37
D4249	clinical crown lengthening – hard tissue	974.26	309.77	500	775	1,040	1,153	1,200	1,282	1,322	1,534	30
D4321	provisional splinting - extracoronal	412.49	135.99	285	312	392	513	518	551	613	646	42
D4341	periodontal scaling and root planing - four or more teeth per quadrant	303.06	48.07	250	270	305	325	336	350	362	400	63
D4342	periodontal scaling and root planing - one to three teeth per quadrant	213.42	43.21	160	183	205	241	250	260	266	290	60
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	202.38	41.28	150	175	195	224	235	240	254	289	56
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	94.96	66.32	45	51	65	114	121	171	190	250	44
D4910	periodontal maintenance	163.47	25.98	133	145	158	184	184	194	195	200	56
D5110	complete denture - maxillary	1,976.58	485.86	1,450	1,585	1,900	2,295	2,300	2,500	2,756	2,867	65

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5120	complete denture - mandibular	1,979.06	484.99	1,450	1,585	1,900	2,298	2,325	2,500	2,756	2,867	65
D5130	immediate denture - maxillary	2,073.09	556.80	1,450	1,701	2,065	2,392	2,448	2,500	2,970	3,437	58
D5140	immediate denture - mandibular	2,088.90	550.74	1,456	1,701	2,065	2,392	2,448	2,520	2,970	3,437	57
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,416.93	393.06	1,000	1,152	1,280	1,680	1,791	1,835	1,900	2,109	62
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,433.12	403.04	975	1,152	1,300	1,680	1,775	1,865	2,000	2,134	62
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	2,021.23	467.00	1,499	1,675	2,000	2,340	2,403	2,500	2,689	3,103	65
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	2,021.40	467.13	1,499	1,675	2,000	2,340	2,403	2,500	2,689	3,103	65
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,641.12	379.91	1,250	1,300	1,652	1,899	1,997	2,050	2,124	2,142	44
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,650.67	384.28	1,250	1,300	1,652	1,925	1,997	2,035	2,134	2,273	46
D5520	replace missing or broken teeth - complete denture (each tooth)	220.52	64.22	145	174	203	264	280	289	299	317	53
D5640	replace broken teeth - per tooth	233.98	78.91	151	181	209	280	289	300	310	435	61
D5650	add tooth to existing partial denture	266.89	72.24	190	225	250	304	320	330	363	400	60
D5660	add clasp to existing partial denture - per tooth	298.56	89.15	205	250	279	349	373	391	440	500	56
D5710	rebase complete maxillary denture	648.18	195.95	450	510	572	755	785	793	895	995	38
D5711	rebase complete mandibular denture	648.33	193.46	450	510	572	755	774	785	895	995	38
D5720	rebase maxillary partial denture	629.27	160.83	457	515	572	745	755	775	775	895	30
D5721	rebase mandibular partial denture	619.84	166.94	454	515	572	745	755	775	775	895	31

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D5730	reline complete maxillary denture (chairside)	411.63	121.88	250	329	390	500	505	539	575	625	54
D5731	reline complete mandibular denture (chairside)	408.81	122.68	250	329	375	500	508	539	575	625	53
D5750	reline complete maxillary denture (laboratory)	529.27	121.54	370	470	500	600	625	650	689	750	62
D5751	reline complete mandibular denture (laboratory)	516.58	126.15	365	470	500	600	615	633	687	740	61
D5986	fluoride gel carrier	220.32	84.41	119	153	200	268	276	315	350	416	30
D6056	prefabricated abutment – includes modification and placement	777.00	175.37	500	687	789	884	925	934	950	1,071	43
D6057	custom fabricated abutment – includes placement	984.11	213.78	675	850	964	1,149	1,173	1,184	1,238	1,445	53
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,627.74	307.44	1,250	1,410	1,595	1,733	1,810	1,850	2,044	2,336	57
D6066	implant supported crown - porcelain fused to high noble alloys	1,637.20	385.62	1,200	1,395	1,600	1,800	1,810	1,967	2,044	2,550	42
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,636.68	357.96	1,230	1,389	1,512	1,760	1,832	2,000	2,354	2,354	32
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	257.73	118.02	124	137	232	375	375	383	402	408	31
D6210	pontic - cast high noble metal	1,414.42	211.25	1,153	1,280	1,389	1,600	1,632	1,638	1,753	1,776	43
D6240	pontic - porcelain fused to high noble metal	1,396.70	226.03	1,150	1,250	1,389	1,600	1,630	1,638	1,654	1,753	58
D6245	pontic - porcelain/ceramic	1,373.75	188.19	1,155	1,260	1,335	1,500	1,590	1,607	1,649	1,654	44
D6545	retainer - cast metal for resin bonded fixed prosthesis	782.29	331.42	320	555	700	1,100	1,160	1,171	1,196	1,389	33
D6750	retainer crown - porcelain fused to high noble metal	1,419.44	240.99	1,146	1,264	1,396	1,607	1,638	1,669	1,725	1,767	49

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6790	retainer crown - full cast high noble metal	1,411.62	255.14	1,153	1,219	1,301	1,630	1,685	1,694	1,753	1,839	39
D6930	re-cement or re-bond fixed partial denture	204.40	67.55	130	160	185	250	260	281	294	330	58
D7111	extraction, coronal remnants – primary tooth	149.66	42.07	99	115	140	179	193	200	210	225	56
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	209.70	44.35	160	177	199	235	243	258	273	300	61
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	336.53	60.70	260	299	324	368	378	395	450	456	53
D7220	removal of impacted tooth - soft tissue	388.83	81.24	297	321	389	442	469	484	511	527	31
D7250	removal of residual tooth roots (cutting procedure)	318.02	76.80	235	260	300	401	401	406	411	450	36
D9110	palliative (emergency) treatment of dental pain - minor procedure	139.25	46.35	75	97	136	172	184	194	205	214	64
D9120	fixed partial denture sectioning	203.66	77.46	120	153	181	261	285	302	315	350	37
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	106.06	63.50	0	75	111	150	163	166	196	203	42
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	73.93	40.84	0	55	77	106	106	110	110	133	36
D9440	office visit - after regularly scheduled hours	184.31	69.44	99	142	162	242	250	250	286	318	37
D9910	application of desensitizing medicament	67.34	26.85	35	44	70	81	85	98	105	114	46
D9940	occlusal guard, by report	569.65	156.82	400	450	552	625	625	719	770	932	47
D9941	fabrication of athletic mouthguard	236.00	78.22	120	174	230	300	312	325	347	350	43
D9951	occlusal adjustment - limited	179.36	64.87	85	140	175	203	245	249	275	289	43
D9952	occlusal adjustment - complete	613.72	298.04	179	350	625	849	849	850	869	975	37
D9972	external bleaching - per arch - performed in office	326.98	114.28	214	250	295	427	450	467	502	565	32

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9974	internal bleaching - per tooth	316.21	100.84	194	250	330	375	390	395	450	486	33
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	257.78	110.03	125	177	248	340	395	400	400	450	36

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	52.73	17.94	33	40	50	65	69	70	79	85	81
D0140	limited oral evaluation - problem focused	70.79	26.07	40	55	67	83	88	98	105	125	79
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	64.30	28.85	35	40	60	80	90	96	123	125	37
D0150	comprehensive oral evaluation - new or established patient	83.46	30.00	45	60	79	100	114	120	123	145	81
D0160	detailed and extensive oral evaluation - problem focused, by report	123.42	61.60	60	67	120	173	175	186	199	222	49
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	67.37	28.81	40	44	66	80	91	100	100	125	49
D0171	re-evaluation – post-operative office visit	18.58	29.75	0	0	0	40	44	44	65	89	38
D0180	comprehensive periodontal evaluation - new or established patient	102.20	25.89	75	80	100	125	125	125	135	139	47
D0210	intraoral - complete series of radiographic images	142.02	32.49	100	115	133	165	175	179	190	200	76
D0220	intraoral - periapical first radiographic image	27.68	8.44	16	22	26	32	35	35	39	45	83
D0230	intraoral - periapical each additional radiographic image	21.91	7.33	15	16	20	27	29	30	30	34	81
D0272	bitewings - two radiographic images	47.22	10.91	35	40	45	52	55	55	60	70	70
D0273	bitewings - three radiographic images	56.58	13.51	40	45	56	63	65	66	75	82	45
D0274	bitewings - four radiographic images	68.80	15.25	50	57	66	79	80	85	86	100	70
D0277	vertical bitewings - 7 to 8 radiographic images	96.87	19.86	70	80	100	110	110	124	126	127	31
D0330	panoramic radiographic image	127.66	28.79	95	100	125	144	150	158	175	190	47
D0470	diagnostic casts	121.65	41.21	75	100	115	136	150	156	195	200	57
D1110	prophylaxis - adult	98.01	26.58	67	75	92	116	125	130	137	148	81
D1120	prophylaxis - child	76.30	20.33	55	60	74	85	88	99	110	120	81
D1206	topical application of fluoride varnish	45.58	15.67	29	30	45	52	56	60	65	75	67

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D1208	topical application of fluoride – excluding varnish	42.75	14.21	25	30	44	51	52	55	65	75	54
D1330	oral hygiene instructions	26.06	27.19	0	0	30	47	59	59	62	65	44
D1351	sealant - per tooth	57.18	16.58	40	43	55	67	71	75	75	95	72
D1510	space maintainer - fixed, unilateral – per quadrant	315.09	72.30	250	250	300	375	375	406	422	440	34
D2140	amalgam - one surface, primary or permanent	136.34	38.89	92	100	125	160	168	188	200	200	62
D2150	amalgam - two surfaces, primary or permanent	172.19	47.85	120	130	167	200	212	225	250	250	63
D2160	amalgam - three surfaces, primary or permanent	210.67	60.33	145	155	200	253	265	271	295	302	66
D2161	amalgam - four or more surfaces, primary or permanent	248.29	73.07	168	180	250	297	300	325	350	350	64
D2330	resin-based composite - one surface, anterior	166.35	42.52	119	125	167	200	200	200	215	235	74
D2331	resin-based composite - two surfaces, anterior	201.97	47.58	146	168	199	229	238	250	255	293	76
D2332	resin-based composite - three surfaces, anterior	252.66	61.17	170	208	250	295	300	300	313	380	75
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	298.47	81.72	190	247	290	350	350	373	400	440	74
D2390	resin-based composite crown, anterior	402.80	147.59	222	281	400	499	555	600	600	600	35
D2391	resin-based composite - one surface, posterior	183.79	40.89	135	150	184	210	221	225	225	254	71
D2392	resin-based composite - two surfaces, posterior	228.91	48.04	177	190	225	250	260	272	290	323	72
D2393	resin-based composite - three surfaces, posterior	286.51	62.28	214	235	283	320	325	360	370	391	69
D2394	resin-based composite - four or more surfaces, posterior	335.84	76.52	248	274	342	385	405	410	425	457	66

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D2620	inlay - porcelain/ceramic - two surfaces	1,003.20	307.57	630	700	989	1,200	1,250	1,300	1,440	1,645	32
D2642	onlay - porcelain/ceramic - two surfaces	1,068.52	255.46	750	880	995	1,200	1,325	1,460	1,467	1,500	36
D2643	onlay - porcelain/ceramic - three surfaces	1,130.75	229.07	840	981	1,133	1,259	1,335	1,460	1,467	1,571	39
D2644	onlay - porcelain/ceramic - four or more surfaces	1,251.66	234.30	868	1,150	1,200	1,440	1,460	1,550	1,614	1,645	36
D2740	crown - porcelain/ceramic	1,227.32	250.40	950	1,015	1,200	1,350	1,440	1,500	1,586	1,665	73
D2750	crown - porcelain fused to high noble metal	1,179.18	225.38	900	995	1,137	1,350	1,400	1,449	1,500	1,625	67
D2751	crown - porcelain fused to predominantly base metal	1,101.94	210.51	850	928	1,055	1,168	1,275	1,315	1,500	1,500	39
D2752	crown - porcelain fused to noble metal	1,160.98	246.83	860	950	1,150	1,300	1,350	1,440	1,500	1,590	56
D2790	crown - full cast high noble metal	1,246.03	311.70	973	990	1,137	1,424	1,500	1,503	1,757	2,000	47
D2799	provisional crown– further treatment or completion of diagnosis necessary prior to final impression	326.04	168.55	62	200	350	483	491	500	525	600	43
D2920	re-cement or re-bond crown	109.71	34.10	75	80	100	129	138	148	150	185	70
D2930	prefabricated stainless steel crown - primary tooth	297.60	79.37	228	241	276	322	340	350	410	500	31
D2940	protective restoration	125.26	46.60	75	90	113	150	165	181	200	200	46
D2950	core buildup, including any pins when required	282.07	73.39	200	235	260	325	340	350	395	425	66
D2952	post and core in addition to crown, indirectly fabricated	403.19	109.39	250	335	395	475	485	499	534	580	52
D2954	prefabricated post and core in addition to crown	346.22	82.96	225	272	350	395	395	425	450	525	68
D2961	labial veneer (resin laminate) - laboratory	1,051.31	292.60	700	800	1,036	1,200	1,235	1,460	1,500	1,500	33
D2962	labial veneer (porcelain laminate) - laboratory	1,254.04	251.02	990	1,020	1,200	1,464	1,500	1,500	1,625	1,665	59
D2980	crown repair necessitated by restorative material failure	264.63	100.39	150	157	250	326	350	371	402	425	42

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D3110	pulp cap - direct (excluding final restoration)	91.17	43.58	48	66	80	100	118	130	183	200	51
D3120	pulp cap - indirect (excluding final restoration)	83.62	42.81	42	50	80	95	105	120	137	200	48
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	188.98	66.43	110	145	200	229	249	250	277	300	60
D3221	pulpal debridement, primary and permanent teeth	185.83	89.03	95	125	191	256	273	278	285	324	41
D3310	endodontic therapy, anterior tooth (excluding final restoration)	780.94	185.48	576	647	750	850	906	975	1,060	1,200	69
D3320	endodontic therapy, premolar tooth (excluding final restoration)	885.56	183.81	700	725	850	970	995	1,080	1,100	1,225	68
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,064.72	209.82	800	925	1,000	1,150	1,200	1,257	1,350	1,500	68
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	310.26	215.62	0	125	382	460	491	500	556	578	30
D3346	retreatment of previous root canal therapy - anterior	912.62	202.95	604	751	900	1,073	1,100	1,128	1,200	1,225	37
D3347	retreatment of previous root canal therapy - premolar	1,070.14	234.69	730	953	1,000	1,245	1,280	1,300	1,400	1,518	33
D3348	retreatment of previous root canal therapy - molar	1,230.96	228.39	901	1,050	1,200	1,381	1,400	1,450	1,500	1,528	32
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	651.35	219.75	400	500	600	740	782	875	897	1,200	43
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	303.02	117.61	160	215	297	359	361	400	425	500	48

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	231.42	142.75	100	100	181	330	403	425	475	500	31
D4249	clinical crown lengthening – hard tissue	710.66	257.02	400	436	735	852	905	950	950	1,061	34
D4321	provisional splinting - extracoronal	445.51	157.18	225	350	425	565	600	600	654	715	36
D4341	periodontal scaling and root planing - four or more teeth per quadrant	261.30	60.54	180	225	247	300	300	325	354	400	58
D4342	periodontal scaling and root planing - one to three teeth per quadrant	199.51	59.89	125	160	195	235	249	250	275	354	52
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	191.57	57.82	125	150	184	231	244	250	299	300	56
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	106.55	56.88	45	57	97	150	156	173	195	200	51
D4910	periodontal maintenance	142.72	34.15	100	119	139	160	173	175	187	198	56
D5110	complete denture - maxillary	1,744.08	517.61	1,150	1,350	1,675	2,000	2,199	2,250	2,573	2,599	78
D5120	complete denture - mandibular	1,762.10	542.34	1,150	1,350	1,675	2,000	2,199	2,350	2,573	2,599	79
D5130	immediate denture - maxillary	1,902.11	515.31	1,307	1,550	1,800	2,200	2,280	2,495	2,599	2,773	72
D5140	immediate denture - mandibular	1,889.22	512.59	1,300	1,550	1,800	2,200	2,280	2,495	2,599	2,773	72
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,488.07	588.15	750	1,025	1,500	1,800	2,147	2,200	2,475	2,599	65
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,496.89	584.37	750	1,025	1,500	1,800	2,147	2,200	2,475	2,599	66
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,882.61	509.44	1,307	1,500	1,764	2,200	2,287	2,400	2,500	2,599	74

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D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,882.10	511.95	1,307	1,500	1,759	2,200	2,287	2,400	2,500	2,599	73
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,490.89	696.82	595	850	1,400	2,100	2,250	2,500	2,500	2,599	35
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,501.11	706.13	595	850	1,500	2,114	2,250	2,500	2,500	2,599	34
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,559.28	513.53	975	1,150	1,500	1,850	1,900	2,142	2,500	2,599	57
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,556.61	506.09	975	1,150	1,500	1,850	1,900	2,142	2,250	2,599	57
D5520	replace missing or broken teeth - complete denture (each tooth)	172.26	50.43	100	140	167	205	212	235	249	253	60
D5640	replace broken teeth - per tooth	163.87	52.26	95	110	163	200	212	216	235	250	65
D5650	add tooth to existing partial denture	205.11	59.42	140	150	198	249	250	262	285	300	66
D5660	add clasp to existing partial denture - per tooth	236.06	76.96	150	180	205	295	300	315	325	385	58
D5710	rebase complete maxillary denture	575.44	178.33	350	450	551	666	738	780	900	900	42
D5711	rebase complete mandibular denture	569.87	190.32	325	375	522	738	747	800	900	900	43
D5720	rebase maxillary partial denture	525.68	163.01	350	365	500	612	648	714	731	800	39
D5721	rebase mandibular partial denture	525.75	161.05	350	365	500	643	700	740	745	804	40
D5730	reline complete maxillary denture (chairside)	323.13	126.44	165	225	330	421	425	474	500	510	64
D5731	reline complete mandibular denture (chairside)	326.72	123.57	170	250	330	395	425	475	500	510	63
D5750	reline complete maxillary denture (laboratory)	421.41	183.14	180	300	400	540	575	599	620	800	71
D5751	reline complete mandibular denture (laboratory)	409.34	202.57	175	275	400	540	575	600	626	800	70

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6010	surgical placement of implant body: endosteal implant	1,965.74	500.18	1,500	1,700	1,808	2,126	2,300	2,500	2,550	2,551	34
D6056	prefabricated abutment – includes modification and placement	723.17	193.62	420	600	700	825	880	900	990	990	41
D6057	custom fabricated abutment – includes placement	918.47	254.62	650	796	899	990	1,000	1,036	1,199	1,470	56
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,527.85	422.23	995	1,244	1,500	1,700	1,775	1,900	2,000	2,599	58
D6066	implant supported crown - porcelain fused to high noble alloys	1,580.26	436.38	1,050	1,200	1,500	1,775	1,895	1,950	2,250	2,599	51
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,536.96	486.59	995	1,200	1,426	1,750	1,900	2,250	2,500	2,599	37
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	178.31	124.86	0	95	166	261	325	344	372	400	33
D6210	pontic - cast high noble metal	1,128.48	250.11	845	959	1,100	1,200	1,275	1,366	1,460	1,600	41
D6240	pontic - porcelain fused to high noble metal	1,175.74	204.16	915	990	1,200	1,300	1,300	1,400	1,460	1,600	58
D6241	pontic - porcelain fused to predominantly base metal	1,118.60	208.86	850	920	1,100	1,250	1,280	1,303	1,460	1,475	39
D6245	pontic - porcelain/ceramic	1,185.38	261.21	900	990	1,200	1,275	1,350	1,440	1,500	1,625	58
D6545	retainer - cast metal for resin bonded fixed prosthesis	619.21	334.43	300	301	525	900	919	1,061	1,200	1,200	34
D6750	retainer crown - porcelain fused to high noble metal	1,213.22	225.25	990	995	1,200	1,308	1,413	1,460	1,600	1,645	50
D6751	retainer crown - porcelain fused to predominantly base metal	1,113.49	160.79	910	959	1,100	1,200	1,250	1,301	1,315	1,411	34
D6790	retainer crown - full cast high noble metal	1,153.41	151.01	963	1,030	1,150	1,275	1,280	1,308	1,386	1,400	32
D6930	re-cement or re-bond fixed partial denture	163.48	57.12	98	118	151	200	200	217	250	250	65

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D7111	extraction, coronal remnants – primary tooth	138.66	45.11	75	110	130	160	175	185	200	200	57
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	205.07	62.99	141	153	200	250	259	275	300	300	75
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	303.12	74.01	215	246	300	350	350	395	400	450	62
D7220	removal of impacted tooth - soft tissue	352.50	82.55	279	290	335	400	400	418	465	550	39
D7230	removal of impacted tooth - partially bony	442.53	106.67	325	385	402	500	518	520	550	750	35
D7250	removal of residual tooth roots (cutting procedure)	300.09	76.71	195	250	300	344	350	375	405	450	41
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	287.62	102.15	168	200	264	350	350	360	450	500	32
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	417.57	125.45	261	325	425	488	500	500	522	600	30
D9110	palliative (emergency) treatment of dental pain - minor procedure	105.89	50.26	45	65	100	149	150	160	175	200	77
D9120	fixed partial denture sectioning	167.71	80.17	70	92	175	250	250	255	275	281	44
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	80.56	44.33	14	50	75	100	100	150	154	157	34
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	115.01	61.09	38	75	100	152	160	175	200	225	36
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	47.62	31.66	0	38	50	71	75	75	75	98	35
D9440	office visit - after regularly scheduled hours	161.27	56.52	92	100	155	208	225	225	235	250	35

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D9910	application of desensitizing medicament	60.40	23.21	35	40	60	75	80	80	95	99	54
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	70.75	28.25	42	45	70	84	99	100	110	117	41
D9940	occlusal guard, by report	466.64	142.59	300	375	412	550	630	649	650	750	64
D9941	fabrication of athletic mouthguard	282.32	143.00	65	185	285	348	350	475	500	500	55
D9951	occlusal adjustment - limited	146.58	84.53	45	95	125	194	195	221	250	295	48
D9952	occlusal adjustment - complete	556.05	329.53	150	250	520	700	846	950	1,090	1,137	34
D9972	external bleaching - per arch - performed in office	315.25	166.29	120	156	300	399	400	500	600	650	44
D9974	internal bleaching - per tooth	242.88	87.33	125	156	210	308	348	350	364	395	34
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	280.46	154.98	111	158	250	380	392	450	595	650	49

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	54.86	10.21	43	49	55	60	61	65	65	70	118
D0140	limited oral evaluation - problem focused	77.59	15.05	58	70	79	85	90	91	94	102	117
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	61.50	18.59	41	44	59	78	79	80	86	96	62
D0150	comprehensive oral evaluation - new or established patient	89.25	18.69	65	75	90	98	104	107	112	126	116
D0160	detailed and extensive oral evaluation - problem focused, by report	133.98	45.14	65	100	137	172	178	183	184	190	61
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	63.02	24.47	28	55	70	75	80	81	87	91	56
D0171	re-evaluation – post-operative office visit	34.38	40.54	0	0	31	50	90	90	94	107	33
D0180	comprehensive periodontal evaluation - new or established patient	99.05	23.04	70	86	98	112	114	115	118	138	75
D0210	intraoral - complete series of radiographic images	142.09	25.20	110	127	140	156	160	165	175	180	112
D0220	intraoral - periapical first radiographic image	31.96	6.71	25	29	32	36	37	38	39	43	117
D0230	intraoral - periapical each additional radiographic image	26.45	7.19	16	21	27	30	32	33	38	40	116
D0272	bitewings - two radiographic images	49.55	10.45	38	42	50	54	56	60	65	68	109
D0273	bitewings - three radiographic images	57.54	11.13	45	50	57	63	65	66	72	75	73
D0274	bitewings - four radiographic images	69.99	12.04	56	61	70	75	77	80	85	95	112
D0277	vertical bitewings - 7 to 8 radiographic images	99.97	16.74	80	84	101	115	115	116	121	125	42
D0330	panoramic radiographic image	128.82	21.10	102	112	125	142	148	152	155	175	90
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	68.21	30.58	25	55	73	90	94	94	104	125	38
D0470	diagnostic casts	133.72	60.37	82	95	118	143	146	175	250	300	72
D1110	prophylaxis - adult	94.61	15.23	79	85	95	101	106	109	112	118	121

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D1120	prophylaxis - child	70.04	11.00	58	63	70	75	78	79	83	90	121
D1206	topical application of fluoride varnish	42.20	8.03	31	38	43	48	49	50	50	51	102
D1208	topical application of fluoride – excluding varnish	41.69	8.67	31	36	42	45	47	49	50	57	84
D1320	tobacco counseling for the control and prevention of oral disease	48.89	37.10	0	25	46	70	82	89	96	100	33
D1330	oral hygiene instructions	34.04	26.69	0	0	39	56	59	62	64	65	53
D1351	sealant - per tooth	56.67	11.35	45	50	57	63	64	65	69	75	111
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	97.67	31.79	52	75	95	116	125	143	143	145	35
D1354	interim caries arresting medicament application – per tooth	73.54	39.58	25	46	70	92	92	150	150	150	35
D1510	space maintainer - fixed, unilateral – per quadrant	342.23	58.53	265	300	340	390	395	405	412	425	78
D1515	space maintainer - fixed, bilateral	441.85	91.02	310	395	450	515	519	539	560	575	59
D2140	amalgam - one surface, primary or permanent	147.83	29.86	108	128	149	161	167	171	190	202	99
D2150	amalgam - two surfaces, primary or permanent	182.76	35.59	138	160	180	200	204	212	230	250	96
D2160	amalgam - three surfaces, primary or permanent	218.82	42.92	164	190	220	240	249	251	279	305	97
D2161	amalgam - four or more surfaces, primary or permanent	257.25	50.60	192	226	250	286	300	306	325	358	96
D2330	resin-based composite - one surface, anterior	171.51	32.47	132	149	168	185	190	205	218	236	114
D2331	resin-based composite - two surfaces, anterior	208.06	37.78	160	182	206	233	240	249	252	284	115
D2332	resin-based composite - three surfaces, anterior	248.78	45.63	190	219	250	275	281	292	305	325	113

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D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	300.28	60.10	220	256	302	330	341	350	386	408	113
D2390	resin-based composite crown, anterior	471.20	179.77	275	300	476	550	579	600	749	749	55
D2391	resin-based composite - one surface, posterior	183.84	30.75	143	161	185	200	207	216	228	236	112
D2392	resin-based composite - two surfaces, posterior	233.26	38.22	188	206	238	255	268	271	289	300	110
D2393	resin-based composite - three surfaces, posterior	282.34	47.64	220	252	278	314	316	330	345	358	111
D2394	resin-based composite - four or more surfaces, posterior	334.36	59.58	250	295	334	365	379	385	401	433	105
D2520	inlay - metallic - two surfaces	909.56	210.99	700	726	865	1,010	1,041	1,112	1,139	1,350	41
D2543	onlay - metallic - three surfaces	1,090.50	187.95	832	964	1,114	1,197	1,224	1,264	1,270	1,500	40
D2620	inlay - porcelain/ceramic - two surfaces	997.87	178.11	800	849	1,015	1,095	1,134	1,174	1,189	1,350	47
D2642	onlay - porcelain/ceramic - two surfaces	1,078.96	172.61	879	908	1,099	1,230	1,250	1,256	1,300	1,300	51
D2643	onlay - porcelain/ceramic - three surfaces	1,131.69	212.94	906	909	1,148	1,250	1,277	1,315	1,355	1,454	53
D2644	onlay - porcelain/ceramic - four or more surfaces	1,189.45	205.32	939	1,050	1,187	1,320	1,328	1,350	1,442	1,500	50
D2664	onlay - resin-based composite - four or more surfaces	1,021.42	179.44	825	877	1,020	1,134	1,164	1,171	1,288	1,450	30
D2710	crown - resin-based composite (indirect)	844.00	242.15	410	646	881	1,074	1,094	1,100	1,100	1,150	41
D2740	crown - porcelain/ceramic	1,191.44	185.39	976	1,050	1,200	1,300	1,350	1,385	1,439	1,450	106
D2750	crown - porcelain fused to high noble metal	1,186.12	197.95	950	1,005	1,188	1,306	1,355	1,385	1,445	1,500	99
D2751	crown - porcelain fused to predominantly base metal	1,066.39	157.67	862	932	1,050	1,163	1,200	1,251	1,277	1,385	61
D2752	crown - porcelain fused to noble metal	1,115.15	150.72	950	1,000	1,100	1,200	1,205	1,251	1,352	1,412	78
D2780	crown - 3/4 cast high noble metal	1,118.63	196.21	850	910	1,194	1,283	1,301	1,349	1,368	1,378	37
D2783	crown - 3/4 porcelain/ceramic	1,177.55	190.00	957	1,000	1,197	1,320	1,326	1,350	1,350	1,457	39
D2790	crown - full cast high noble metal	1,209.45	195.16	945	1,075	1,200	1,331	1,366	1,422	1,454	1,600	91

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D2799	provisional crown– further treatment or completion of diagnosis necessary prior to final impression	362.79	152.23	185	250	392	450	473	500	501	640	58
D2920	re-cement or re-bond crown	118.83	25.35	88	100	118	134	140	150	155	159	106
D2930	prefabricated stainless steel crown - primary tooth	303.19	68.60	230	250	297	349	374	376	400	424	69
D2931	prefabricated stainless steel crown - permanent tooth	370.00	76.55	249	335	375	412	439	450	450	500	50
D2940	protective restoration	126.18	30.68	86	105	126	144	148	153	165	170	86
D2950	core buildup, including any pins when required	288.56	55.55	220	250	288	318	327	337	350	375	111
D2952	post and core in addition to crown, indirectly fabricated	411.85	75.00	303	350	422	470	474	490	500	510	87
D2954	prefabricated post and core in addition to crown	359.60	61.13	276	310	367	400	409	410	425	470	101
D2961	labial veneer (resin laminate) - laboratory	987.77	186.36	790	900	999	1,087	1,105	1,163	1,202	1,232	42
D2962	labial veneer (porcelain laminate) - laboratory	1,197.42	207.87	955	1,010	1,200	1,347	1,375	1,385	1,450	1,500	96
D2980	crown repair necessitated by restorative material failure	273.44	92.84	170	180	265	322	342	350	369	450	55
D3110	pulp cap - direct (excluding final restoration)	85.66	29.40	50	69	86	95	98	102	103	127	74
D3120	pulp cap - indirect (excluding final restoration)	85.58	22.46	51	75	87	99	100	101	102	117	75
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	219.68	66.37	150	182	210	249	250	268	300	350	93
D3221	pulpal debridement, primary and permanent teeth	233.48	80.24	143	190	236	275	280	294	327	450	74

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	254.56	58.70	188	209	250	300	300	325	325	350	34
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	291.16	78.13	179	240	294	335	350	358	374	425	36
D3310	endodontic therapy, anterior tooth (excluding final restoration)	794.38	118.12	625	693	790	900	909	924	940	980	98
D3320	endodontic therapy, premolar tooth (excluding final restoration)	920.23	137.21	750	836	900	1,016	1,051	1,070	1,100	1,180	100
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,106.94	155.02	900	990	1,100	1,215	1,250	1,280	1,300	1,350	94
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	458.61	145.41	254	395	506	541	558	595	613	613	42
D3346	retreatment of previous root canal therapy - anterior	959.81	158.00	762	869	930	1,071	1,097	1,180	1,180	1,200	53
D3347	retreatment of previous root canal therapy - premolar	1,086.82	181.00	826	995	1,080	1,250	1,290	1,300	1,300	1,380	53
D3348	retreatment of previous root canal therapy - molar	1,325.08	248.29	990	1,188	1,313	1,475	1,500	1,580	1,580	1,597	53
D3410	apicoectomy - anterior	825.31	201.54	660	760	800	930	935	1,000	1,000	1,120	31
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	656.90	142.99	420	597	672	756	772	793	800	808	55
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	298.71	82.56	178	250	314	344	375	375	400	445	69
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	249.27	149.37	100	175	206	304	320	339	400	750	36

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D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	736.69	207.62	400	575	772	869	910	998	998	1,017	37
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	550.94	190.93	240	399	605	689	689	747	750	832	32
D4249	clinical crown lengthening – hard tissue	764.72	231.29	450	600	796	950	950	967	1,059	1,066	58
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1,209.47	273.53	980	1,022	1,200	1,449	1,449	1,468	1,482	1,640	30
D4263	bone replacement graft – retained natural tooth – first site in quadrant	570.50	136.26	443	475	546	698	718	755	784	788	31
D4321	provisional splinting - extracoronal	439.63	149.50	245	350	435	520	531	583	627	694	63
D4341	periodontal scaling and root planing - four or more teeth per quadrant	263.91	44.64	210	231	256	285	290	297	307	350	102
D4342	periodontal scaling and root planing - one to three teeth per quadrant	184.81	40.14	138	160	185	200	206	209	229	241	91
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	197.10	49.04	149	160	190	218	224	230	250	300	102
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	88.04	57.22	30	51	72	121	125	141	165	181	72
D4910	periodontal maintenance	150.64	25.31	122	130	150	164	166	167	176	186	95
D5110	complete denture - maxillary	1,748.79	351.40	1,320	1,468	1,750	1,955	2,000	2,040	2,224	2,360	117
D5120	complete denture - mandibular	1,747.94	353.12	1,320	1,468	1,750	1,950	2,000	2,040	2,224	2,360	116
D5130	immediate denture - maxillary	1,879.95	376.99	1,445	1,549	1,856	2,100	2,148	2,228	2,321	2,500	111
D5140	immediate denture - mandibular	1,878.03	375.76	1,445	1,549	1,853	2,100	2,158	2,248	2,321	2,500	110
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,426.09	349.66	935	1,218	1,443	1,615	1,696	1,762	1,900	2,000	93

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D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,436.26	354.48	935	1,218	1,440	1,683	1,750	1,770	1,900	2,000	92
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,839.56	391.34	1,400	1,506	1,800	2,065	2,166	2,224	2,360	2,500	118
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,842.46	396.43	1,400	1,500	1,800	2,065	2,173	2,224	2,360	2,500	116
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,554.54	431.25	936	1,400	1,506	1,771	1,840	1,900	1,956	2,200	34
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,563.58	443.88	800	1,400	1,506	1,777	1,900	1,930	2,048	2,200	33
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,532.73	309.97	1,116	1,297	1,543	1,750	1,800	1,815	1,900	1,950	73
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,539.45	316.75	1,075	1,300	1,543	1,781	1,805	1,866	1,900	1,950	74
D5520	replace missing or broken teeth - complete denture (each tooth)	202.63	55.35	130	161	197	236	246	250	285	300	92
D5640	replace broken teeth - per tooth	208.24	56.76	136	170	200	240	249	266	298	303	98
D5650	add tooth to existing partial denture	244.39	49.33	180	208	241	279	295	298	303	316	103
D5660	add clasp to existing partial denture - per tooth	287.38	62.07	200	245	295	326	341	349	352	372	99
D5710	rebase complete maxillary denture	607.30	150.67	440	486	600	716	726	743	779	817	73
D5711	rebase complete mandibular denture	607.56	150.83	440	486	623	721	725	743	775	850	70
D5720	rebase maxillary partial denture	578.52	139.00	390	475	560	645	671	690	725	800	69
D5721	rebase mandibular partial denture	573.89	141.43	385	475	560	638	655	690	725	800	69

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D5730	reline complete maxillary denture (chairside)	380.79	98.52	240	317	387	446	459	475	510	551	91
D5731	reline complete mandibular denture (chairside)	379.48	101.47	240	317	387	445	458	475	510	551	91
D5750	reline complete maxillary denture (laboratory)	477.24	97.57	375	400	485	560	566	571	588	610	107
D5751	reline complete mandibular denture (laboratory)	476.04	92.49	375	400	480	560	561	569	574	610	107
D5986	fluoride gel carrier	162.68	69.69	65	120	167	205	215	220	250	300	40
D6010	surgical placement of implant body: endosteal implant	2,077.50	300.70	1,800	1,800	2,000	2,348	2,374	2,379	2,425	2,450	46
D6055	connecting bar – implant supported or abutment supported	2,431.73	1,233.90	750	1,610	2,200	3,182	3,221	3,671	3,776	4,926	38
D6056	prefabricated abutment – includes modification and placement	743.98	245.33	490	580	715	848	867	900	1,000	1,158	78
D6057	custom fabricated abutment – includes placement	907.48	232.43	600	750	900	1,000	1,040	1,100	1,200	1,400	91
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,425.16	199.44	1,169	1,290	1,449	1,569	1,585	1,620	1,656	1,740	82
D6066	implant supported crown - porcelain fused to high noble alloys	1,526.10	288.56	1,200	1,350	1,500	1,650	1,711	1,800	1,802	1,834	64
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,407.21	252.91	1,010	1,200	1,419	1,595	1,610	1,616	1,681	1,825	50
D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	1,479.87	316.82	1,010	1,200	1,556	1,726	1,772	1,788	1,800	1,825	33
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	243.21	148.55	55	105	250	295	318	350	399	500	42
D6210	pontic - cast high noble metal	1,155.35	176.34	929	1,000	1,188	1,281	1,292	1,301	1,350	1,449	81

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D6240	pontic - porcelain fused to high noble metal	1,181.96	198.31	950	1,035	1,175	1,300	1,345	1,391	1,449	1,489	94
D6241	pontic - porcelain fused to predominantly base metal	1,090.74	158.69	890	975	1,082	1,197	1,207	1,281	1,300	1,400	58
D6245	pontic - porcelain/ceramic	1,186.74	191.81	970	1,050	1,188	1,266	1,320	1,360	1,449	1,500	87
D6545	retainer - cast metal for resin bonded fixed prosthesis	784.45	317.76	301	588	796	959	1,002	1,100	1,246	1,350	63
D6750	retainer crown - porcelain fused to high noble metal	1,197.54	183.27	958	1,075	1,200	1,300	1,320	1,368	1,409	1,489	87
D6751	retainer crown - porcelain fused to predominantly base metal	1,112.13	140.25	977	1,030	1,097	1,200	1,207	1,237	1,350	1,350	46
D6790	retainer crown - full cast high noble metal	1,177.69	193.82	956	1,050	1,200	1,262	1,301	1,333	1,350	1,571	75
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	567.61	275.65	232	350	510	683	697	951	951	1,200	31
D6930	re-cement or re-bond fixed partial denture	179.76	57.75	115	137	165	200	215	240	265	308	88
D7111	extraction, coronal remnants – primary tooth	139.73	39.19	90	105	140	160	164	171	196	210	83
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	188.50	35.45	145	170	190	200	210	229	239	255	114
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	299.79	47.07	237	265	300	335	342	345	350	365	99
D7220	removal of impacted tooth - soft tissue	339.14	53.69	266	300	340	390	395	398	400	410	75
D7230	removal of impacted tooth - partially bony	415.37	66.53	320	375	425	475	475	475	497	505	61
D7240	removal of impacted tooth - completely bony	511.29	97.66	400	425	510	551	585	620	635	665	45
D7250	removal of residual tooth roots (cutting procedure)	318.07	69.40	220	273	321	365	372	375	377	404	75

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D7286	incisional biopsy of oral tissue-soft	354.31	70.98	250	308	350	403	418	421	428	452	34
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	326.51	90.65	223	257	317	360	379	400	500	530	52
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	471.49	120.85	325	390	463	541	554	612	612	728	50
D7410	excision of benign lesion up to 1.25 cm	423.61	220.57	165	254	395	563	587	600	791	908	37
D7880	occlusal orthotic device, by report	981.05	307.26	500	870	1,045	1,100	1,200	1,223	1,340	1,500	33
D7910	suture of recent small wounds up to 5 cm	320.98	93.83	200	268	306	368	390	415	415	475	34
D7953	bone replacement graft for ridge preservation - per site	459.63	157.01	285	350	458	500	500	595	692	748	39
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	481.40	90.58	365	444	480	530	535	550	573	670	47
D7970	excision of hyperplastic tissue - per arch	462.94	127.31	300	380	480	555	560	572	618	618	37
D8040	limited orthodontic treatment of the adult dentition	2,982.72	907.57	1,750	2,499	3,100	3,550	3,940	3,960	4,000	4,500	38
D8080	comprehensive orthodontic treatment of the adolescent dentition	5,207.68	751.42	4,500	4,713	5,249	5,900	5,900	5,935	6,079	6,331	34
D8090	comprehensive orthodontic treatment of the adult dentition	5,332.13	581.18	4,500	4,900	5,400	5,800	5,850	5,900	6,073	6,537	49
D9110	palliative (emergency) treatment of dental pain - minor procedure	130.16	38.81	76	110	132	152	158	164	180	180	101
D9120	fixed partial denture sectioning	165.75	68.23	89	106	150	230	245	250	277	277	53
D9210	local anesthesia not in conjunction with operative or surgical procedures	71.90	37.56	36	48	73	77	86	97	100	200	32
D9215	local anesthesia in conjunction with operative or surgical procedures	38.48	26.05	0	15	36	64	65	69	70	75	39
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	66.17	26.19	25	45	75	82	89	95	97	100	59

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D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	100.49	46.67	40	68	110	146	149	150	150	158	53
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	64.34	29.33	10	50	70	82	86	92	97	99	53
D9440	office visit - after regularly scheduled hours	162.07	42.38	100	131	166	195	198	198	210	225	76
D9630	drugs or medicaments dispensed in the office for home use	32.86	23.33	12	13	30	53	53	59	59	59	31
D9910	application of desensitizing medicament	53.19	23.35	25	35	50	67	68	75	78	81	76
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	60.93	32.05	25	31	61	78	80	82	91	150	48
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	134.73	62.65	88	100	123	142	144	167	275	300	39
D9940	occlusal guard, by report	537.12	144.79	300	450	550	625	650	665	700	721	86
D9941	fabrication of athletic mouthguard	209.49	142.80	68	100	184	264	299	300	425	450	80
D9951	occlusal adjustment - limited	156.44	64.25	65	100	168	205	225	225	248	259	55
D9952	occlusal adjustment - complete	563.89	262.03	165	400	625	724	740	795	812	852	49
D9972	external bleaching - per arch - performed in office	266.16	145.13	136	175	223	342	350	361	433	673	54
D9974	internal bleaching - per tooth	286.48	81.30	182	245	286	334	373	375	392	400	55
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	242.80	128.12	109	150	215	283	297	375	485	485	57

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D0120	periodic oral evaluation - established patient	52.68	8.10	44	48	53	57	59	61	65	66	81
D0140	limited oral evaluation - problem focused	73.42	13.51	53	68	75	82	82	85	91	93	80
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	61.02	14.73	42	48	61	73	76	77	79	85	55
D0150	comprehensive oral evaluation - new or established patient	85.66	13.96	70	75	86	96	98	102	103	105	78
D0160	detailed and extensive oral evaluation - problem focused, by report	144.56	68.77	70	90	155	172	180	187	219	338	48
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	58.88	21.72	38	49	63	73	75	78	79	81	53
D0180	comprehensive periodontal evaluation - new or established patient	96.84	25.07	75	80	94	107	113	118	120	147	49
D0210	intraoral - complete series of radiographic images	140.25	19.78	120	125	140	151	155	160	175	180	74
D0220	intraoral - periapical first radiographic image	31.38	4.84	25	29	31	35	35	36	38	40	81
D0230	intraoral - periapical each additional radiographic image	26.64	5.51	20	24	27	30	30	33	33	35	80
D0272	bitewings - two radiographic images	47.51	6.91	37	43	48	52	53	54	56	60	76
D0273	bitewings - three radiographic images	57.39	7.60	47	53	58	61	63	67	68	70	50
D0274	bitewings - four radiographic images	66.40	8.49	55	60	67	72	74	75	77	80	78
D0277	vertical bitewings - 7 to 8 radiographic images	93.75	18.97	68	75	90	110	112	114	121	121	44
D0330	panoramic radiographic image	121.90	18.02	104	110	122	133	135	137	145	160	71
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	58.89	30.71	0	39	63	79	79	85	93	121	30
D0470	diagnostic casts	118.58	56.47	70	88	106	131	132	140	155	276	54
D1110	prophylaxis - adult	92.30	13.63	76	82	95	102	102	103	107	113	82
D1120	prophylaxis - child	67.35	10.97	56	60	69	75	75	76	78	85	82

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D1206	topical application of fluoride varnish	39.41	8.55	28	32	41	45	45	47	50	55	67
D1208	topical application of fluoride – excluding varnish	38.32	8.22	28	33	38	43	45	45	46	55	48
D1330	oral hygiene instructions	34.03	24.89	0	0	39	57	58	61	62	65	49
D1351	sealant - per tooth	54.16	8.02	42	47	55	60	61	62	63	64	73
D1510	space maintainer - fixed, unilateral – per quadrant	319.80	47.94	263	271	324	343	360	372	387	415	59
D1515	space maintainer - fixed, bilateral	436.43	54.69	369	400	434	483	483	494	506	518	42
D2140	amalgam - one surface, primary or permanent	144.77	23.83	110	130	150	160	162	164	170	186	67
D2150	amalgam - two surfaces, primary or permanent	184.22	29.71	149	166	190	201	204	205	216	250	63
D2160	amalgam - three surfaces, primary or permanent	220.31	39.47	165	190	230	245	248	254	255	302	63
D2161	amalgam - four or more surfaces, primary or permanent	256.62	41.83	199	228	268	287	288	290	294	310	63
D2330	resin-based composite - one surface, anterior	164.77	23.18	131	150	165	181	185	187	190	199	78
D2331	resin-based composite - two surfaces, anterior	205.83	30.55	165	185	210	228	230	233	240	251	76
D2332	resin-based composite - three surfaces, anterior	251.76	39.44	190	225	258	277	284	290	295	306	75
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	303.65	54.08	225	260	310	343	348	360	375	382	77
D2390	resin-based composite crown, anterior	470.56	142.05	313	370	491	515	523	525	581	824	40
D2391	resin-based composite - one surface, posterior	180.02	25.34	146	160	185	199	203	205	214	218	75
D2392	resin-based composite - two surfaces, posterior	233.54	37.59	180	205	238	260	265	269	270	295	74
D2393	resin-based composite - three surfaces, posterior	284.71	48.51	215	240	289	319	326	334	334	364	74

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2394	resin-based composite - four or more surfaces, posterior	336.90	60.03	250	287	349	390	394	395	410	433	74
D2520	inlay - metallic - two surfaces	900.70	211.77	602	755	850	1,053	1,100	1,170	1,187	1,236	30
D2620	inlay - porcelain/ceramic - two surfaces	949.19	200.92	650	755	1,028	1,100	1,149	1,200	1,210	1,236	33
D2643	onlay - porcelain/ceramic - three surfaces	1,038.12	179.37	820	872	1,050	1,178	1,207	1,240	1,279	1,313	32
D2644	onlay - porcelain/ceramic - four or more surfaces	1,084.66	175.50	865	925	1,100	1,200	1,253	1,290	1,322	1,365	30
D2740	crown - porcelain/ceramic	1,138.30	142.09	950	995	1,150	1,260	1,262	1,290	1,314	1,358	75
D2750	crown - porcelain fused to high noble metal	1,149.02	146.70	950	1,000	1,176	1,260	1,270	1,299	1,314	1,358	67
D2751	crown - porcelain fused to predominantly base metal	1,068.59	133.45	940	960	1,057	1,175	1,179	1,200	1,203	1,310	52
D2752	crown - porcelain fused to noble metal	1,109.84	145.40	950	975	1,105	1,203	1,214	1,240	1,300	1,340	60
D2780	crown - 3/4 cast high noble metal	1,150.10	178.21	880	1,050	1,150	1,290	1,290	1,314	1,404	1,448	32
D2783	crown - 3/4 porcelain/ceramic	1,161.04	154.35	950	1,062	1,178	1,270	1,314	1,322	1,333	1,427	31
D2790	crown - full cast high noble metal	1,197.57	161.61	995	1,050	1,249	1,309	1,323	1,350	1,398	1,448	64
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	370.11	139.11	152	276	422	486	489	490	500	501	48
D2920	re-cement or re-bond crown	108.76	23.26	75	90	115	125	127	129	131	132	72
D2930	prefabricated stainless steel crown - primary tooth	278.13	47.83	220	245	275	305	316	325	350	361	64
D2931	prefabricated stainless steel crown - permanent tooth	336.22	57.04	250	299	350	382	384	395	407	413	60
D2940	protective restoration	120.08	29.76	78	103	122	135	139	147	150	180	56
D2950	core buildup, including any pins when required	270.67	41.57	221	239	275	298	310	315	320	342	75
D2952	post and core in addition to crown, indirectly fabricated	379.37	74.83	275	315	377	447	452	461	464	474	56
D2954	prefabricated post and core in addition to crown	335.08	62.51	250	290	340	366	369	387	407	456	68

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2961	labial veneer (resin laminate) - laboratory	1,054.68	192.13	840	974	1,023	1,200	1,250	1,272	1,272	1,300	31
D2962	labial veneer (porcelain laminate) - laboratory	1,164.80	151.21	950	1,050	1,179	1,272	1,290	1,300	1,340	1,420	62
D2980	crown repair necessitated by restorative material failure	285.87	65.47	175	250	300	318	319	320	360	400	34
D3110	pulp cap - direct (excluding final restoration)	87.77	24.12	55	75	88	98	100	100	115	145	55
D3120	pulp cap - indirect (excluding final restoration)	83.74	23.77	55	68	80	93	95	115	120	135	51
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	190.18	52.20	125	155	198	218	221	227	237	251	71
D3221	pulpal debridement, primary and permanent teeth	225.99	81.64	135	188	221	252	265	285	361	370	52
D3310	endodontic therapy, anterior tooth (excluding final restoration)	771.54	111.23	605	672	800	850	860	875	897	929	72
D3320	endodontic therapy, premolar tooth (excluding final restoration)	876.16	132.84	703	750	916	975	984	1,000	1,011	1,056	73
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,070.80	153.84	895	950	1,112	1,175	1,180	1,202	1,225	1,335	71
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	341.40	144.30	170	275	305	480	494	506	540	540	33
D3346	retreatment of previous root canal therapy - anterior	864.18	132.51	700	750	898	975	976	993	1,027	1,082	43
D3347	retreatment of previous root canal therapy - premolar	991.96	130.56	800	872	1,000	1,114	1,131	1,131	1,159	1,173	42
D3348	retreatment of previous root canal therapy - molar	1,192.64	159.49	990	1,050	1,200	1,318	1,319	1,351	1,351	1,402	43
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	612.78	215.13	350	450	624	691	722	742	850	1,072	42

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D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	266.90	64.34	191	213	258	315	345	348	360	361	47
D4249	clinical crown lengthening – hard tissue	707.59	203.26	357	574	735	849	850	875	905	1,133	33
D4321	provisional splinting - extracoronal	416.44	154.10	250	305	421	500	517	541	550	638	39
D4341	periodontal scaling and root planing - four or more teeth per quadrant	276.69	37.28	225	246	280	296	300	324	335	340	75
D4342	periodontal scaling and root planing - one to three teeth per quadrant	190.31	35.07	145	165	195	210	213	220	230	242	66
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	196.24	38.42	140	175	195	222	226	240	250	253	70
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	77.21	41.38	40	48	62	98	103	125	142	149	52
D4910	periodontal maintenance	145.79	23.13	115	126	149	160	165	168	175	190	69
D5110	complete denture - maxillary	1,697.59	320.06	1,250	1,400	1,741	1,952	2,000	2,033	2,086	2,210	76
D5120	complete denture - mandibular	1,695.35	321.51	1,250	1,411	1,741	1,952	1,984	2,020	2,086	2,210	77
D5130	immediate denture - maxillary	1,827.94	331.29	1,380	1,500	1,900	2,050	2,058	2,104	2,250	2,308	72
D5140	immediate denture - mandibular	1,831.73	328.32	1,400	1,500	1,900	2,050	2,069	2,104	2,250	2,308	72
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,403.34	356.85	845	1,206	1,442	1,700	1,700	1,744	1,828	2,045	63
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,415.07	367.95	870	1,190	1,442	1,700	1,719	1,750	1,876	2,070	64
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,772.59	324.61	1,335	1,500	1,800	2,070	2,098	2,110	2,183	2,250	75

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D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,778.25	322.72	1,335	1,500	1,828	2,060	2,090	2,111	2,183	2,250	76
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,488.46	399.63	984	1,075	1,472	1,719	1,828	1,983	2,015	2,136	51
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,476.56	397.53	950	1,102	1,472	1,719	1,822	1,943	2,015	2,136	52
D5520	replace missing or broken teeth - complete denture (each tooth)	197.80	55.35	139	150	199	225	232	240	250	286	65
D5640	replace broken teeth - per tooth	201.47	56.20	130	160	202	232	250	256	260	282	65
D5650	add tooth to existing partial denture	236.09	53.16	180	195	233	275	277	282	292	322	68
D5660	add clasp to existing partial denture - per tooth	261.83	68.94	180	210	262	294	298	329	343	397	68
D5710	rebase complete maxillary denture	591.06	137.04	395	517	596	670	709	715	748	773	44
D5711	rebase complete mandibular denture	591.02	137.12	395	517	596	670	709	715	748	773	44
D5720	rebase maxillary partial denture	558.06	150.41	375	430	546	645	671	674	735	798	42
D5721	rebase mandibular partial denture	558.17	150.45	375	430	546	645	671	674	735	798	42
D5730	reline complete maxillary denture (chairside)	345.43	110.16	201	305	363	401	412	417	480	505	62
D5731	reline complete mandibular denture (chairside)	345.05	110.08	201	305	363	401	412	417	480	505	62
D5750	reline complete maxillary denture (laboratory)	470.32	105.30	320	395	483	553	567	575	597	618	78
D5751	reline complete mandibular denture (laboratory)	471.69	103.90	320	396	483	553	567	575	597	618	76
D5986	fluoride gel carrier	144.75	56.34	60	92	156	189	202	208	219	225	34
D6010	surgical placement of implant body: endosteal implant	1,975.53	306.63	1,545	1,771	1,925	2,200	2,263	2,361	2,365	2,457	30
D6056	prefabricated abutment – includes modification and placement	733.57	209.97	455	550	750	850	857	1,000	1,030	1,088	48

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D6057	custom fabricated abutment – includes placement	832.28	214.54	566	690	850	977	1,000	1,084	1,115	1,164	61
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,345.58	204.11	1,082	1,200	1,350	1,470	1,506	1,525	1,597	1,650	56
D6066	implant supported crown - porcelain fused to high noble alloys	1,429.30	311.84	1,010	1,236	1,400	1,623	1,630	1,750	1,803	1,900	46
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,360.35	227.51	1,050	1,241	1,334	1,589	1,596	1,597	1,623	1,676	34
D6210	pontic - cast high noble metal	1,134.04	167.43	949	995	1,160	1,272	1,290	1,320	1,338	1,380	56
D6240	pontic - porcelain fused to high noble metal	1,142.60	136.02	950	1,041	1,160	1,236	1,250	1,277	1,320	1,350	59
D6241	pontic - porcelain fused to predominantly base metal	1,050.82	129.98	850	960	1,071	1,149	1,164	1,178	1,186	1,200	45
D6245	pontic - porcelain/ceramic	1,121.53	144.49	950	989	1,150	1,212	1,246	1,270	1,310	1,358	64
D6545	retainer - cast metal for resin bonded fixed prosthesis	653.13	276.13	387	413	610	890	900	919	959	1,149	40
D6750	retainer crown - porcelain fused to high noble metal	1,163.23	145.29	950	1,010	1,186	1,260	1,270	1,298	1,322	1,358	53
D6751	retainer crown - porcelain fused to predominantly base metal	1,062.09	126.00	883	948	1,090	1,178	1,179	1,186	1,200	1,200	38
D6790	retainer crown - full cast high noble metal	1,170.82	161.45	935	1,050	1,200	1,285	1,298	1,320	1,350	1,427	53
D6930	re-cement or re-bond fixed partial denture extraction, coronal remnants – primary tooth	164.23	38.45	110	136	171	187	193	200	213	220	66
D7111	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	127.30	27.16	91	101	125	150	155	157	160	169	66
D7140	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	175.94	30.14	138	150	180	200	204	210	214	221	79
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	275.17	48.51	200	244	287	312	317	325	330	350	71

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7220	removal of impacted tooth - soft tissue	326.44	54.07	250	296	328	364	374	380	386	443	53
D7230	removal of impacted tooth - partially bony	404.52	60.31	330	351	405	435	443	468	480	530	45
D7240	removal of impacted tooth - completely bony	480.67	72.27	385	414	492	535	543	556	580	600	42
D7250	removal of residual tooth roots (cutting procedure)	289.62	50.01	215	250	300	326	332	343	351	360	54
D7286	incisional biopsy of oral tissue-soft	351.79	78.98	253	295	359	383	385	402	441	441	33
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	286.91	56.14	198	250	290	330	334	345	350	365	45
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	380.72	96.77	244	280	385	475	480	494	505	506	37
D7410	excision of benign lesion up to 1.25 cm	371.18	196.62	120	256	338	452	485	488	518	990	35
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	405.10	88.65	291	336	413	459	484	485	510	585	38
D7970	excision of hyperplastic tissue - per arch	424.19	151.23	246	277	409	548	560	567	585	691	31
D9110	palliative (emergency) treatment of dental pain - minor procedure	122.40	33.91	70	98	130	147	148	150	160	170	65
D9120	fixed partial denture sectioning	170.77	65.42	87	118	175	230	243	249	257	264	41
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	69.42	20.59	40	65	75	83	84	86	87	91	50
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	112.57	57.99	32	75	105	149	170	170	180	219	44
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	63.89	26.43	35	50	70	80	85	87	96	100	38
D9440	office visit - after regularly scheduled hours	158.21	48.75	90	108	160	189	201	208	226	232	54

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D9630	drugs or medicaments dispensed in the office for home use	26.05	18.46	3	15	27	40	42	47	50	55	35
D9910	application of desensitizing medicament	49.70	21.41	30	34	45	60	62	65	77	81	50
D9940	occlusal guard, by report	486.97	127.76	275	416	500	596	613	628	639	680	49
D9941	fabrication of athletic mouthguard	169.47	83.63	66	105	144	251	275	276	281	320	49
D9951	occlusal adjustment - limited	133.32	56.74	57	89	136	180	183	195	211	240	47
D9952	occlusal adjustment - complete	547.47	223.69	247	346	553	704	713	716	790	820	35
D9972	external bleaching - per arch - performed in office	279.99	151.25	138	194	225	332	340	347	479	644	31
D9974	internal bleaching - per tooth	243.95	83.03	150	175	200	312	315	337	358	375	40
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	217.07	101.43	115	150	201	270	300	317	328	328	49

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	57.51	13.52	40	49	57	67	69	72	74	81	117
D0140	limited oral evaluation - problem focused	80.81	21.09	55	68	77	93	97	100	115	118	116
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	68.28	22.10	41	49	70	80	83	98	103	110	72
D0150	comprehensive oral evaluation - new or established patient	93.59	26.48	60	80	89	106	118	125	130	137	117
D0160	detailed and extensive oral evaluation - problem focused, by report	128.10	60.43	50	80	140	166	170	186	198	240	78
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	65.57	26.38	35	60	71	80	84	85	94	100	83
D0171	re-evaluation – post-operative office visit	32.39	35.99	0	0	1	70	75	80	81	92	56
D0180	comprehensive periodontal evaluation - new or established patient	103.15	27.20	73	83	100	120	125	132	142	150	84
D0210	intraoral - complete series of radiographic images	150.47	28.86	113	132	149	168	171	175	185	190	112
D0220	intraoral - periapical first radiographic image	32.29	7.38	23	28	32	36	37	39	43	46	117
D0230	intraoral - periapical each additional radiographic image	26.84	7.60	18	22	26	31	32	35	38	40	115
D0272	bitewings - two radiographic images	49.81	11.00	37	43	48	56	58	63	65	72	108
D0273	bitewings - three radiographic images	62.40	11.61	47	55	62	70	73	76	77	78	78
D0274	bitewings - four radiographic images	72.58	15.04	50	64	72	80	85	88	92	95	113
D0277	vertical bitewings - 7 to 8 radiographic images	103.07	17.16	85	95	101	110	115	118	133	140	64
D0330	panoramic radiographic image	128.75	23.70	100	110	126	145	152	159	161	168	96
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	57.30	39.10	0	20	66	85	95	99	112	118	46

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D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	61.17	28.45	28	36	70	75	76	95	95	100	30
D0470	diagnostic casts	117.78	42.76	72	89	109	148	150	150	170	200	88
D1110	prophylaxis - adult	102.38	20.55	77	85	100	117	121	128	130	138	120
D1120	prophylaxis - child	75.70	14.00	58	65	74	84	89	90	94	103	118
D1206	topical application of fluoride varnish	43.08	13.23	27	34	42	52	55	58	60	64	101
D1208	topical application of fluoride – excluding varnish	39.24	9.73	26	32	39	45	49	51	54	55	87
D1320	tobacco counseling for the control and prevention of oral disease	43.28	40.96	0	0	35	85	85	89	99	103	44
D1330	oral hygiene instructions	37.04	31.87	0	0	40	60	60	66	83	95	61
D1351	sealant - per tooth	59.27	11.54	44	51	58	67	70	71	77	80	107
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	115.60	42.66	60	84	112	147	168	175	175	184	49
D1510	space maintainer - fixed, unilateral – per quadrant	326.26	66.15	260	282	309	364	372	379	414	450	67
D1515	space maintainer - fixed, bilateral	448.94	100.34	330	372	440	511	536	553	567	643	53
D2140	amalgam - one surface, primary or permanent	147.36	28.29	104	128	149	168	172	179	182	197	76
D2150	amalgam - two surfaces, primary or permanent	182.47	36.57	134	162	180	207	211	220	227	252	75
D2160	amalgam - three surfaces, primary or permanent	218.50	44.21	155	195	216	247	252	260	278	309	74
D2161	amalgam - four or more surfaces, primary or permanent	258.04	55.47	184	220	253	282	298	320	332	371	74
D2330	resin-based composite - one surface, anterior	181.04	39.97	130	160	175	198	204	223	231	246	115

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D2331	resin-based composite - two surfaces, anterior	217.70	47.27	156	190	210	246	251	264	281	294	116
D2332	resin-based composite - three surfaces, anterior	260.44	56.37	183	230	254	292	304	318	340	359	116
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	322.45	73.78	225	271	315	365	372	390	421	445	114
D2390	resin-based composite crown, anterior	491.09	187.72	275	380	450	598	661	688	700	1,033	54
D2391	resin-based composite - one surface, posterior	200.29	41.08	151	175	193	220	228	250	255	272	113
D2392	resin-based composite - two surfaces, posterior	252.78	53.31	188	215	247	280	302	314	325	340	113
D2393	resin-based composite - three surfaces, posterior	305.17	62.58	219	263	300	349	360	372	390	404	113
D2394	resin-based composite - four or more surfaces, posterior	356.58	75.89	242	308	357	408	414	452	460	476	108
D2520	inlay - metallic - two surfaces	1,027.24	319.10	576	750	1,017	1,339	1,418	1,418	1,430	1,430	42
D2543	onlay - metallic - three surfaces	1,141.74	303.62	774	925	1,148	1,298	1,418	1,442	1,530	1,690	43
D2620	inlay - porcelain/ceramic - two surfaces	1,084.44	269.11	800	912	1,064	1,250	1,339	1,418	1,418	1,565	62
D2642	onlay - porcelain/ceramic - two surfaces	1,150.13	244.87	888	986	1,080	1,254	1,375	1,418	1,430	1,620	57
D2643	onlay - porcelain/ceramic - three surfaces	1,188.26	235.78	950	1,009	1,155	1,298	1,380	1,414	1,430	1,750	60
D2644	onlay - porcelain/ceramic - four or more surfaces	1,238.89	262.18	966	1,041	1,180	1,418	1,458	1,486	1,521	1,860	62
D2651	inlay - resin-based composite - two surfaces	968.05	230.07	700	860	900	1,100	1,165	1,165	1,339	1,430	37
D2662	onlay - resin-based composite - two surfaces	989.88	213.09	695	848	940	1,100	1,113	1,200	1,339	1,339	36
D2663	onlay - resin-based composite - three surfaces	1,048.25	207.11	806	900	1,052	1,190	1,250	1,254	1,339	1,360	35
D2664	onlay - resin-based composite - four or more surfaces	1,118.41	215.52	886	940	1,108	1,340	1,340	1,377	1,380	1,423	37

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2710	crown - resin-based composite (indirect)	906.56	362.81	450	664	909	1,160	1,344	1,398	1,401	1,500	44
D2740	crown - porcelain/ceramic	1,296.08	236.12	1,000	1,120	1,272	1,400	1,506	1,545	1,595	1,695	111
D2750	crown - porcelain fused to high noble metal	1,295.78	247.56	980	1,115	1,250	1,450	1,513	1,536	1,607	1,850	102
D2751	crown - porcelain fused to predominantly base metal	1,210.12	240.11	885	1,023	1,175	1,367	1,390	1,430	1,560	1,600	64
D2752	crown - porcelain fused to noble metal	1,229.84	233.63	932	1,079	1,200	1,380	1,400	1,447	1,482	1,638	83
D2780	crown - 3/4 cast high noble metal	1,259.52	220.82	975	1,079	1,236	1,418	1,482	1,482	1,590	1,605	44
D2783	crown - 3/4 porcelain/ceramic	1,273.71	218.45	998	1,100	1,233	1,418	1,470	1,545	1,650	1,650	47
D2790	crown - full cast high noble metal	1,325.69	259.12	1,000	1,155	1,300	1,450	1,500	1,560	1,610	1,810	94
D2799	provisional crown– further treatment or completion of diagnosis necessary prior to final impression	402.25	148.51	200	300	400	500	514	564	625	650	86
D2920	re-cement or re-bond crown	116.39	29.65	80	95	110	134	136	149	155	168	114
D2930	prefabricated stainless steel crown - primary tooth	302.64	55.61	246	258	299	337	350	355	375	400	61
D2931	prefabricated stainless steel crown - permanent tooth	358.23	77.86	255	300	355	397	400	407	467	470	51
D2940	protective restoration	130.20	32.71	86	107	134	147	156	160	176	179	82
D2950	core buildup, including any pins when required	300.41	68.49	216	254	293	340	349	381	400	436	112
D2952	post and core in addition to crown, indirectly fabricated	428.82	101.67	300	352	433	492	500	514	546	575	82
D2954	prefabricated post and core in addition to crown	365.56	80.75	278	300	350	412	430	440	486	525	107
D2961	labial veneer (resin laminate) - laboratory	1,058.62	298.05	667	840	1,080	1,238	1,415	1,428	1,500	1,545	53
D2962	labial veneer (porcelain laminate) - laboratory	1,278.36	256.43	950	1,100	1,258	1,401	1,482	1,525	1,582	1,700	101
D2980	crown repair necessitated by restorative material failure	286.74	67.73	206	238	276	326	341	350	371	394	64
D3110	pulp cap - direct (excluding final restoration)	83.32	23.45	50	64	85	96	102	110	115	120	84

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D3120	pulp cap - indirect (excluding final restoration)	80.13	22.75	50	64	83	95	100	103	110	118	82
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	225.06	59.63	143	188	215	255	286	296	315	315	83
D3221	pulpal debridement, primary and permanent teeth	240.99	82.76	127	187	239	303	325	335	375	395	73
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	289.24	57.28	225	237	290	336	336	360	363	398	37
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	324.00	65.76	225	264	329	360	375	375	419	425	37
D3310	endodontic therapy, anterior tooth (excluding final restoration)	856.28	190.64	639	750	819	969	998	1,030	1,055	1,272	99
D3320	endodontic therapy, premolar tooth (excluding final restoration)	986.16	205.07	750	850	945	1,095	1,150	1,195	1,255	1,400	94
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,184.25	255.26	890	982	1,132	1,300	1,400	1,450	1,485	1,705	90
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	437.12	199.53	187	364	434	540	604	607	680	735	45
D3346	retreatment of previous root canal therapy - anterior	959.88	215.16	680	832	922	1,068	1,122	1,183	1,305	1,465	51
D3347	retreatment of previous root canal therapy - premolar	1,122.30	267.42	780	950	1,071	1,276	1,345	1,351	1,535	1,775	51
D3348	retreatment of previous root canal therapy - molar	1,337.57	337.23	900	1,100	1,324	1,500	1,525	1,585	1,900	2,140	46
D3410	apicoectomy - anterior	818.25	206.96	600	674	756	900	1,030	1,030	1,140	1,200	35
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	628.05	174.67	418	487	631	744	755	800	862	915	67

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D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	311.21	99.56	201	255	304	351	363	400	435	470	78
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	240.33	107.62	101	150	250	322	322	348	371	438	48
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	799.04	249.60	518	650	822	900	901	950	1,076	1,098	47
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	599.05	192.10	345	475	612	695	750	750	876	905	42
D4249	clinical crown lengthening – hard tissue	811.64	225.68	517	678	775	951	1,007	1,040	1,085	1,179	64
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1,204.81	316.35	800	956	1,228	1,402	1,418	1,564	1,580	1,705	45
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	930.52	321.03	437	700	928	1,075	1,162	1,236	1,350	1,418	40
D4263	bone replacement graft – retained natural tooth – first site in quadrant	644.16	181.55	385	590	630	719	786	791	927	950	46
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	516.12	154.91	300	430	516	599	635	635	718	798	40
D4266	guided tissue regeneration - resorbable barrier, per site	591.00	260.12	200	400	610	812	849	895	901	1,030	43
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	760.47	302.69	200	600	765	950	1,032	1,054	1,082	1,096	31
D4321	provisional splinting - extracoronal	470.92	131.85	328	385	495	527	533	586	620	660	72

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4341	periodontal scaling and root planing - four or more teeth per quadrant	273.73	51.62	215	236	265	304	315	325	335	359	107
D4342	periodontal scaling and root planing - one to three teeth per quadrant	194.58	45.57	142	170	190	219	225	234	250	271	99
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	186.51	38.88	134	150	186	205	217	220	225	255	103
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	99.49	62.91	40	50	76	131	150	155	193	259	88
D4910	periodontal maintenance	148.24	28.98	110	131	145	162	171	175	192	195	98
D5110	complete denture - maxillary	1,785.37	487.90	1,200	1,459	1,703	2,055	2,130	2,342	2,482	2,744	111
D5120	complete denture - mandibular	1,789.94	490.04	1,200	1,444	1,703	2,055	2,130	2,342	2,467	2,717	111
D5130	immediate denture - maxillary	1,878.29	470.45	1,241	1,600	1,803	2,136	2,238	2,304	2,489	2,704	105
D5140	immediate denture - mandibular	1,876.07	476.62	1,241	1,594	1,803	2,136	2,238	2,304	2,504	2,744	105
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,347.60	430.32	830	1,030	1,270	1,585	1,700	1,854	2,050	2,160	98
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,382.26	431.01	850	1,053	1,331	1,600	1,766	1,852	2,023	2,160	99
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,832.06	405.71	1,387	1,500	1,800	2,080	2,160	2,201	2,416	2,544	108
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,833.71	406.58	1,387	1,500	1,800	2,085	2,160	2,208	2,416	2,544	107
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,370.22	475.40	775	900	1,371	1,730	1,800	2,069	2,136	2,150	42

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D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,420.01	500.41	775	900	1,458	1,981	2,010	2,097	2,136	2,150	44
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,806.82	442.18	1,190	1,518	1,800	2,150	2,260	2,260	2,416	2,416	32
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,825.96	440.53	1,190	1,518	1,850	2,200	2,260	2,260	2,419	2,419	33
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,585.10	363.56	1,092	1,391	1,550	1,771	1,950	1,995	2,136	2,209	74
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,568.90	355.27	1,092	1,391	1,528	1,756	1,896	1,981	2,081	2,205	75
D5520	replace missing or broken teeth - complete denture (each tooth)	201.36	56.37	125	165	197	240	250	260	271	318	91
D5640	replace broken teeth - per tooth	212.58	59.94	140	170	204	248	250	275	295	300	96
D5650	add tooth to existing partial denture	245.34	74.41	158	195	241	287	301	322	340	372	99
D5660	add clasp to existing partial denture - per tooth	279.10	69.19	202	229	275	320	325	350	363	394	90
D5710	rebase complete maxillary denture	612.61	187.45	400	500	573	700	735	765	824	957	68
D5711	rebase complete mandibular denture	608.11	186.54	413	475	573	700	726	735	824	957	70
D5720	rebase maxillary partial denture	593.29	196.44	395	450	556	690	725	735	770	957	64
D5721	rebase mandibular partial denture	588.74	195.57	395	460	556	685	725	735	763	957	64
D5730	reline complete maxillary denture (chairside)	364.64	103.95	225	283	375	430	444	462	499	529	91
D5731	reline complete mandibular denture (chairside)	365.20	103.93	225	298	375	430	444	475	499	518	90
D5750	reline complete maxillary denture (laboratory)	476.17	125.72	330	411	450	562	586	614	641	680	101

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D5751	reline complete mandibular denture (laboratory)	477.22	127.52	330	411	450	562	586	620	644	680	101
D5986	fluoride gel carrier	167.48	77.35	50	100	170	227	233	233	284	288	48
D6010	surgical placement of implant body: endosteal implant	2,046.29	446.25	1,500	1,800	2,000	2,293	2,323	2,517	2,641	3,130	54
D6055	connecting bar – implant supported or abutment supported	2,686.97	1,212.64	850	1,800	2,900	3,423	3,641	3,900	4,438	4,438	47
D6056	prefabricated abutment – includes modification and placement	744.86	235.56	470	550	770	862	900	915	1,002	1,204	74
D6057	custom fabricated abutment – includes placement	915.86	258.13	600	748	890	1,040	1,100	1,150	1,236	1,465	96
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,488.22	326.88	1,100	1,208	1,395	1,666	1,800	1,876	1,980	2,145	93
D6066	implant supported crown - porcelain fused to high noble alloys	1,582.55	359.74	1,115	1,329	1,517	1,805	1,900	2,035	2,060	2,145	82
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,513.19	306.88	1,100	1,260	1,512	1,737	1,780	1,835	1,876	2,055	75
D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	1,611.76	393.60	1,000	1,310	1,600	1,950	1,957	1,986	2,076	2,346	55
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	232.89	130.09	82	140	243	333	350	371	412	444	65
D6104	bone graft at time of implant placement	571.33	210.46	350	399	542	646	738	800	979	979	30
D6210	pontic - cast high noble metal	1,243.24	269.57	950	1,038	1,195	1,450	1,488	1,518	1,540	1,850	86
D6240	pontic - porcelain fused to high noble metal	1,263.66	250.01	980	1,062	1,225	1,430	1,503	1,520	1,580	1,789	97
D6241	pontic - porcelain fused to predominantly base metal	1,176.48	239.46	900	980	1,131	1,350	1,380	1,400	1,468	1,663	64
D6245	pontic - porcelain/ceramic	1,265.84	241.90	1,000	1,095	1,250	1,375	1,505	1,545	1,580	1,624	105

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D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	623.61	309.52	200	390	620	848	867	925	1,032	1,082	50
D6545	retainer - cast metal for resin bonded fixed prosthesis	788.28	308.55	383	520	777	971	1,125	1,207	1,211	1,250	57
D6750	retainer crown - porcelain fused to high noble metal	1,269.15	245.19	952	1,115	1,250	1,385	1,460	1,518	1,547	1,785	86
D6751	retainer crown - porcelain fused to predominantly base metal	1,180.25	258.34	874	968	1,138	1,350	1,368	1,430	1,495	1,624	56
D6790	retainer crown - full cast high noble metal	1,280.39	245.25	980	1,100	1,260	1,449	1,518	1,522	1,550	1,748	71
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	571.30	250.57	325	400	545	650	876	921	954	1,007	44
D6930	re-cement or re-bond fixed partial denture	175.87	48.73	120	138	172	210	212	225	248	250	98
D7111	extraction, coronal remnants – primary tooth	141.34	38.24	95	112	140	165	170	181	185	200	90
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	201.75	59.83	134	160	193	230	240	265	275	316	114
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	304.11	61.04	225	257	302	335	350	370	377	390	106
D7220	removal of impacted tooth - soft tissue	349.26	71.54	266	300	332	405	414	425	444	475	81
D7230	removal of impacted tooth - partially bony	436.79	87.67	336	365	423	495	507	554	561	610	69
D7240	removal of impacted tooth - completely bony	526.62	107.26	404	443	519	600	625	654	670	715	62
D7250	removal of residual tooth roots (cutting procedure)	305.09	77.13	200	242	300	359	377	390	417	444	80
D7286	incisional biopsy of oral tissue-soft	363.07	97.02	268	295	344	431	471	490	493	510	56

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D7288	brush biopsy - transepithelial sample collection	211.87	53.09	145	189	210	232	271	271	286	321	30
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	311.55	89.32	200	245	302	370	400	400	429	462	68
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	438.03	138.29	245	366	430	520	541	600	636	735	63
D7410	excision of benign lesion up to 1.25 cm	479.34	241.81	250	321	434	550	639	666	807	1,100	52
D7880	occlusal orthotic device, by report	869.99	379.31	465	566	747	1,140	1,295	1,305	1,461	1,545	50
D7910	suture of recent small wounds up to 5 cm	329.30	137.55	158	252	310	375	434	434	556	600	35
D7953	bone replacement graft for ridge preservation - per site	586.11	261.44	325	354	500	735	763	950	1,000	1,030	50
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	445.79	110.64	320	358	437	518	590	595	607	625	54
D7970	excision of hyperplastic tissue - per arch	534.89	211.38	276	351	510	706	723	800	800	866	41
D8040	limited orthodontic treatment of the adult dentition	3,781.71	780.74	2,900	3,300	3,500	4,024	4,738	4,738	5,000	5,202	34
D8090	comprehensive orthodontic treatment of the adult dentition	5,551.36	670.26	4,800	5,000	5,500	5,998	6,300	6,500	6,500	6,541	49
D9110	palliative (emergency) treatment of dental pain - minor procedure	126.58	37.18	75	105	130	142	155	163	175	187	103
D9120	fixed partial denture sectioning	209.19	74.65	79	150	235	263	270	276	300	309	78
D9210	local anesthesia not in conjunction with operative or surgical procedures	70.52	29.58	30	50	76	85	94	101	113	114	50
D9215	local anesthesia in conjunction with operative or surgical procedures	40.66	36.72	0	0	53	70	75	83	92	93	53
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	87.72	37.53	45	65	84	115	123	125	145	153	74

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Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	119.66	50.86	50	87	110	156	175	185	186	206	59
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	58.92	40.88	0	0	72	83	91	103	117	118	56
D9440	office visit - after regularly scheduled hours	169.05	52.87	100	137	160	200	218	225	249	261	79
D9610	therapeutic parenteral drug, single administration	70.14	49.58	0	27	78	106	111	119	149	154	32
D9630	drugs or medicaments dispensed in the office for home use	35.21	25.33	0	16	35	49	65	65	72	75	49
D9910	application of desensitizing medicament	60.46	24.96	33	41	59	75	79	80	88	100	77
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	70.52	39.50	0	46	72	93	100	113	115	129	59
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	135.12	46.34	69	105	138	150	175	177	185	213	37
D9940	occlusal guard, by report	594.63	198.22	350	454	581	714	725	786	836	913	99
D9941	fabrication of athletic mouthguard	279.21	143.09	142	186	240	344	412	450	540	581	72
D9951	occlusal adjustment - limited	150.95	62.99	50	104	150	196	198	209	226	278	80
D9952	occlusal adjustment - complete	566.16	258.38	241	347	590	743	795	825	879	996	73
D9972	external bleaching - per arch - performed in office	324.64	154.97	168	220	276	450	480	499	541	590	67
D9974	internal bleaching - per tooth	302.86	91.90	195	250	295	345	365	365	402	500	68
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	287.31	149.81	125	180	250	380	410	437	500	625	74

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(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	44.01	9.37	30	38	45	51	52	54	55	57	92
D0140	limited oral evaluation - problem focused	64.18	14.52	45	55	65	74	76	79	82	88	88
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	55.60	15.28	37	42	50	68	70	75	77	80	55
D0150	comprehensive oral evaluation - new or established patient	70.92	16.22	50	60	72	82	86	87	90	96	91
D0160	detailed and extensive oral evaluation - problem focused, by report	103.52	45.25	50	75	100	146	154	155	157	162	62
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	48.82	21.81	0	40	50	66	69	74	76	77	60
D0171	re-evaluation – post-operative office visit	21.64	28.13	0	0	0	40	54	57	65	75	40
D0180	comprehensive periodontal evaluation - new or established patient	88.33	15.25	71	79	90	97	100	101	105	117	60
D0210	intraoral - complete series of radiographic images	127.76	20.24	101	112	126	138	146	147	151	174	77
D0220	intraoral - periapical first radiographic image	26.65	5.62	20	23	28	30	30	31	33	37	89
D0230	intraoral - periapical each additional radiographic image	22.28	5.94	14	18	23	25	28	29	30	32	87
D0272	bitewings - two radiographic images	42.40	5.16	35	40	42	45	45	47	48	53	80
D0273	bitewings - three radiographic images	51.06	5.74	42	48	51	55	55	56	58	60	51
D0274	bitewings - four radiographic images	62.53	9.44	50	55	60	68	70	75	75	81	76
D0277	vertical bitewings - 7 to 8 radiographic images	94.62	18.16	68	85	93	104	104	105	112	124	38
D0330	panoramic radiographic image	107.98	15.94	85	95	109	118	122	125	130	133	80
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	55.60	38.88	0	30	66	75	81	99	100	125	42
D0470	diagnostic casts	101.05	45.88	60	75	98	110	114	125	139	263	67
D1110	prophylaxis - adult	80.90	13.16	63	70	82	90	91	94	96	104	92

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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	61.81	9.99	50	54	63	67	69	70	75	76	92
D1206	topical application of fluoride varnish	36.50	8.32	25	30	36	42	44	48	50	50	70
D1208	topical application of fluoride – excluding varnish	34.01	7.01	25	30	35	38	38	40	43	50	64
D1320	tobacco counseling for the control and prevention of oral disease	37.86	29.67	0	0	40	68	74	74	77	82	42
D1330	oral hygiene instructions	29.52	23.77	0	0	30	52	56	60	61	61	48
D1351	sealant - per tooth	48.42	7.77	38	42	50	53	55	55	58	60	81
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	86.45	33.15	52	60	84	99	100	114	125	182	31
D1510	space maintainer - fixed, unilateral – per quadrant	302.85	53.71	252	275	296	322	327	333	377	390	53
D1515	space maintainer - fixed, bilateral	419.83	55.57	350	385	418	446	462	483	510	514	48
D2140	amalgam - one surface, primary or permanent	127.43	22.84	96	110	130	145	150	150	153	160	64
D2150	amalgam - two surfaces, primary or permanent	159.15	27.05	122	139	162	179	179	180	200	201	62
D2160	amalgam - three surfaces, primary or permanent	187.39	34.82	142	158	185	209	213	220	228	240	64
D2161	amalgam - four or more surfaces, primary or permanent	227.03	47.29	167	200	225	251	259	266	282	298	64
D2330	resin-based composite - one surface, anterior	153.45	24.08	116	137	156	171	175	179	184	195	80
D2331	resin-based composite - two surfaces, anterior	187.80	28.20	148	169	186	208	215	216	224	240	80
D2332	resin-based composite - three surfaces, anterior	223.83	36.62	171	197	230	247	250	258	266	290	81
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	280.59	74.03	205	234	282	311	317	328	344	380	84
D2390	resin-based composite crown, anterior	374.18	103.32	240	263	390	440	444	450	475	500	47

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Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2391	resin-based composite - one surface, posterior	166.95	23.52	137	150	166	183	188	192	195	199	77
D2392	resin-based composite - two surfaces, posterior	212.30	30.86	161	195	210	232	240	245	246	259	77
D2393	resin-based composite - three surfaces, posterior	257.27	40.22	198	228	264	282	294	301	304	310	78
D2394	resin-based composite - four or more surfaces, posterior	303.46	51.49	228	258	314	343	344	350	352	364	79
D2520	inlay - metallic - two surfaces	711.28	173.55	485	555	656	848	869	874	886	1,067	33
D2543	onlay - metallic - three surfaces	875.20	168.46	678	700	903	950	950	1,035	1,132	1,190	37
D2620	inlay - porcelain/ceramic - two surfaces	872.08	157.13	635	800	905	950	960	992	1,049	1,200	40
D2642	onlay - porcelain/ceramic - two surfaces	882.32	149.63	684	740	890	987	995	1,044	1,081	1,176	38
D2643	onlay - porcelain/ceramic - three surfaces	964.60	138.55	780	856	950	1,042	1,069	1,130	1,176	1,190	36
D2644	onlay - porcelain/ceramic - four or more surfaces	1,022.89	145.71	850	907	999	1,112	1,166	1,224	1,244	1,262	38
D2710	crown - resin-based composite (indirect)	654.14	240.86	315	410	640	851	889	947	974	997	43
D2740	crown - porcelain/ceramic	1,062.70	138.35	900	950	1,025	1,175	1,200	1,202	1,285	1,322	81
D2750	crown - porcelain fused to high noble metal	1,056.40	137.75	910	955	1,007	1,130	1,175	1,202	1,282	1,335	76
D2751	crown - porcelain fused to predominantly base metal	952.36	126.69	800	875	947	999	1,000	1,080	1,103	1,265	59
D2752	crown - porcelain fused to noble metal	993.26	104.60	861	936	994	1,045	1,071	1,103	1,137	1,236	62
D2780	crown - 3/4 cast high noble metal	1,000.08	115.85	830	947	975	1,089	1,112	1,115	1,180	1,211	35
D2783	crown - 3/4 porcelain/ceramic	1,048.51	115.58	910	950	1,045	1,115	1,158	1,194	1,218	1,295	35
D2790	crown - full cast high noble metal	1,114.63	176.05	950	999	1,055	1,215	1,259	1,300	1,302	1,430	70
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	292.96	116.87	113	239	300	389	400	400	408	459	57
D2920	re-cement or re-bond crown	101.12	21.00	75	88	101	109	115	116	128	150	75
D2930	prefabricated stainless steel crown - primary tooth	252.12	41.65	198	233	250	275	278	281	290	320	67

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2931	prefabricated stainless steel crown - permanent tooth	300.10	55.75	250	250	288	318	333	365	368	397	60
D2940	protective restoration	115.85	40.57	80	90	110	121	125	129	150	213	65
D2950	core buildup, including any pins when required	250.75	39.84	200	219	250	275	285	290	295	322	76
D2952	post and core in addition to crown, indirectly fabricated	368.84	57.71	304	340	359	408	412	423	435	450	58
D2954	prefabricated post and core in addition to crown	299.58	48.72	234	258	300	335	339	350	351	387	74
D2961	labial veneer (resin laminate) - laboratory	825.48	221.94	550	625	820	1,035	1,065	1,066	1,076	1,087	40
D2962	labial veneer (porcelain laminate) - laboratory	1,161.32	211.16	900	1,000	1,100	1,300	1,357	1,400	1,500	1,565	72
D2980	crown repair necessitated by restorative material failure	239.47	69.64	145	195	233	278	288	289	297	305	51
D3110	pulp cap - direct (excluding final restoration)	68.44	18.70	45	55	68	80	84	86	90	96	64
D3120	pulp cap - indirect (excluding final restoration)	67.74	28.45	44	50	63	82	84	85	90	98	62
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	171.09	47.32	110	140	176	194	200	207	212	230	73
D3221	pulpal debridement, primary and permanent teeth	191.86	66.03	103	153	195	228	236	247	253	325	54
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	233.30	66.48	155	190	229	272	275	275	300	350	40
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	271.27	65.91	175	225	274	301	312	316	350	362	38
D3310	endodontic therapy, anterior tooth (excluding final restoration)	736.89	149.20	578	625	718	795	821	850	900	1,100	74

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Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	844.93	156.49	683	725	825	908	932	960	1,000	1,250	71
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,017.19	163.19	843	900	1,005	1,105	1,137	1,181	1,200	1,422	69
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	320.31	201.81	0	125	372	464	485	500	525	576	37
D3346	retreatment of previous root canal therapy - anterior	775.50	164.94	600	642	730	855	900	950	1,013	1,013	48
D3347	retreatment of previous root canal therapy - premolar	897.23	177.31	714	750	900	1,049	1,065	1,075	1,090	1,193	47
D3348	retreatment of previous root canal therapy - molar	1,068.79	225.95	843	875	1,025	1,214	1,282	1,300	1,393	1,452	48
D3410	apicoectomy - anterior	658.43	159.33	473	519	674	778	778	782	865	865	32
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	516.17	139.33	350	377	524	616	616	637	678	803	49
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	247.91	87.72	160	184	248	285	311	333	350	375	52
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	210.14	84.33	100	125	210	250	299	304	350	350	35
D4249	clinical crown lengthening – hard tissue	680.76	144.53	500	585	701	752	762	800	850	1,000	32
D4321	provisional splinting - extracoronal	354.22	114.14	225	250	350	447	459	459	475	500	52
D4341	periodontal scaling and root planing - four or more teeth per quadrant	236.07	35.91	190	210	237	257	266	275	276	305	75
D4342	periodontal scaling and root planing - one to three teeth per quadrant	169.05	29.48	125	150	170	192	194	200	200	217	64
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	168.41	36.40	130	142	163	182	192	205	207	215	79

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	96.08	49.78	40	60	84	135	149	150	168	175	52
D4910	periodontal maintenance	127.60	19.93	105	109	125	141	145	147	156	158	62
D5110	complete denture - maxillary	1,476.68	265.24	1,200	1,265	1,497	1,610	1,628	1,675	1,800	1,950	76
D5120	complete denture - mandibular	1,456.36	269.53	1,187	1,250	1,461	1,600	1,622	1,650	1,800	1,925	78
D5130	immediate denture - maxillary	1,680.90	429.71	1,250	1,425	1,600	1,785	1,820	1,892	2,250	2,574	73
D5140	immediate denture - mandibular	1,675.01	431.66	1,250	1,425	1,600	1,785	1,820	1,892	2,250	2,574	73
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,002.26	245.23	688	825	1,000	1,143	1,179	1,255	1,297	1,500	77
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,002.09	244.76	680	825	1,000	1,139	1,179	1,255	1,291	1,500	77
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,525.77	252.55	1,200	1,346	1,500	1,692	1,779	1,795	1,837	1,946	79
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,530.25	243.33	1,200	1,346	1,500	1,702	1,772	1,795	1,815	1,882	78
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,058.78	398.33	575	694	1,100	1,271	1,271	1,290	1,562	2,100	30
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,345.43	285.89	982	1,200	1,312	1,478	1,517	1,558	1,607	1,700	70
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,320.56	299.63	950	1,180	1,312	1,500	1,510	1,583	1,607	1,700	69
D5520	replace missing or broken teeth - complete denture (each tooth)	174.23	47.20	120	140	164	196	200	210	272	278	65
D5640	replace broken teeth - per tooth	170.93	46.54	121	141	158	194	196	198	245	280	69

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5650	add tooth to existing partial denture	215.70	60.94	150	175	203	225	245	267	305	366	77
D5660	add clasp to existing partial denture - per tooth	240.85	69.15	165	207	234	263	275	286	303	366	71
D5710	rebase complete maxillary denture	518.60	123.46	362	420	521	575	600	643	650	740	63
D5711	rebase complete mandibular denture	515.12	122.95	350	420	520	568	600	642	650	740	62
D5720	rebase maxillary partial denture	497.45	129.88	325	415	500	574	580	625	650	740	58
D5721	rebase mandibular partial denture	495.22	127.04	325	394	497	556	562	625	650	740	58
D5730	reline complete maxillary denture (chairside)	305.97	80.69	198	250	303	362	365	385	388	443	75
D5731	reline complete mandibular denture (chairside)	306.48	80.61	200	250	312	362	365	385	396	434	73
D5750	reline complete maxillary denture (laboratory)	413.57	115.97	253	349	420	475	500	516	575	600	82
D5751	reline complete mandibular denture (laboratory)	411.13	116.44	253	347	400	475	502	516	575	600	82
D5986	fluoride gel carrier	145.52	57.41	74	109	134	195	205	211	211	218	32
D6055	connecting bar – implant supported or abutment supported	2,829.10	1,703.75	726	1,500	2,500	3,262	3,660	5,195	6,325	6,325	30
D6056	prefabricated abutment – includes modification and placement	652.49	229.15	393	500	609	750	773	795	995	1,200	53
D6057	custom fabricated abutment – includes placement	810.53	187.69	600	675	800	900	950	968	1,040	1,100	60
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,253.03	179.87	998	1,092	1,247	1,395	1,400	1,450	1,476	1,503	54
D6066	implant supported crown - porcelain fused to high noble alloys	1,290.33	222.19	995	1,092	1,300	1,459	1,491	1,518	1,566	1,650	57
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,268.99	253.15	980	1,092	1,208	1,430	1,450	1,500	1,575	1,671	44

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	146.06	95.34	20	75	115	242	250	260	270	276	41
D6210	pontic - cast high noble metal	1,048.36	138.02	895	958	1,004	1,151	1,189	1,250	1,296	1,298	59
D6240	pontic - porcelain fused to high noble metal	1,067.61	218.66	900	946	999	1,130	1,202	1,250	1,259	1,395	76
D6241	pontic - porcelain fused to predominantly base metal	996.47	149.58	800	890	960	1,099	1,159	1,196	1,202	1,257	55
D6245	pontic - porcelain/ceramic	1,048.05	146.46	850	925	1,025	1,166	1,196	1,202	1,295	1,302	75
D6545	retainer - cast metal for resin bonded fixed prosthesis	685.57	322.05	310	425	718	825	922	1,007	1,034	1,100	55
D6750	retainer crown - porcelain fused to high noble metal	1,053.01	131.46	922	960	1,016	1,105	1,175	1,202	1,250	1,296	70
D6751	retainer crown - porcelain fused to predominantly base metal	997.27	125.77	840	920	989	1,080	1,100	1,131	1,196	1,202	54
D6790	retainer crown - full cast high noble metal	1,066.01	199.50	910	980	1,004	1,099	1,120	1,191	1,261	1,296	59
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	433.60	229.33	150	290	420	583	600	650	767	850	30
D6930	re-cement or re-bond fixed partial denture	146.09	46.87	100	115	135	163	166	173	185	271	79
D7111	extraction, coronal remnants – primary tooth	118.62	33.02	82	90	113	130	135	155	180	195	61
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	158.08	34.71	120	138	152	177	180	182	195	228	82
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	252.17	39.58	203	220	250	275	276	293	300	317	76
D7220	removal of impacted tooth - soft tissue	298.53	49.08	234	261	292	336	342	345	381	381	55

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7230	removal of impacted tooth - partially bony	381.91	72.84	289	317	387	433	450	469	477	495	43
D7240	removal of impacted tooth - completely bony	461.70	81.55	338	411	460	515	553	553	578	620	37
D7250	removal of residual tooth roots (cutting procedure)	258.56	47.83	184	220	254	290	300	304	312	345	55
D7286	incisional biopsy of oral tissue-soft	297.54	68.30	200	240	293	356	366	371	396	396	39
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	272.46	76.38	188	210	271	304	314	321	390	427	48
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	362.22	104.49	225	289	359	435	443	466	500	520	45
D7410	excision of benign lesion up to 1.25 cm	326.57	157.49	116	200	347	400	400	411	481	648	34
D7880	occlusal orthotic device, by report	687.94	243.52	390	475	655	800	910	986	1,125	1,125	33
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	418.34	109.87	289	353	425	450	489	498	547	590	44
D9110	palliative (emergency) treatment of dental pain - minor procedure	100.82	26.16	67	85	95	118	123	127	130	150	76
D9120	fixed partial denture sectioning	146.31	66.22	70	95	146	200	200	225	246	282	52
D9210	local anesthesia not in conjunction with operative or surgical procedures	51.51	21.09	29	31	47	67	68	75	81	88	36
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	56.81	22.14	35	45	57	75	75	75	81	87	70
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	85.52	45.30	30	53	81	123	125	139	139	150	55
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	47.14	32.44	0	0	59	73	75	81	84	85	49

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Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9440	office visit - after regularly scheduled hours	133.45	39.53	77	100	125	168	169	169	173	192	62
D9610	therapeutic parenteral drug, single administration	49.39	38.46	0	0	53	82	87	100	107	107	30
D9630	drugs or medicaments dispensed in the office for home use	23.36	13.63	0	15	20	35	35	37	45	49	41
D9910	application of desensitizing medicament	48.83	19.95	25	39	45	60	62	64	68	75	60
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	51.39	27.78	0	34	50	75	78	80	80	82	46
D9940	occlusal guard, by report	475.22	110.82	315	389	480	579	586	600	609	633	65
D9941	fabrication of athletic mouthguard	221.68	81.47	125	150	218	293	300	301	321	352	55
D9951	occlusal adjustment - limited	112.46	54.88	50	70	95	161	172	175	198	230	50
D9952	occlusal adjustment - complete	459.38	201.13	150	293	560	602	602	632	677	730	43
D9972	external bleaching - per arch - performed in office	310.85	143.80	149	200	290	350	473	500	550	595	44
D9974	internal bleaching - per tooth	228.46	74.16	128	150	250	289	300	321	327	342	50
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	232.34	99.97	118	147	220	300	300	300	338	495	49

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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	54.33	11.67	40	46	55	61	65	65	67	75	83
D0140	limited oral evaluation - problem focused	71.55	15.03	50	60	72	84	84	85	92	93	83
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	75.49	22.13	50	56	80	85	88	96	100	103	54
D0150	comprehensive oral evaluation - new or established patient	85.36	18.02	60	70	90	98	101	103	107	112	83
D0160	detailed and extensive oral evaluation - problem focused, by report	124.09	51.78	50	84	147	170	170	178	179	180	55
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	60.85	23.96	32	50	63	79	80	81	85	87	58
D0171	re-evaluation – post-operative office visit	28.99	36.16	0	0	0	63	70	77	84	85	38
D0180	comprehensive periodontal evaluation - new or established patient	96.87	17.43	75	85	100	110	110	115	118	124	59
D0210	intraoral - complete series of radiographic images	138.78	28.75	100	124	140	150	152	155	160	210	72
D0220	intraoral - periapical first radiographic image	29.26	8.27	20	23	31	32	33	35	40	48	83
D0230	intraoral - periapical each additional radiographic image	24.45	8.16	15	20	25	28	29	30	33	45	82
D0272	bitewings - two radiographic images	48.03	9.66	36	41	49	52	52	55	55	72	72
D0273	bitewings - three radiographic images	61.36	12.12	50	56	60	65	65	67	77	84	46
D0274	bitewings - four radiographic images	65.23	10.93	50	55	69	71	75	77	78	80	75
D0277	vertical bitewings - 7 to 8 radiographic images	102.75	20.72	75	92	103	110	114	114	126	154	46
D0330	panoramic radiographic image	116.97	19.50	90	96	123	129	133	136	139	144	67
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	48.60	32.23	0	0	61	75	79	82	83	88	36
D0470	diagnostic casts	131.37	63.30	67	96	117	145	154	180	200	300	65
D1110	prophylaxis - adult	90.83	19.52	66	77	90	102	105	108	114	119	83

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Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1120	prophylaxis - child	69.80	16.76	50	60	70	77	80	81	88	95	82
D1206	topical application of fluoride varnish	40.10	10.65	25	30	41	46	50	52	53	58	63
D1208	topical application of fluoride – excluding varnish	37.51	11.61	25	28	35	45	48	50	54	55	61
D1320	tobacco counseling for the control and prevention of oral disease	35.94	38.44	0	0	25	77	77	85	85	104	32
D1330	oral hygiene instructions	30.12	25.88	0	0	35	55	55	55	60	63	49
D1351	sealant - per tooth	54.17	9.00	42	48	54	60	61	61	65	69	73
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	102.58	31.88	68	85	100	110	115	125	148	180	35
D1510	space maintainer - fixed, unilateral – per quadrant	321.88	61.10	250	285	324	343	356	384	404	425	51
D1515	space maintainer - fixed, bilateral	428.60	85.69	325	376	422	456	499	524	538	583	40
D2140	amalgam - one surface, primary or permanent	145.81	31.07	100	119	148	172	173	178	185	204	54
D2150	amalgam - two surfaces, primary or permanent	184.90	38.49	125	156	188	214	220	223	230	259	52
D2160	amalgam - three surfaces, primary or permanent	224.62	46.90	176	189	230	250	262	268	280	317	52
D2161	amalgam - four or more surfaces, primary or permanent	266.15	58.52	196	220	274	300	310	327	330	372	53
D2330	resin-based composite - one surface, anterior	173.81	31.36	144	150	176	191	199	200	209	236	74
D2331	resin-based composite - two surfaces, anterior	208.52	39.54	160	180	213	230	242	248	255	277	74
D2332	resin-based composite - three surfaces, anterior	257.16	50.02	180	219	265	287	294	300	303	345	74
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	308.68	63.38	220	271	326	350	350	366	371	400	75
D2390	resin-based composite crown, anterior	485.88	139.63	317	400	480	500	554	576	599	850	40

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2391	resin-based composite - one surface, posterior	189.93	36.57	130	165	190	204	213	224	248	253	74
D2392	resin-based composite - two surfaces, posterior	240.16	42.50	180	210	240	262	275	283	298	320	72
D2393	resin-based composite - three surfaces, posterior	298.95	58.12	230	268	300	321	334	342	365	390	69
D2394	resin-based composite - four or more surfaces, posterior	342.08	69.19	230	304	349	389	395	407	450	456	71
D2520	inlay - metallic - two surfaces	938.56	190.24	766	806	900	1,054	1,100	1,129	1,210	1,221	30
D2620	inlay - porcelain/ceramic - two surfaces	984.12	206.58	748	844	1,000	1,115	1,152	1,191	1,250	1,265	37
D2642	onlay - porcelain/ceramic - two surfaces	1,068.56	180.90	888	939	1,085	1,181	1,201	1,278	1,402	1,402	41
D2643	onlay - porcelain/ceramic - three surfaces	1,110.00	166.61	900	977	1,115	1,206	1,242	1,313	1,370	1,402	41
D2644	onlay - porcelain/ceramic - four or more surfaces	1,119.72	185.86	850	1,005	1,130	1,215	1,294	1,357	1,402	1,411	43
D2740	crown - porcelain/ceramic	1,206.76	173.82	995	1,050	1,200	1,384	1,390	1,400	1,483	1,488	78
D2750	crown - porcelain fused to high noble metal	1,174.49	181.14	950	1,010	1,162	1,300	1,354	1,390	1,444	1,500	69
D2751	crown - porcelain fused to predominantly base metal	1,080.83	188.04	846	910	1,095	1,225	1,298	1,300	1,354	1,390	47
D2752	crown - porcelain fused to noble metal	1,137.14	175.95	950	992	1,128	1,282	1,354	1,384	1,390	1,391	56
D2780	crown - 3/4 cast high noble metal	1,185.88	207.23	900	980	1,163	1,374	1,402	1,402	1,431	1,500	37
D2783	crown - 3/4 porcelain/ceramic	1,180.51	166.46	965	1,063	1,158	1,309	1,374	1,402	1,402	1,464	38
D2790	crown - full cast high noble metal	1,229.52	205.29	995	1,057	1,210	1,390	1,391	1,448	1,512	1,600	66
D2799	provisional crown– further treatment or completion of diagnosis necessary prior to final impression	352.68	158.49	104	270	361	459	475	510	519	600	57
D2920	re-cement or re-bond crown	109.43	25.22	75	92	113	122	127	139	140	150	72
D2930	prefabricated stainless steel crown - primary tooth	263.70	49.55	190	235	276	295	300	304	311	314	56
D2931	prefabricated stainless steel crown - permanent tooth	316.77	51.56	250	287	323	341	350	360	377	389	49

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2940	protective restoration	117.46	35.89	78	91	110	130	135	140	174	195	62
D2950	core buildup, including any pins when required	262.60	48.19	199	224	268	300	300	307	314	330	76
D2952	post and core in addition to crown, indirectly fabricated	403.41	67.24	300	352	401	453	455	470	482	508	51
D2954	prefabricated post and core in addition to crown	332.44	57.86	250	304	349	365	370	385	386	418	66
D2961	labial veneer (resin laminate) - laboratory	1,037.03	208.30	750	875	1,033	1,169	1,200	1,200	1,404	1,441	38
D2962	labial veneer (porcelain laminate) - laboratory	1,220.27	190.24	981	1,082	1,200	1,369	1,418	1,444	1,500	1,550	68
D2980	crown repair necessitated by restorative material failure	261.64	64.56	171	225	273	310	310	311	320	338	49
D3110	pulp cap - direct (excluding final restoration)	85.84	27.44	50	71	90	96	99	100	100	148	62
D3120	pulp cap - indirect (excluding final restoration)	83.17	22.67	50	72	87	95	100	100	103	121	65
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	193.47	48.58	125	160	192	215	226	230	243	286	72
D3221	pulpal debridement, primary and permanent teeth	216.48	54.97	142	187	208	253	264	280	282	290	52
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	262.88	48.52	200	250	256	287	296	320	324	337	32
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	284.27	56.34	206	250	290	320	322	350	350	353	33
D3310	endodontic therapy, anterior tooth (excluding final restoration)	791.51	127.34	625	650	793	867	876	900	950	1,025	61
D3320	endodontic therapy, premolar tooth (excluding final restoration)	911.44	138.80	725	800	902	993	1,010	1,074	1,099	1,181	62

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,075.08	163.55	850	950	1,100	1,175	1,202	1,229	1,355	1,399	64
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	382.23	178.58	0	350	473	500	515	530	548	571	36
D3346	retreatment of previous root canal therapy - anterior	956.46	195.61	744	765	922	1,096	1,097	1,108	1,315	1,389	39
D3347	retreatment of previous root canal therapy - premolar	1,078.21	200.59	848	945	1,055	1,232	1,240	1,258	1,389	1,474	39
D3348	retreatment of previous root canal therapy - molar	1,277.15	228.27	995	1,100	1,262	1,391	1,485	1,589	1,613	1,700	39
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	612.98	148.83	403	550	600	700	711	732	767	900	48
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	298.82	106.92	181	244	300	350	354	361	387	390	54
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	223.55	83.55	115	170	220	290	290	300	340	344	37
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	707.34	176.33	421	594	741	820	874	898	900	950	31
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	577.75	152.52	300	569	635	670	674	695	750	800	32
D4249	clinical crown lengthening – hard tissue	751.57	178.77	469	676	751	900	900	921	925	1,004	38
D4321	provisional splinting - extracoronal	427.04	99.07	250	395	448	510	515	525	541	549	45
D4341	periodontal scaling and root planing - four or more teeth per quadrant	249.47	38.94	191	225	249	280	285	286	297	310	75
D4342	periodontal scaling and root planing - one to three teeth per quadrant	183.25	38.43	120	163	185	208	210	222	229	239	68

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D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	181.11	34.68	135	150	184	200	202	206	215	234	69
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	100.57	51.89	45	50	87	139	144	155	175	200	56
D4910	periodontal maintenance	144.17	23.26	113	125	146	160	161	169	175	181	65
D5110	complete denture - maxillary	1,690.17	316.94	1,274	1,476	1,790	1,888	1,950	2,000	2,150	2,219	73
D5120	complete denture - mandibular	1,686.16	324.78	1,274	1,450	1,790	1,900	1,950	1,997	2,150	2,219	74
D5130	immediate denture - maxillary	1,765.39	372.45	1,200	1,492	1,865	2,000	2,000	2,146	2,168	2,300	70
D5140	immediate denture - mandibular	1,769.33	373.29	1,200	1,500	1,865	2,000	2,000	2,071	2,185	2,322	70
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,271.98	380.57	795	900	1,333	1,500	1,500	1,544	1,742	1,950	69
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,283.95	379.69	795	950	1,367	1,500	1,500	1,601	1,730	1,950	68
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,738.04	284.35	1,325	1,500	1,800	1,931	1,950	2,000	2,100	2,212	73
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,739.96	282.00	1,325	1,500	1,800	1,930	1,942	1,957	2,048	2,212	73
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,351.26	413.65	800	1,086	1,442	1,500	1,700	1,741	2,000	2,136	34
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,368.09	416.87	800	1,105	1,450	1,700	1,700	1,742	2,000	2,097	35

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D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,466.25	305.46	1,000	1,199	1,500	1,680	1,755	1,783	1,812	1,935	54
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,469.24	305.04	1,000	1,199	1,500	1,680	1,755	1,783	1,810	1,935	54
D5520	replace missing or broken teeth - complete denture (each tooth)	177.43	54.36	109	139	175	202	207	215	229	300	61
D5640	replace broken teeth - per tooth	191.72	56.40	116	156	189	212	230	242	275	309	64
D5650	add tooth to existing partial denture	221.63	61.28	153	175	226	250	251	268	285	315	62
D5660	add clasp to existing partial denture - per tooth	255.16	64.81	153	196	250	290	300	312	318	350	61
D5710	rebase complete maxillary denture	599.63	138.02	400	525	632	659	670	702	720	925	52
D5711	rebase complete mandibular denture	579.02	119.04	386	511	608	650	660	670	700	720	48
D5720	rebase maxillary partial denture	577.72	140.52	385	500	601	650	650	663	720	925	45
D5721	rebase mandibular partial denture	579.23	139.19	385	500	601	650	650	665	720	925	45
D5730	reline complete maxillary denture (chairside)	315.39	121.92	135	200	350	398	399	409	442	462	68
D5731	reline complete mandibular denture (chairside)	320.72	121.89	135	250	350	399	401	425	437	462	67
D5750	reline complete maxillary denture (laboratory)	445.27	110.82	295	380	471	500	510	520	550	650	70
D5751	reline complete mandibular denture (laboratory)	445.17	110.67	295	378	471	500	512	520	550	650	70
D5986	fluoride gel carrier	173.60	55.88	90	120	192	208	223	225	238	252	39
D6010	surgical placement of implant body: endosteal implant	1,951.35	320.90	1,500	1,750	1,869	2,240	2,279	2,300	2,413	2,500	33
D6056	prefabricated abutment – includes modification and placement	721.85	214.08	400	541	758	822	859	874	948	995	44
D6057	custom fabricated abutment – includes placement	837.74	172.91	650	700	875	979	979	998	1,012	1,050	58
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,464.31	236.48	1,166	1,300	1,500	1,600	1,627	1,680	1,725	1,916	57

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6066	implant supported crown - porcelain fused to high noble alloys	1,478.72	286.17	1,000	1,250	1,500	1,680	1,703	1,750	1,878	1,995	50
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,420.77	225.31	1,100	1,250	1,484	1,625	1,635	1,680	1,700	1,760	46
D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	1,499.58	245.45	1,170	1,250	1,500	1,700	1,700	1,744	1,764	1,878	33
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	212.72	125.57	0	103	242	325	335	335	341	354	41
D6210	pontic - cast high noble metal	1,189.80	187.01	958	1,000	1,196	1,290	1,391	1,400	1,477	1,500	55
D6240	pontic - porcelain fused to high noble metal	1,153.24	171.35	935	1,000	1,180	1,250	1,297	1,374	1,400	1,406	65
D6241	pontic - porcelain fused to predominantly base metal	1,089.17	167.77	858	995	1,100	1,200	1,225	1,250	1,348	1,400	48
D6245	pontic - porcelain/ceramic	1,167.53	157.82	955	1,000	1,186	1,250	1,296	1,374	1,394	1,422	70
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	584.50	260.98	200	350	600	828	855	887	900	1,050	32
D6545	retainer - cast metal for resin bonded fixed prosthesis	843.21	235.71	448	714	865	1,000	1,042	1,100	1,100	1,200	41
D6750	retainer crown - porcelain fused to high noble metal	1,173.43	174.63	935	1,040	1,200	1,303	1,325	1,374	1,400	1,444	59
D6751	retainer crown - porcelain fused to predominantly base metal	1,108.25	180.95	780	995	1,128	1,208	1,250	1,288	1,374	1,400	40
D6790	retainer crown - full cast high noble metal	1,245.02	271.55	950	1,100	1,200	1,370	1,400	1,477	1,500	2,104	55
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	470.94	201.96	185	350	453	630	644	700	700	700	32
D6930	re-cement or re-bond fixed partial denture	165.22	34.60	113	150	175	187	193	195	203	211	61

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7111	extraction, coronal remnants – primary tooth	122.79	28.70	80	98	124	145	150	150	160	165	65
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	189.80	48.09	143	151	185	200	220	227	250	300	67
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	285.74	63.69	220	246	280	330	336	343	350	450	66
D7220	removal of impacted tooth - soft tissue	332.17	67.54	250	287	336	363	371	380	397	416	56
D7230	removal of impacted tooth - partially bony	425.51	80.84	335	375	424	464	468	477	485	529	48
D7240	removal of impacted tooth - completely bony	504.63	95.06	383	443	495	553	571	574	583	653	45
D7250	removal of residual tooth roots (cutting procedure)	303.35	80.10	180	269	305	349	350	350	366	376	52
D7286	incisional biopsy of oral tissue-soft	341.18	99.85	236	280	350	406	408	418	418	466	35
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	296.22	81.14	157	265	300	325	340	361	407	435	45
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	410.69	95.77	300	344	425	475	493	506	516	520	44
D7410	excision of benign lesion up to 1.25 cm	372.56	109.52	200	278	435	450	450	450	504	520	30
D7880	occlusal orthotic device, by report	960.30	293.03	540	622	992	1,200	1,200	1,239	1,305	1,405	32
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	458.80	78.47	341	414	475	512	520	541	550	590	32
D9110	palliative (emergency) treatment of dental pain - minor procedure	102.84	39.50	50	75	111	132	134	139	140	151	69
D9120	fixed partial denture sectioning	167.53	77.77	68	75	198	240	250	250	253	271	47
D9210	local anesthesia not in conjunction with operative or surgical procedures	72.21	25.82	38	60	69	81	85	87	95	100	39

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9215	local anesthesia in conjunction with operative or surgical procedures	41.24	28.23	0	15	50	60	65	70	74	79	33
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	71.17	20.09	43	55	75	84	85	88	95	96	61
D9248	non-intravenous conscious sedation	229.56	117.52	0	180	250	300	319	353	353	359	32
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	110.74	62.59	0	60	128	146	154	163	178	178	35
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	62.53	27.88	23	47	75	81	83	87	92	95	46
D9440	office visit - after regularly scheduled hours	159.74	50.35	80	124	164	192	200	200	210	248	56
D9610	therapeutic parenteral drug, single administration	73.38	54.43	0	25	78	116	120	124	146	170	30
D9630	drugs or medicaments dispensed in the office for home use	32.64	21.03	9	19	27	50	50	51	56	75	46
D9910	application of desensitizing medicament	57.36	29.00	23	30	60	70	75	75	76	100	63
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	70.00	32.30	30	48	75	89	89	91	97	144	44
D9940	occlusal guard, by report	521.62	149.33	300	410	540	600	608	642	681	788	66
D9941	fabrication of athletic mouthguard	276.23	134.01	139	177	259	306	353	473	500	550	54
D9951	occlusal adjustment - limited	155.86	61.16	75	118	167	192	195	219	236	250	49
D9952	occlusal adjustment - complete	609.61	174.05	350	474	621	750	756	777	807	822	41
D9972	external bleaching - per arch - performed in office	310.76	135.61	129	200	278	416	450	450	496	550	55
D9974	internal bleaching - per tooth	283.20	60.54	180	250	300	325	330	335	342	350	56
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	208.30	92.74	99	150	200	250	250	300	350	375	55

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	50.49	10.29	39	45	47	55	59	61	63	65	72
D0140	limited oral evaluation - problem focused	70.13	16.19	52	62	69	80	81	85	90	95	73
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	57.05	17.10	35	44	55	70	70	78	85	85	52
D0150	comprehensive oral evaluation - new or established patient	82.08	21.74	62	70	79	91	92	100	105	113	73
D0160	detailed and extensive oral evaluation - problem focused, by report	120.10	59.65	62	75	126	158	160	171	202	215	61
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	61.92	21.99	45	50	60	74	75	77	82	93	56
D0171	re-evaluation – post-operative office visit	22.90	31.90	0	0	0	52	65	70	72	73	39
D0180	comprehensive periodontal evaluation - new or established patient	97.03	25.50	68	82	96	105	109	115	123	143	57
D0210	intraoral - complete series of radiographic images	136.36	26.23	100	116	134	157	168	175	176	180	68
D0220	intraoral - periapical first radiographic image	28.20	6.18	21	25	28	32	33	35	36	37	72
D0230	intraoral - periapical each additional radiographic image	23.31	5.39	16	20	22	28	28	30	30	33	71
D0272	bitewings - two radiographic images	45.28	8.62	36	40	45	48	50	52	59	64	68
D0273	bitewings - three radiographic images	53.77	9.82	44	47	52	58	59	60	62	83	42
D0274	bitewings - four radiographic images	64.05	10.78	50	55	63	71	72	74	79	84	67
D0277	vertical bitewings - 7 to 8 radiographic images	89.97	15.69	67	75	94	102	102	105	108	110	43
D0330	panoramic radiographic image	112.71	21.20	90	96	110	118	128	132	143	166	64
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	54.69	42.29	0	35	48	69	70	73	143	143	35
D0470	diagnostic casts	113.46	39.97	70	93	112	125	129	130	156	170	51
D1110	prophylaxis - adult	93.40	16.58	76	85	92	105	107	108	113	117	73

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1120	prophylaxis - child	68.88	11.10	54	60	69	76	78	79	84	88	72
D1206	topical application of fluoride varnish	37.41	10.60	25	30	37	43	44	45	46	61	64
D1208	topical application of fluoride – excluding varnish	35.75	8.50	25	28	35	43	43	44	45	52	50
D1320	tobacco counseling for the control and prevention of oral disease	28.14	28.77	0	0	25	46	49	60	78	83	36
D1330	oral hygiene instructions	30.57	24.80	0	0	38	51	52	55	62	72	49
D1351	sealant - per tooth	51.56	9.51	41	45	50	57	61	64	64	71	67
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	86.34	30.61	47	62	90	112	112	116	120	131	37
D1510	space maintainer - fixed, unilateral – per quadrant	311.83	57.36	240	266	322	348	360	370	392	401	60
D1515	space maintainer - fixed, bilateral	437.72	85.33	345	383	431	472	500	519	528	530	51
D2140	amalgam - one surface, primary or permanent	140.53	25.96	104	122	142	162	165	168	168	180	53
D2150	amalgam - two surfaces, primary or permanent	175.29	32.08	136	155	173	200	207	214	215	231	53
D2160	amalgam - three surfaces, primary or permanent	212.04	38.99	163	182	205	242	251	256	264	281	53
D2161	amalgam - four or more surfaces, primary or permanent	248.73	47.69	190	214	240	285	298	299	315	332	51
D2330	resin-based composite - one surface, anterior	164.44	31.25	130	143	160	185	186	203	206	223	69
D2331	resin-based composite - two surfaces, anterior	201.38	37.02	160	175	194	225	231	243	260	273	68
D2332	resin-based composite - three surfaces, anterior	239.40	43.07	191	210	228	264	274	283	310	319	70
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	292.29	63.46	226	248	270	323	339	357	386	398	70
D2390	resin-based composite crown, anterior	402.05	161.07	231	284	390	489	509	568	594	850	43

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2391	resin-based composite - one surface, posterior	180.61	33.53	146	157	179	196	200	214	220	250	71
D2392	resin-based composite - two surfaces, posterior	231.91	42.59	180	204	234	261	263	273	285	316	72
D2393	resin-based composite - three surfaces, posterior	279.28	49.88	225	244	275	310	319	325	340	368	72
D2394	resin-based composite - four or more surfaces, posterior	324.31	58.94	260	272	325	358	366	380	398	427	71
D2520	inlay - metallic - two surfaces	910.20	208.06	640	766	941	1,004	1,035	1,073	1,101	1,310	36
D2543	onlay - metallic - three surfaces	1,051.20	197.06	850	908	997	1,203	1,274	1,289	1,298	1,445	35
D2620	inlay - porcelain/ceramic - two surfaces	919.37	174.78	630	820	979	1,031	1,052	1,104	1,125	1,165	42
D2642	onlay - porcelain/ceramic - two surfaces	1,016.33	165.05	820	888	1,055	1,120	1,148	1,171	1,200	1,258	41
D2643	onlay - porcelain/ceramic - three surfaces	1,064.29	150.64	870	943	1,083	1,182	1,200	1,220	1,258	1,258	40
D2644	onlay - porcelain/ceramic - four or more surfaces	1,074.07	153.62	900	960	1,083	1,200	1,250	1,258	1,260	1,275	42
D2710	crown - resin-based composite (indirect)	810.49	259.71	418	600	780	1,039	1,088	1,088	1,114	1,213	35
D2740	crown - porcelain/ceramic	1,136.27	157.55	985	1,015	1,100	1,258	1,271	1,278	1,300	1,361	69
D2750	crown - porcelain fused to high noble metal	1,121.84	159.85	957	1,005	1,098	1,220	1,250	1,267	1,287	1,409	60
D2751	crown - porcelain fused to predominantly base metal	1,041.12	169.89	825	890	1,004	1,160	1,191	1,210	1,213	1,326	41
D2752	crown - porcelain fused to noble metal	1,081.45	191.78	868	945	1,079	1,195	1,195	1,213	1,350	1,500	44
D2780	crown - 3/4 cast high noble metal	1,090.87	175.37	900	947	1,039	1,237	1,280	1,310	1,350	1,382	41
D2783	crown - 3/4 porcelain/ceramic	1,086.82	157.11	900	940	1,090	1,209	1,209	1,280	1,301	1,350	37
D2790	crown - full cast high noble metal	1,183.85	195.30	935	1,050	1,142	1,300	1,356	1,376	1,417	1,595	66
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	318.24	156.93	0	245	350	406	450	454	485	515	46
D2920	re-cement or re-bond crown	102.11	21.40	80	87	98	113	116	125	129	147	67
D2930	prefabricated stainless steel crown - primary tooth	265.19	49.20	202	225	265	295	300	321	355	358	58

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D2931	prefabricated stainless steel crown - permanent tooth	337.25	84.81	245	286	325	355	387	402	444	587	53
D2940	protective restoration	119.70	35.27	81	95	115	135	143	155	160	193	52
D2950	core buildup, including any pins when required	267.50	49.33	205	236	266	292	296	303	321	390	66
D2952	post and core in addition to crown, indirectly fabricated	386.50	63.69	310	343	390	420	423	427	479	525	54
D2954	prefabricated post and core in addition to crown	330.41	57.73	260	300	327	357	364	379	390	425	64
D2961	labial veneer (resin laminate) - laboratory	996.31	229.23	735	821	990	1,150	1,236	1,236	1,290	1,290	34
D2962	labial veneer (porcelain laminate) - laboratory	1,169.43	175.76	896	1,050	1,168	1,297	1,300	1,300	1,313	1,370	61
D2980	crown repair necessitated by restorative material failure	254.22	83.48	156	187	249	292	307	311	425	440	38
D3110	pulp cap - direct (excluding final restoration)	73.52	20.07	46	58	75	87	90	94	95	107	55
D3120	pulp cap - indirect (excluding final restoration)	76.84	28.52	46	55	75	88	90	95	100	128	57
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	189.85	50.98	120	151	195	219	226	233	270	274	63
D3221	pulpal debridement, primary and permanent teeth	193.18	53.56	126	145	195	235	247	260	265	270	54
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	235.26	69.07	150	176	225	282	300	302	312	325	41
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	258.19	59.01	183	200	262	303	315	325	334	335	40
D3310	endodontic therapy, anterior tooth (excluding final restoration)	745.40	119.12	586	662	722	848	850	869	887	947	65

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D3320	endodontic therapy, premolar tooth (excluding final restoration)	858.27	137.28	694	759	850	950	961	988	1,010	1,120	67
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,038.49	164.10	837	921	1,000	1,167	1,171	1,175	1,246	1,388	65
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	344.86	145.25	154	250	391	443	450	490	505	505	37
D3346	retreatment of previous root canal therapy - anterior	865.40	195.11	644	696	847	1,022	1,025	1,100	1,103	1,226	45
D3347	retreatment of previous root canal therapy - premolar	989.46	209.02	789	812	938	1,130	1,158	1,200	1,241	1,389	44
D3348	retreatment of previous root canal therapy - molar	1,175.01	245.00	921	956	1,180	1,330	1,337	1,367	1,450	1,665	45
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	333.17	60.09	233	310	340	388	388	389	399	410	30
D3410	apicoectomy - anterior	729.24	187.31	525	585	734	870	889	900	910	920	41
D3425	apicoectomy - molar (first root)	907.78	223.68	683	754	858	1,010	1,052	1,060	1,060	1,200	30
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	573.55	134.59	400	440	600	667	688	699	709	800	53
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	275.01	102.99	173	208	265	316	330	350	372	445	57
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	218.77	99.39	101	150	200	293	299	316	319	338	41
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	695.15	173.41	475	532	750	824	832	852	896	950	43

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D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	507.00	179.20	250	345	544	630	664	695	695	725	36
D4249	clinical crown lengthening – hard tissue	705.16	156.70	516	595	727	819	833	852	888	923	46
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1,091.47	224.09	754	971	1,150	1,270	1,290	1,307	1,313	1,325	34
D4263	bone replacement graft – retained natural tooth – first site in quadrant	545.96	221.54	286	395	518	675	700	715	814	814	32
D4266	guided tissue regeneration - resorbable barrier, per site	615.67	355.37	200	300	609	768	819	849	871	1,555	31
D4321	provisional splinting - extracoronal	382.21	121.00	205	266	390	489	492	504	523	600	48
D4341	periodontal scaling and root planing - four or more teeth per quadrant	253.57	45.67	205	230	243	271	274	288	300	325	66
D4342	periodontal scaling and root planing - one to three teeth per quadrant	178.02	40.45	140	150	175	195	198	200	214	242	63
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	172.43	38.15	131	146	163	195	198	203	211	226	64
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	79.84	42.98	25	47	75	90	102	125	147	182	51
D4910	periodontal maintenance	138.96	26.91	115	120	138	151	152	155	164	169	67
D5110	complete denture - maxillary	1,642.62	318.29	1,254	1,438	1,582	1,803	1,847	1,900	2,142	2,300	68
D5120	complete denture - mandibular	1,642.50	322.44	1,254	1,438	1,582	1,759	1,847	1,900	2,142	2,300	68
D5130	immediate denture - maxillary	1,725.89	322.18	1,350	1,504	1,700	1,873	1,920	2,125	2,158	2,460	66
D5140	immediate denture - mandibular	1,726.58	325.04	1,350	1,504	1,700	1,862	1,920	2,125	2,200	2,460	66
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,223.13	371.95	735	980	1,200	1,500	1,552	1,761	1,762	1,792	57

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,219.67	375.56	668	950	1,200	1,495	1,552	1,762	1,762	1,792	58
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,706.84	315.07	1,396	1,500	1,650	1,849	1,933	2,000	2,200	2,344	69
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,708.48	316.90	1,396	1,500	1,654	1,851	1,933	2,000	2,200	2,369	69
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,312.42	262.80	985	1,050	1,287	1,515	1,533	1,590	1,675	1,770	50
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,320.02	265.36	985	1,050	1,287	1,515	1,600	1,620	1,695	1,755	51
D5520	replace missing or broken teeth - complete denture (each tooth)	172.98	54.67	112	134	175	195	197	219	224	316	61
D5640	replace broken teeth - per tooth	165.96	41.51	114	136	165	191	198	202	222	232	66
D5650	add tooth to existing partial denture	210.99	43.64	156	176	215	238	241	257	265	290	66
D5660	add clasp to existing partial denture - per tooth	243.71	61.85	167	195	250	277	298	304	313	342	58
D5710	rebase complete maxillary denture	562.31	171.12	426	447	535	610	623	667	668	907	51
D5711	rebase complete mandibular denture	564.46	173.00	426	447	540	612	620	661	668	907	49
D5720	rebase maxillary partial denture	539.16	147.07	408	439	540	580	601	640	650	850	44
D5721	rebase mandibular partial denture	544.40	145.47	408	439	540	580	599	643	650	850	43
D5730	reline complete maxillary denture (chairside)	319.90	92.09	204	269	320	386	394	404	428	484	61
D5731	reline complete mandibular denture (chairside)	320.50	91.46	204	281	320	382	394	404	425	484	61
D5750	reline complete maxillary denture (laboratory)	433.20	89.31	343	385	430	480	500	502	520	546	64

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5751	reline complete mandibular denture (laboratory)	434.19	87.06	350	385	434	480	500	502	520	536	65
D5986	fluoride gel carrier	179.03	58.77	105	125	174	219	219	232	232	309	36
D6010	surgical placement of implant body: endosteal implant	1,897.89	381.49	1,500	1,600	1,850	2,012	2,164	2,188	2,279	2,995	46
D6056	prefabricated abutment – includes modification and placement	629.84	151.69	420	495	633	780	781	798	828	833	50
D6057	custom fabricated abutment – includes placement	759.82	186.52	534	564	758	900	936	958	976	1,096	62
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,365.43	206.30	1,123	1,197	1,326	1,550	1,585	1,597	1,651	1,673	54
D6066	implant supported crown - porcelain fused to high noble alloys	1,409.71	263.94	1,050	1,158	1,488	1,594	1,600	1,615	1,615	1,691	45
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,350.43	248.06	1,050	1,158	1,350	1,550	1,593	1,593	1,600	1,700	41
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	208.24	117.24	84	102	200	320	330	334	350	466	37
D6210	pontic - cast high noble metal	1,115.92	183.93	886	956	1,130	1,220	1,246	1,274	1,287	1,375	55
D6240	pontic - porcelain fused to high noble metal	1,112.25	163.53	931	997	1,090	1,209	1,215	1,220	1,287	1,419	59
D6241	pontic - porcelain fused to predominantly base metal	1,059.00	169.64	840	895	1,075	1,199	1,200	1,219	1,250	1,430	43
D6245	pontic - porcelain/ceramic	1,125.50	141.64	908	1,010	1,132	1,233	1,250	1,287	1,296	1,333	58
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	448.13	292.86	180	250	330	726	765	808	824	900	35
D6545	retainer - cast metal for resin bonded fixed prosthesis	744.41	354.81	362	443	775	873	873	955	1,133	1,345	36

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D6750	retainer crown - porcelain fused to high noble metal	1,135.42	165.94	958	1,007	1,100	1,251	1,258	1,275	1,350	1,400	55
D6751	retainer crown - porcelain fused to predominantly base metal	1,060.28	170.29	886	908	1,065	1,152	1,166	1,200	1,287	1,435	36
D6790	retainer crown - full cast high noble metal	1,131.16	176.07	908	1,000	1,100	1,220	1,274	1,275	1,310	1,423	53
D6930	re-cement or re-bond fixed partial denture	149.88	36.47	99	125	143	174	183	190	193	225	61
D7111	extraction, coronal remnants – primary tooth	124.96	32.11	80	100	125	143	143	149	154	173	61
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	169.21	36.44	125	150	162	184	202	213	225	236	70
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	261.62	43.63	211	230	255	291	295	300	321	350	67
D7220	removal of impacted tooth - soft tissue	298.20	49.88	240	262	288	325	343	355	369	385	57
D7230	removal of impacted tooth - partially bony	359.82	56.59	290	316	356	390	400	410	453	483	56
D7240	removal of impacted tooth - completely bony	440.69	69.82	347	391	434	485	491	510	511	589	52
D7250	removal of residual tooth roots (cutting procedure)	283.74	73.16	213	225	277	313	322	349	357	388	54
D7286	incisional biopsy of oral tissue-soft	314.60	82.73	195	257	310	350	373	415	465	465	42
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	274.42	70.06	196	224	277	307	312	347	370	412	42
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	430.64	158.87	255	335	425	477	477	485	584	885	41
D7410	excision of benign lesion up to 1.25 cm	351.76	134.02	200	251	360	422	425	435	485	584	37
D7953	bone replacement graft for ridge preservation - per site	480.21	185.86	220	362	450	612	670	677	750	803	44

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D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	403.99	104.70	255	325	399	475	489	515	525	590	53
D7970	excision of hyperplastic tissue - per arch	403.60	117.98	245	303	400	473	500	515	524	544	36
D9110	palliative (emergency) treatment of dental pain - minor procedure	130.67	50.38	81	89	124	150	165	180	186	238	66
D9120	fixed partial denture sectioning	165.32	72.00	84	113	165	215	216	237	274	350	45
D9215	local anesthesia in conjunction with operative or surgical procedures	23.25	25.89	0	0	20	52	57	64	65	66	37
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	64.62	36.73	25	40	65	80	85	88	116	150	57
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	102.43	59.68	0	63	100	140	145	148	167	225	50
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	58.48	44.30	0	43	61	75	84	87	102	186	46
D9440	office visit - after regularly scheduled hours	159.46	50.74	85	128	156	186	188	200	211	269	54
D9630	drugs or medicaments dispensed in the office for home use	19.27	16.85	0	5	17	34	36	38	43	49	40
D9910	application of desensitizing medicament	43.73	18.66	21	30	40	59	60	64	65	66	53
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	47.82	29.30	0	21	53	70	76	83	85	90	49
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	119.90	60.80	60	85	109	133	140	153	188	333	31
D9940	occlusal guard, by report	461.07	140.66	299	395	446	512	592	607	644	680	51
D9941	fabrication of athletic mouthguard	231.83	115.82	122	140	205	288	306	358	375	500	54
D9951	occlusal adjustment - limited	127.94	64.67	48	75	120	183	194	205	205	208	46
D9952	occlusal adjustment - complete	511.79	260.20	188	250	575	716	716	774	799	1,026	39

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D9972	external bleaching - per arch - performed in office	246.00	115.61	112	150	232	325	329	349	395	500	49
D9974	internal bleaching - per tooth	244.03	83.35	136	182	244	287	299	305	307	375	48
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	196.92	93.77	75	114	200	275	275	299	300	335	46

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D0120	periodic oral evaluation - established patient	66.05	14.49	50	58	67	75	75	77	83	99	120
D0140	limited oral evaluation - problem focused	83.77	19.71	56	74	85	94	95	100	101	117	121
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	72.49	21.48	50	59	70	85	88	90	96	110	92
D0150	comprehensive oral evaluation - new or established patient	96.42	24.47	66	84	95	108	110	118	125	145	115
D0160	detailed and extensive oral evaluation - problem focused, by report	131.97	53.06	69	100	125	172	175	189	195	210	89
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	70.84	28.22	35	55	82	88	88	92	96	103	90
D0171	re-evaluation – post-operative office visit	32.60	35.36	0	0	25	69	77	77	82	88	54
D0180	comprehensive periodontal evaluation - new or established patient	110.84	35.43	65	89	109	130	140	150	155	170	90
D0190	screening of a patient	50.58	23.92	25	35	39	65	71	90	94	94	31
D0210	intraoral - complete series of radiographic images	152.65	27.63	122	133	150	174	177	190	195	199	116
D0220	intraoral - periapical first radiographic image	35.21	8.74	25	30	35	40	43	45	45	50	117
D0230	intraoral - periapical each additional radiographic image	26.11	8.22	15	20	27	31	33	35	35	38	119
D0251	extra-oral posterior dental radiographic image	28.29	32.80	0	0	10	50	65	75	75	100	33
D0272	bitewings - two radiographic images	54.48	12.20	40	47	54	60	63	65	69	78	118
D0273	bitewings - three radiographic images	64.98	13.28	45	58	64	70	75	77	82	98	95
D0274	bitewings - four radiographic images	77.77	16.32	55	70	76	85	88	91	97	105	120
D0277	vertical bitewings - 7 to 8 radiographic images	117.01	28.65	85	100	115	135	144	149	158	177	83
D0330	panoramic radiographic image	132.82	25.91	103	117	130	150	150	154	165	175	77

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D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	60.76	39.48	0	30	73	90	90	91	95	100	55
D0470	diagnostic casts	126.19	48.58	57	96	125	154	160	166	184	200	97
D1110	prophylaxis - adult	115.43	20.16	90	101	115	126	130	139	145	149	122
D1120	prophylaxis - child	86.98	16.60	70	77	84	95	99	105	115	123	117
D1206	topical application of fluoride varnish	46.13	11.83	34	37	47	52	55	57	60	65	104
D1208	topical application of fluoride – excluding varnish	44.05	9.93	35	40	45	50	50	50	53	57	96
D1320	tobacco counseling for the control and prevention of oral disease	45.07	35.54	0	0	46	77	87	87	88	103	55
D1330	oral hygiene instructions	30.86	27.49	0	0	30	57	61	63	66	78	65
D1351	sealant - per tooth	67.39	16.13	50	58	65	75	78	84	85	100	113
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	92.26	35.11	57	65	82	118	120	125	130	160	63
D1354	interim caries arresting medicament application – per tooth	51.34	30.88	23	25	48	60	69	75	95	120	36
D1510	space maintainer - fixed, unilateral – per quadrant	349.25	76.55	259	295	350	389	400	418	437	498	81
D1515	space maintainer - fixed, bilateral	451.65	109.83	335	375	434	496	500	531	575	697	69
D2140	amalgam - one surface, primary or permanent	166.61	40.77	115	140	169	188	200	208	210	231	89
D2150	amalgam - two surfaces, primary or permanent	204.66	50.07	137	175	200	234	246	248	275	290	87
D2160	amalgam - three surfaces, primary or permanent	243.27	61.30	157	200	239	285	294	301	320	350	87
D2161	amalgam - four or more surfaces, primary or permanent	285.73	69.18	194	234	285	330	347	352	383	404	87
D2330	resin-based composite - one surface, anterior	198.52	48.39	148	165	195	220	240	248	251	275	119
D2331	resin-based composite - two surfaces, anterior	242.27	56.67	175	202	231	270	279	293	304	355	118

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D2332	resin-based composite - three surfaces, anterior	290.64	67.37	220	245	280	330	340	345	380	453	115
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	347.16	77.50	260	289	350	396	405	419	445	482	117
D2390	resin-based composite crown, anterior	481.55	146.67	300	400	488	530	595	605	634	714	76
D2391	resin-based composite - one surface, posterior	220.42	56.97	152	180	210	250	256	270	295	347	119
D2392	resin-based composite - two surfaces, posterior	278.53	63.08	205	234	275	315	325	338	353	410	116
D2393	resin-based composite - three surfaces, posterior	335.43	72.42	245	278	340	380	397	401	420	471	113
D2394	resin-based composite - four or more surfaces, posterior	381.99	86.76	255	318	378	442	451	487	496	502	110
D2520	inlay - metallic - two surfaces	877.17	241.55	628	704	801	1,033	1,082	1,200	1,263	1,300	71
D2543	onlay - metallic - three surfaces	1,057.71	226.32	850	901	1,000	1,182	1,258	1,333	1,399	1,475	74
D2620	inlay - porcelain/ceramic - two surfaces	990.15	216.83	750	790	1,000	1,103	1,165	1,171	1,256	1,377	69
D2642	onlay - porcelain/ceramic - two surfaces	1,070.29	220.41	837	900	1,036	1,240	1,241	1,290	1,412	1,509	72
D2643	onlay - porcelain/ceramic - three surfaces	1,124.91	232.22	865	947	1,095	1,250	1,260	1,300	1,450	1,700	78
D2644	onlay - porcelain/ceramic - four or more surfaces	1,165.14	205.11	900	1,011	1,150	1,292	1,300	1,353	1,431	1,545	79
D2651	inlay - resin-based composite - two surfaces	859.44	231.52	600	702	807	952	1,010	1,075	1,171	1,233	62
D2662	onlay - resin-based composite - two surfaces	914.09	233.50	672	789	860	1,041	1,075	1,164	1,234	1,303	57
D2663	onlay - resin-based composite - three surfaces	978.82	210.14	793	848	928	1,095	1,130	1,186	1,242	1,317	55
D2664	onlay - resin-based composite - four or more surfaces	1,004.67	209.41	756	850	965	1,119	1,156	1,231	1,288	1,368	57
D2710	crown - resin-based composite (indirect)	812.45	285.64	400	627	760	975	1,027	1,109	1,200	1,296	65
D2740	crown - porcelain/ceramic	1,291.90	239.59	990	1,140	1,286	1,450	1,500	1,529	1,562	1,755	116

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D2750	crown - porcelain fused to high noble metal	1,275.39	230.53	990	1,135	1,262	1,365	1,450	1,500	1,600	1,755	112
D2751	crown - porcelain fused to predominantly base metal	1,123.89	197.63	897	960	1,128	1,274	1,283	1,300	1,343	1,468	78
D2752	crown - porcelain fused to noble metal	1,169.36	208.39	900	985	1,190	1,290	1,300	1,340	1,450	1,501	89
D2780	crown - 3/4 cast high noble metal	1,179.46	237.25	900	990	1,138	1,293	1,370	1,454	1,475	1,632	81
D2783	crown - 3/4 porcelain/ceramic	1,249.11	227.79	946	1,103	1,233	1,363	1,400	1,474	1,538	1,745	68
D2790	crown - full cast high noble metal	1,265.92	280.30	946	1,030	1,250	1,379	1,468	1,525	1,702	1,900	106
D2794	crown - titanium and titanium alloys	1,164.83	225.58	880	950	1,200	1,299	1,370	1,370	1,450	1,648	47
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	361.38	186.15	0	280	394	497	500	525	564	658	81
D2920	re-cement or re-bond crown	129.34	39.17	90	102	119	150	155	174	195	200	114
D2929	prefabricated porcelain/ceramic crown – primary tooth	326.24	115.84	195	238	326	377	400	439	489	500	31
D2930	prefabricated stainless steel crown - primary tooth	291.84	77.31	193	225	293	342	350	377	380	435	88
D2931	prefabricated stainless steel crown - permanent tooth	327.68	69.56	246	275	331	362	372	377	404	457	76
D2940	protective restoration	141.78	50.24	83	110	130	160	172	186	214	266	83
D2950	core buildup, including any pins when required	292.73	67.56	200	250	290	330	340	349	363	402	108
D2952	post and core in addition to crown, indirectly fabricated	433.35	113.37	285	350	427	495	500	525	564	650	96
D2954	prefabricated post and core in addition to crown	367.41	81.33	257	310	360	410	420	440	456	547	104
D2961	labial veneer (resin laminate) - laboratory	1,032.24	246.86	683	861	1,083	1,195	1,195	1,249	1,328	1,405	69
D2962	labial veneer (porcelain laminate) - laboratory	1,274.88	247.42	966	1,075	1,297	1,400	1,440	1,500	1,535	1,731	106
D2980	crown repair necessitated by restorative material failure	271.93	81.84	156	208	269	320	326	349	368	406	58

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D3110	pulp cap - direct (excluding final restoration)	98.14	35.19	55	75	98	108	114	125	136	173	79
D3120	pulp cap - indirect (excluding final restoration)	93.29	31.40	58	65	93	108	114	120	125	158	70
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	206.68	63.37	120	162	210	242	249	279	291	300	100
D3221	pulpal debridement, primary and permanent teeth	220.82	82.16	120	164	220	269	275	287	306	372	90
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	242.10	104.12	106	170	210	347	347	350	358	400	34
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	273.40	87.73	160	210	260	318	320	347	360	390	56
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	287.40	83.53	160	219	293	341	357	366	394	415	55
D3310	endodontic therapy, anterior tooth (excluding final restoration)	825.24	158.27	643	713	800	900	914	1,000	1,100	1,144	100
D3320	endodontic therapy, premolar tooth (excluding final restoration)	945.87	173.98	697	825	930	1,070	1,080	1,123	1,224	1,257	100
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,160.72	192.38	901	1,021	1,166	1,275	1,350	1,400	1,410	1,495	98
D3331	treatment of root canal obstruction; non-surgical access	476.70	213.12	195	250	525	683	683	703	712	750	37
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	392.87	189.76	103	251	478	509	525	543	562	595	45
D3346	retreatment of previous root canal therapy - anterior	914.12	190.20	675	788	915	1,035	1,048	1,060	1,144	1,244	74

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D3347	retreatment of previous root canal therapy - premolar	1,037.49	215.66	732	897	1,037	1,208	1,220	1,240	1,347	1,373	74
D3348	retreatment of previous root canal therapy - molar	1,267.35	266.07	900	1,066	1,288	1,444	1,500	1,516	1,544	1,624	71
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	379.76	122.58	250	290	380	428	432	475	495	573	48
D3352	apexification/recalcification – interim medication replacement	274.29	93.82	160	201	275	316	328	335	364	500	46
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	571.26	199.13	265	395	600	701	740	744	755	775	41
D3410	apicoectomy - anterior	748.11	204.03	516	550	760	853	883	915	1,000	1,055	48
D3421	apicoectomy - premolar (first root)	822.94	224.62	579	650	800	893	905	980	1,100	1,359	38
D3425	apicoectomy - molar (first root)	951.67	293.90	619	750	944	1,000	1,070	1,138	1,200	1,699	36
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	618.71	189.79	390	500	585	742	775	803	858	985	82
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	342.81	98.81	225	275	340	425	445	447	460	509	89
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	271.18	137.88	130	176	250	318	337	400	509	545	52
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	790.14	267.12	433	587	796	960	1,024	1,074	1,150	1,187	66
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	584.83	211.28	267	411	635	735	770	778	838	892	62
D4249	clinical crown lengthening – hard tissue	778.71	247.99	468	618	792	950	1,000	1,103	1,113	1,199	75

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D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1,207.20	415.08	788	878	1,173	1,521	1,560	1,655	1,775	2,000	60
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	903.10	264.40	550	701	937	1,000	1,133	1,168	1,277	1,338	52
D4263	bone replacement graft – retained natural tooth – first site in quadrant	629.06	225.75	368	453	630	769	800	825	899	1,080	52
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	473.17	169.43	281	312	446	605	610	666	700	732	49
D4266	guided tissue regeneration - resorbable barrier, per site	646.10	311.08	289	397	640	758	800	875	1,027	1,476	49
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	720.73	360.65	258	450	640	900	1,014	1,147	1,251	1,476	47
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	1,121.30	295.48	850	900	1,025	1,250	1,294	1,500	1,505	1,783	36
D4321	provisional splinting - extracoronal	451.84	156.70	250	346	437	559	600	600	640	780	71
D4341	periodontal scaling and root planing - four or more teeth per quadrant	289.62	59.98	217	238	289	325	348	353	386	400	103
D4342	periodontal scaling and root planing - one to three teeth per quadrant	203.12	54.09	130	169	202	227	235	249	257	300	105
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	194.91	52.77	126	150	200	222	233	239	246	280	87
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	91.04	50.67	42	50	76	121	131	158	180	183	79

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4910	periodontal maintenance	176.33	37.29	130	150	175	199	208	210	222	248	106
D5110	complete denture - maxillary	1,912.29	508.84	1,300	1,562	1,828	2,271	2,341	2,500	2,604	2,909	117
D5120	complete denture - mandibular	1,906.31	506.56	1,285	1,546	1,821	2,271	2,341	2,500	2,604	2,850	116
D5130	immediate denture - maxillary	1,981.30	551.01	1,350	1,638	1,900	2,271	2,351	2,575	2,850	3,000	112
D5140	immediate denture - mandibular	1,973.75	548.00	1,350	1,643	1,882	2,271	2,337	2,537	2,899	3,000	112
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,519.18	486.78	952	1,131	1,428	1,857	1,912	1,949	2,107	2,250	100
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,527.84	502.02	952	1,131	1,428	1,872	1,949	2,048	2,107	2,250	101
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,999.07	512.89	1,450	1,683	1,918	2,250	2,398	2,545	2,600	3,000	115
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,996.64	512.78	1,450	1,683	1,905	2,250	2,398	2,545	2,600	3,000	115
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,399.01	507.70	825	979	1,375	1,785	1,785	1,828	2,089	2,200	39
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,397.83	535.08	700	951	1,375	1,785	1,785	1,909	2,200	2,348	40
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,780.09	489.34	1,301	1,454	1,750	1,975	2,037	2,400	2,500	2,900	34

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D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,783.75	489.13	1,301	1,500	1,750	1,975	2,037	2,350	2,500	2,900	33
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,622.32	344.93	1,225	1,400	1,600	1,870	1,920	1,969	2,000	2,138	81
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,626.79	358.30	1,200	1,400	1,592	1,875	1,920	1,989	2,000	2,250	78
D5520	replace missing or broken teeth - complete denture (each tooth)	209.61	54.13	148	179	200	243	252	273	275	317	97
D5640	replace broken teeth - per tooth	222.79	64.25	150	180	210	257	274	302	325	350	101
D5650	add tooth to existing partial denture	254.94	74.33	170	206	238	300	325	336	359	393	104
D5660	add clasp to existing partial denture - per tooth	298.91	83.71	200	233	300	353	366	394	427	450	97
D5710	rebase complete maxillary denture	642.50	132.92	489	550	646	731	772	774	800	844	87
D5711	rebase complete mandibular denture	632.88	138.02	473	528	645	719	772	779	800	824	86
D5720	rebase maxillary partial denture	612.43	123.80	475	530	610	680	704	705	799	800	84
D5721	rebase mandibular partial denture	611.54	121.93	477	529	600	680	704	705	799	800	84
D5730	reline complete maxillary denture (chairside)	391.54	109.10	260	318	393	450	468	500	541	575	104
D5731	reline complete mandibular denture (chairside)	389.87	110.53	260	318	391	450	473	500	536	575	106
D5750	reline complete maxillary denture (laboratory)	522.85	116.44	351	450	525	600	622	644	659	694	115
D5751	reline complete mandibular denture (laboratory)	521.72	113.75	351	450	528	600	622	642	659	686	114
D5986	fluoride gel carrier	187.90	73.17	100	128	188	250	250	270	285	312	45
D6010	surgical placement of implant body: endosteal implant	2,164.46	341.36	1,775	1,890	2,127	2,375	2,418	2,500	2,591	2,784	54
D6055	connecting bar – implant supported or abutment supported	2,262.66	1,497.57	650	950	2,052	3,264	3,388	3,889	4,400	5,665	57

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6056	prefabricated abutment – includes modification and placement	731.74	208.01	510	600	700	823	850	890	994	1,137	86
D6057	custom fabricated abutment – includes placement	894.17	192.37	661	750	900	980	1,011	1,075	1,169	1,249	92
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,587.61	285.23	1,250	1,390	1,583	1,750	1,789	1,851	2,023	2,127	94
D6066	implant supported crown - porcelain fused to high noble alloys	1,669.47	363.29	1,285	1,400	1,600	1,980	2,000	2,085	2,127	2,200	81
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,567.80	288.01	1,211	1,398	1,510	1,755	1,828	1,851	1,995	2,079	64
D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	1,665.05	355.86	1,253	1,400	1,567	1,851	1,955	2,191	2,199	2,296	49
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	219.83	100.89	105	155	200	300	301	330	348	381	52
D6100	implant removal, by report	668.70	283.26	285	428	650	928	930	1,029	1,080	1,198	33
D6205	pontic - indirect resin based composite	937.93	316.67	465	717	950	1,113	1,144	1,181	1,200	1,500	31
D6210	pontic - cast high noble metal	1,181.56	238.38	927	960	1,175	1,275	1,344	1,391	1,500	1,718	87
D6240	pontic - porcelain fused to high noble metal	1,245.04	256.51	965	1,050	1,200	1,350	1,367	1,500	1,600	1,755	102
D6241	pontic - porcelain fused to predominantly base metal	1,082.11	204.17	857	904	1,071	1,200	1,200	1,276	1,343	1,500	77
D6245	pontic - porcelain/ceramic	1,237.65	238.25	985	1,043	1,200	1,360	1,467	1,529	1,545	1,718	93
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	570.96	366.58	210	320	420	835	844	912	912	1,341	53
D6545	retainer - cast metal for resin bonded fixed prosthesis	802.25	328.79	416	515	801	965	993	1,184	1,250	1,400	77
D6750	retainer crown - porcelain fused to high noble metal	1,280.35	242.08	990	1,123	1,234	1,400	1,479	1,501	1,600	1,847	95

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D6751	retainer crown - porcelain fused to predominantly base metal	1,130.72	202.22	875	1,000	1,101	1,220	1,279	1,300	1,365	1,500	69
D6790	retainer crown - full cast high noble metal	1,257.73	232.61	972	1,087	1,237	1,391	1,442	1,492	1,550	1,718	85
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	474.61	268.44	210	300	375	650	663	663	791	944	52
D6930	re-cement or re-bond fixed partial denture	190.87	56.43	120	155	186	203	234	250	250	303	101
D7111	extraction, coronal remnants – primary tooth	150.82	46.46	95	117	155	173	175	195	210	250	97
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	212.47	64.71	140	164	200	260	280	295	299	350	116
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	315.34	73.42	220	278	310	357	362	391	400	446	109
D7220	removal of impacted tooth - soft tissue	354.35	83.98	244	297	348	398	412	426	461	494	92
D7230	removal of impacted tooth - partially bony	436.96	92.65	320	388	430	496	509	525	550	592	86
D7240	removal of impacted tooth - completely bony	527.85	114.26	400	450	515	582	610	625	654	805	77
D7250	removal of residual tooth roots (cutting procedure)	345.67	85.31	240	300	345	395	398	401	425	500	91
D7286	incisional biopsy of oral tissue-soft	339.64	94.86	203	275	350	394	412	444	454	483	61
D7288	brush biopsy - transepithelial sample collection	200.25	80.68	109	143	205	225	237	284	300	410	35
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	324.78	97.24	198	250	325	382	405	424	441	525	65
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	443.35	141.95	268	323	465	530	562	592	600	661	65

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D7410	excision of benign lesion up to 1.25 cm	363.56	154.98	165	275	319	442	478	500	525	644	53
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	492.32	212.64	175	294	519	643	643	643	781	880	31
D7880	occlusal orthotic device, by report	809.98	369.75	403	547	745	985	1,090	1,143	1,466	1,500	47
D7953	bone replacement graft for ridge preservation - per site	539.01	226.06	285	385	495	631	800	800	915	977	47
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	453.64	130.61	280	355	450	527	554	579	604	703	72
D7970	excision of hyperplastic tissue - per arch	456.83	174.55	203	284	500	615	625	625	635	682	58
D8020	limited orthodontic treatment of the transitional dentition	3,134.93	1,011.82	1,870	2,723	3,075	3,800	3,900	4,000	4,300	4,935	31
D8030	limited orthodontic treatment of the adolescent dentition	3,143.38	1,085.98	1,590	2,500	3,000	4,000	4,000	4,250	4,300	4,935	36
D8040	limited orthodontic treatment of the adult dentition	3,453.15	1,204.76	1,726	2,630	3,630	4,250	4,263	4,500	4,623	4,901	49
D8080	comprehensive orthodontic treatment of the adolescent dentition	5,677.70	925.35	4,620	5,000	5,723	6,225	6,243	6,856	7,311	7,311	37
D8090	comprehensive orthodontic treatment of the adult dentition	5,576.50	707.00	4,700	5,000	5,500	6,200	6,200	6,313	6,378	6,600	51
D8660	pre-orthodontic treatment examination to monitor growth and development	243.12	193.66	55	82	150	386	472	482	536	616	37
D9110	palliative (emergency) treatment of dental pain - minor procedure	175.04	53.86	100	142	178	213	215	225	234	283	110
D9120	fixed partial denture sectioning	198.75	83.63	87	120	200	270	270	275	325	344	71
D9210	local anesthesia not in conjunction with operative or surgical procedures	72.32	28.58	34	50	76	88	89	100	108	130	37
D9215	local anesthesia in conjunction with operative or surgical procedures	35.32	34.22	0	0	35	60	62	65	75	119	38
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	82.87	38.76	30	51	85	105	112	115	125	161	77
D9248	non-intravenous conscious sedation	220.16	167.22	0	72	225	350	374	381	400	550	31

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D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	110.69	70.18	0	51	120	172	178	187	195	210	68
D9410	house/extended care facility call	211.55	95.90	100	125	212	279	289	300	325	350	41
D9420	hospital or ambulatory surgical center call	305.99	142.66	102	185	300	393	395	410	500	600	37
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	80.96	42.51	0	60	87	100	105	112	135	150	89
D9440	office visit - after regularly scheduled hours	197.68	60.46	125	163	187	227	230	250	295	300	91
D9610	therapeutic parenteral drug, single administration	54.89	43.48	0	20	54	88	95	100	110	141	36
D9630	drugs or medicaments dispensed in the office for home use	39.18	34.07	0	15	25	63	76	88	100	110	40
D9910	application of desensitizing medicament	66.14	26.86	35	50	61	80	85	92	100	116	86
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	67.14	37.02	16	45	70	86	100	100	105	150	61
D9920	behavior management, by report	141.04	79.74	46	83	125	187	189	250	278	296	34
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	130.69	39.42	75	101	134	155	155	160	175	210	47
D9940	occlusal guard, by report	546.86	136.61	365	439	565	641	653	695	711	766	94
D9941	fabrication of athletic mouthguard	257.31	128.04	121	175	250	300	323	350	400	550	88
D9951	occlusal adjustment - limited	165.91	75.97	75	100	159	217	230	237	267	313	85
D9952	occlusal adjustment - complete	638.27	246.57	335	450	650	800	811	880	924	939	73
D9972	external bleaching - per arch - performed in office	307.62	120.29	150	200	306	395	415	442	450	457	60
D9974	internal bleaching - per tooth	289.58	82.24	200	218	306	341	350	350	365	446	76
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	249.74	123.11	120	149	218	350	379	400	425	450	71

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				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	76.87	37.26	40	50	65	105	115	120	140	150	37
D0140	limited oral evaluation - problem focused	100.33	23.73	75	80	95	120	125	125	130	150	79
D0150	comprehensive oral evaluation - new or established patient	117.66	35.45	75	90	115	150	150	158	160	185	53
D0160	detailed and extensive oral evaluation - problem focused, by report	175.04	66.39	82	125	175	205	220	235	250	320	44
D0220	intraoral - periapical first radiographic image	33.54	8.80	25	28	35	37	39	40	43	50	63
D0230	intraoral - periapical each additional radiographic image	29.23	7.39	20	25	30	33	35	37	40	42	53
D0330	panoramic radiographic image	130.42	27.84	100	110	125	150	151	160	165	175	89
D0364	cone beam CT capture and interpretation with limited field of view – less than one whole jaw	284.97	84.96	175	250	286	350	368	385	413	450	38
D0365	cone beam CT capture and interpretation with field of view of one full dental arch – mandible	305.37	104.76	155	250	286	390	398	413	450	484	34
D0366	cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	306.21	105.16	155	226	285	390	398	413	450	484	35
D0367	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	337.86	114.03	195	250	336	424	425	452	475	500	53
D3410	apicoectomy - anterior	852.02	239.27	500	700	850	980	1,000	1,150	1,200	1,280	45
D3421	apicoectomy - premolar (first root)	892.85	311.56	425	725	900	1,150	1,184	1,275	1,300	1,425	43
D3425	apicoectomy - molar (first root)	971.17	388.30	450	750	945	1,250	1,342	1,450	1,500	1,650	41
D3426	apicoectomy (each additional root)	356.71	137.95	200	250	355	475	500	520	550	560	35
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	679.95	233.87	368	450	700	846	890	905	990	1,200	34

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Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	435.45	161.76	300	313	400	499	545	550	750	800	35
D4266	guided tissue regeneration - resorbable barrier, per site	557.00	230.84	250	381	520	750	765	793	881	993	49
D6010	surgical placement of implant body: endosteal implant	2,223.67	349.13	1,800	1,990	2,200	2,400	2,500	2,573	2,700	2,841	88
D6056	prefabricated abutment – includes modification and placement	597.11	190.93	350	465	544	746	775	850	885	1,000	36
D6100	implant removal, by report	642.07	249.64	375	425	568	800	858	940	1,000	1,060	57
D6104	bone graft at time of implant placement	523.10	164.33	300	395	555	650	650	675	700	800	58
D7111	extraction, coronal remnants – primary tooth	164.66	47.46	112	135	160	185	196	205	225	265	66
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	212.17	57.04	149	172	200	250	250	268	295	330	94
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	326.70	64.42	250	280	318	355	375	385	410	450	99
D7220	removal of impacted tooth - soft tissue	384.96	81.01	295	325	375	417	450	475	485	550	97
D7230	removal of impacted tooth - partially bony	474.07	89.70	373	407	460	525	549	561	600	634	97
D7240	removal of impacted tooth - completely bony	550.51	105.12	425	471	540	616	645	663	700	744	97
D7250	removal of residual tooth roots (cutting procedure)	346.22	77.24	263	281	335	388	400	425	443	500	86
D7251	coronectomy – intentional partial tooth removal	590.24	139.68	425	500	585	669	700	707	747	850	57
D7286	incisional biopsy of oral tissue-soft	420.37	128.48	280	325	400	500	519	550	595	650	75
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	388.70	103.93	275	310	375	450	450	475	504	630	75

2020 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 \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	526.87	175.88	350	400	488	630	657	750	795	825	77
D7410	excision of benign lesion up to 1.25 cm	661.28	350.17	300	400	560	800	895	1,050	1,200	1,300	66
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	822.95	433.73	350	510	750	1,087	1,200	1,250	1,337	1,631	57
D7630	mandible - open reduction (teeth immobilized, if present)	4,195.94	1,816.20	2,000	2,700	3,700	5,328	5,900	7,200	7,200	7,500	34
D7640	mandible - closed reduction (teeth immobilized, if present)	2,939.66	1,095.36	1,498	2,000	3,000	3,919	4,000	4,111	4,500	4,500	38
D7730	mandible - open reduction	5,251.85	2,147.70	2,500	3,800	5,000	6,500	6,967	8,000	8,200	9,400	32
D7740	mandible - closed reduction	3,209.06	1,138.25	1,500	2,460	3,200	4,000	4,453	4,525	4,700	4,840	33
D7910	suture of recent small wounds up to 5 cm	482.94	241.50	250	300	400	565	600	700	790	1,035	38
D7953	bone replacement graft for ridge preservation - per site	559.79	157.91	371	450	532	650	650	755	820	878	67
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	541.77	153.96	370	450	500	625	673	690	750	825	67
D7970	excision of hyperplastic tissue - per arch	640.34	253.79	350	480	599	750	800	894	1,000	1,200	54
D9110	palliative (emergency) treatment of dental pain - minor procedure	135.95	58.58	60	95	145	175	191	195	235	245	30
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	236.36	58.07	165	200	225	252	260	285	305	350	78
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	112.74	50.81	65	80	100	133	145	150	191	235	72
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	230.72	65.58	150	195	221	250	255	275	300	334	49
D9248	non-intravenous conscious sedation	225.96	130.54	85	125	233	300	305	325	375	550	31
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	157.89	70.51	95	111	140	185	200	225	255	300	53

**2020 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 \$	
D9610	therapeutic parenteral drug, single administration	84.08	39.71	34	50	80	120	125	125	125	140	35

**2020 Survey of Dental Fees
Endodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0140	limited oral evaluation - problem focused	115.77	41.24	69	95	104	130	146	175	180	200	83
D0220	intraoral - periapical first radiographic image	30.20	13.61	15	25	30	36	40	43	50	50	63
D0230	intraoral - periapical each additional radiographic image	26.08	9.29	15	20	25	34	35	40	40	43	48
D0364	cone beam CT capture and interpretation with limited field of view – less than one whole jaw	213.00	81.74	125	155	200	250	295	300	340	375	53
D2330	resin-based composite - one surface, anterior	165.22	35.23	125	150	160	190	195	200	203	230	41
D2391	resin-based composite - one surface, posterior	177.56	38.06	130	150	175	200	202	225	243	260	38
D2950	core buildup, including any pins when required	292.11	60.13	250	260	275	300	325	345	375	400	42
D2954	prefabricated post and core in addition to crown	348.90	60.73	275	310	340	380	395	400	425	495	30
D3110	pulp cap - direct (excluding final restoration)	193.85	114.33	75	100	150	271	298	300	340	427	40
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	291.57	122.03	155	200	272	350	384	400	450	500	50
D3221	pulpal debridement, primary and permanent teeth	285.46	92.72	165	225	285	350	365	400	440	450	54
D3310	endodontic therapy, anterior tooth (excluding final restoration)	1,063.45	230.44	800	900	1,015	1,168	1,190	1,226	1,395	1,500	98
D3320	endodontic therapy, premolar tooth (excluding final restoration)	1,179.40	235.91	900	1,000	1,150	1,288	1,325	1,472	1,530	1,600	100
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,364.04	234.73	1,100	1,195	1,345	1,500	1,550	1,595	1,668	1,800	99
D3331	treatment of root canal obstruction; non-surgical access	368.67	191.94	155	225	350	475	500	500	600	725	56

**2020 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 \$	
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	430.27	127.97	285	345	430	500	550	575	605	650	85
D3346	retreatment of previous root canal therapy - anterior	1,215.51	230.57	990	1,050	1,175	1,339	1,375	1,475	1,510	1,650	95
D3347	retreatment of previous root canal therapy - premolar	1,343.23	228.37	1,100	1,152	1,320	1,471	1,500	1,575	1,700	1,790	95
D3348	retreatment of previous root canal therapy - molar	1,539.31	225.53	1,270	1,375	1,510	1,675	1,720	1,800	1,890	2,000	95
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	447.78	168.01	235	325	450	525	570	632	650	759	59
D3352	apexification/recalcification – interim medication replacement	258.74	126.21	100	150	250	350	380	393	425	500	52
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	602.35	320.30	250	385	550	746	850	895	1,000	1,252	53
D3355	pulpal regeneration - initial visit	477.11	225.76	222	313	440	600	643	750	750	1,000	34
D3357	pulpal regeneration - completion of treatment	494.41	252.02	224	313	450	605	643	925	925	925	31
D3410	apicoectomy - anterior	1,161.44	272.41	800	985	1,100	1,330	1,375	1,470	1,510	1,786	88
D3421	apicoectomy - premolar (first root)	1,262.76	291.48	907	1,075	1,200	1,425	1,530	1,600	1,654	1,852	88
D3425	apicoectomy - molar (first root)	1,364.50	323.61	973	1,150	1,313	1,530	1,650	1,750	1,895	1,998	90
D3426	apicoectomy (each additional root)	342.92	166.01	199	235	300	450	495	500	550	575	69
D9110	palliative (emergency) treatment of dental pain - minor procedure	261.71	106.48	125	200	250	335	350	375	389	449	32
D9974	internal bleaching - per tooth	286.33	85.02	163	200	300	350	350	350	365	500	39

2020 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 \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0330	panoramic radiographic image	109.20	26.08	75	90	110	130	130	130	138	160	58
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	59.50	31.80	0	40	65	87	90	90	99	100	40
D0470	diagnostic casts	110.87	37.84	64	82	105	140	150	150	165	175	40
D1515	space maintainer - fixed, bilateral	640.34	303.96	300	430	650	700	750	880	950	1,525	37
D8020	limited orthodontic treatment of the transitional dentition	2,616.62	839.29	1,500	1,875	2,600	3,300	3,400	3,590	3,690	3,900	96
D8030	limited orthodontic treatment of the adolescent dentition	3,157.21	1,176.77	1,500	2,400	3,100	3,700	3,850	4,500	4,720	5,600	98
D8040	limited orthodontic treatment of the adult dentition	3,948.81	1,017.60	2,750	3,350	3,830	4,500	4,720	4,980	5,200	5,700	96
D8050	interceptive orthodontic treatment of the primary dentition	2,671.68	883.61	1,663	2,040	2,500	3,275	3,360	3,800	3,950	4,185	85
D8060	interceptive orthodontic treatment of the transitional dentition	2,955.61	866.36	1,800	2,350	2,900	3,560	3,800	3,850	4,100	4,500	120
D8070	comprehensive orthodontic treatment of the transitional dentition	5,233.88	1,111.57	3,500	4,500	5,400	5,950	6,000	6,200	6,560	6,995	107
D8080	comprehensive orthodontic treatment of the adolescent dentition	5,842.05	668.62	5,000	5,300	5,880	6,300	6,480	6,500	6,800	6,900	137
D8090	comprehensive orthodontic treatment of the adult dentition	6,139.34	781.81	5,200	5,700	6,100	6,500	6,600	6,983	7,200	7,500	139
D8660	pre-orthodontic treatment examination to monitor growth and development	163.55	107.69	50	75	150	250	250	250	295	295	30
D8670	periodic orthodontic treatment visit	171.67	54.80	85	140	175	200	200	220	227	273	48
D8681	removable orthodontic retainer adjustment	103.86	97.05	25	50	75	117	135	200	275	285	48
D9940	occlusal guard, by report	657.15	292.80	350	400	600	797	850	880	1,100	1,195	32

**2020 Survey of Dental Fees
Pediatric Dentists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	60.22	14.65	45	50	56	70	71	75	82	84	93
D0140	limited oral evaluation - problem focused	85.28	22.90	54	70	85	101	108	112	114	118	94
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	92.38	33.84	55	68	85	103	111	125	149	182	79
D0150	comprehensive oral evaluation - new or established patient	91.61	25.52	58	75	90	108	111	120	126	141	95
D0160	detailed and extensive oral evaluation - problem focused, by report	148.36	45.40	82	105	157	175	193	207	211	215	39
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	69.33	33.63	0	55	75	87	88	93	102	124	64
D0171	re-evaluation – post-operative office visit	22.29	34.23	0	0	0	50	65	65	85	95	31
D0210	intraoral - complete series of radiographic images	150.94	33.55	112	130	145	171	184	184	195	205	71
D0220	intraoral - periapical first radiographic image	33.27	9.54	24	27	33	39	40	42	46	50	94
D0230	intraoral - periapical each additional radiographic image	27.88	6.57	20	25	28	32	34	34	35	37	93
D0272	bitewings - two radiographic images	55.72	11.58	40	48	55	62	67	70	72	78	89
D0273	bitewings - three radiographic images	67.60	15.30	51	58	63	75	76	81	85	105	50
D0274	bitewings - four radiographic images	76.98	17.25	57	63	75	88	89	94	100	109	84
D0330	panoramic radiographic image	130.30	28.57	100	115	122	141	150	164	168	185	89
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	78.14	37.72	30	45	71	110	110	120	120	120	32
D0470	diagnostic casts	120.15	36.30	75	96	114	140	154	156	159	178	37
D1110	prophylaxis - adult	99.48	22.19	68	85	101	110	115	119	125	140	94
D1120	prophylaxis - child	78.86	18.65	58	67	78	89	93	98	103	117	95
D1206	topical application of fluoride varnish	48.90	13.60	32	40	48	56	56	60	64	80	86
D1208	topical application of fluoride – excluding varnish	43.90	10.31	29	37	45	50	53	53	58	63	79

**2020 Survey of Dental Fees
Pediatric Dentists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D1330	oral hygiene instructions	27.26	29.17	0	0	17	60	60	68	68	75	50
D1351	sealant - per tooth	65.91	15.45	50	55	62	72	75	77	83	98	90
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	93.99	41.84	52	62	85	106	114	127	150	159	46
D1354	interim caries arresting medicament application – per tooth	52.08	29.02	25	30	45	60	65	66	84	109	66
D1510	space maintainer - fixed, unilateral – per quadrant	374.75	80.40	280	307	360	430	438	465	482	522	83
D1515	space maintainer - fixed, bilateral	535.38	115.07	410	450	528	567	604	616	695	758	79
D2140	amalgam - one surface, primary or permanent	168.18	37.75	122	142	160	194	199	202	215	251	54
D2150	amalgam - two surfaces, primary or permanent	206.27	44.35	146	170	202	240	240	250	272	278	55
D2160	amalgam - three surfaces, primary or permanent	246.96	54.15	178	210	232	300	300	316	325	342	55
D2161	amalgam - four or more surfaces, primary or permanent	288.83	69.60	201	235	270	360	360	379	391	403	50
D2330	resin-based composite - one surface, anterior	179.93	46.66	131	150	171	196	215	229	245	259	92
D2331	resin-based composite - two surfaces, anterior	220.30	56.40	165	183	210	236	257	270	283	321	92
D2332	resin-based composite - three surfaces, anterior	264.24	64.17	200	220	251	286	305	320	351	385	93
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	339.47	85.66	249	276	320	401	412	425	459	500	92
D2390	resin-based composite crown, anterior	422.96	103.25	295	344	412	500	500	525	571	618	76
D2391	resin-based composite - one surface, posterior	196.81	45.83	142	171	190	211	233	246	256	279	89
D2392	resin-based composite - two surfaces, posterior	246.40	54.31	180	212	240	272	279	305	319	358	87

**2020 Survey of Dental Fees
Pediatric Dentists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2393	resin-based composite - three surfaces, posterior	296.17	63.29	213	251	290	328	342	373	396	410	87
D2394	resin-based composite - four or more surfaces, posterior	356.72	74.83	260	310	360	402	422	435	452	481	81
D2920	re-cement or re-bond crown	101.74	24.20	70	83	100	116	124	125	132	152	60
D2929	prefabricated porcelain/ceramic crown – primary tooth	445.99	95.58	345	375	432	500	501	550	563	700	49
D2930	prefabricated stainless steel crown - primary tooth	314.49	62.76	239	276	300	350	362	364	390	419	80
D2931	prefabricated stainless steel crown - permanent tooth	369.07	78.85	279	320	362	415	440	449	469	500	77
D2940	protective restoration	123.30	27.14	94	103	122	135	137	156	170	173	60
D2950	core buildup, including any pins when required	286.37	68.92	195	246	277	341	365	379	385	385	33
D3110	pulp cap - direct (excluding final restoration)	91.10	25.28	65	75	82	102	107	113	115	122	63
D3120	pulp cap - indirect (excluding final restoration)	87.86	29.04	55	73	82	105	111	115	119	143	66
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	206.39	48.96	151	175	198	242	246	267	280	300	88
D3221	pulpal debridement, primary and permanent teeth	210.36	68.16	150	167	187	250	270	285	316	330	44
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	288.18	83.21	190	220	278	340	340	375	392	480	63
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	325.20	93.64	209	249	312	384	396	425	453	500	59
D3310	endodontic therapy, anterior tooth (excluding final restoration)	788.36	136.13	599	739	768	871	884	959	1,000	1,029	32

**2020 Survey of Dental Fees
Pediatric Dentists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	177.09	46.77	120	139	180	205	211	240	243	253	40
D7111	extraction, coronal remnants – primary tooth	147.86	52.44	83	108	145	175	178	195	215	270	76
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	185.01	59.16	111	154	178	209	213	235	260	278	86
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	278.18	57.27	203	235	275	300	319	341	370	392	51
D7220	removal of impacted tooth - soft tissue	316.74	82.46	202	252	330	348	350	390	430	452	35
D7250	removal of residual tooth roots (cutting procedure)	277.75	105.64	170	178	245	348	365	424	440	469	33
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	488.92	143.26	287	414	483	560	600	602	616	655	37
D8060	interceptive orthodontic treatment of the transitional dentition	1,942.79	1,259.40	249	800	1,930	2,800	2,995	3,100	3,605	4,000	31
D9110	palliative (emergency) treatment of dental pain - minor procedure	139.63	57.14	70	106	129	168	180	185	220	270	69
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	65.99	27.48	38	50	65	82	90	96	100	107	79
D9248	non-intravenous conscious sedation	277.53	141.48	111	190	293	350	350	400	441	560	44
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	128.02	43.59	80	95	132	152	155	184	185	211	45
D9420	hospital or ambulatory surgical center call	346.72	131.84	200	300	350	395	422	430	500	603	47
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	66.09	40.15	0	33	70	86	100	105	110	120	33

**2020 Survey of Dental Fees
Pediatric Dentists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D9440	office visit - after regularly scheduled hours	179.62	65.40	90	145	183	206	211	235	252	265	57
D9920	behavior management, by report	107.50	59.79	55	62	87	130	150	175	205	245	41
D9940	occlusal guard, by report	393.62	189.14	150	230	378	491	505	595	695	750	39
D9941	fabrication of athletic mouthguard	236.60	99.89	100	171	225	314	350	365	386	408	47
D9951	occlusal adjustment - limited	134.35	74.44	35	78	130	150	203	230	253	277	30
D9972	external bleaching - per arch - performed in office	236.86	113.73	119	160	185	321	335	336	400	459	31

**2020 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	72.80	31.02	40	51	65	85	92	100	130	135	75
D0140	limited oral evaluation - problem focused	96.11	32.94	60	80	92	105	125	135	140	153	78
D0150	comprehensive oral evaluation - new or established patient	128.50	39.56	80	102	130	150	155	155	175	190	54
D0160	detailed and extensive oral evaluation - problem focused, by report	146.99	46.05	80	108	150	180	181	185	190	225	39
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	72.39	44.55	0	50	79	94	106	109	130	148	54
D0171	re-evaluation – post-operative office visit	29.85	45.11	0	0	0	75	78	82	95	133	40
D0180	comprehensive periodontal evaluation - new or established patient	142.42	36.93	102	115	135	165	175	185	190	195	77
D0210	intraoral - complete series of radiographic images	154.85	27.56	123	139	152	168	175	181	195	195	70
D0220	intraoral - periapical first radiographic image	32.37	9.13	20	27	34	37	39	40	45	47	77
D0230	intraoral - periapical each additional radiographic image	25.35	9.02	13	20	26	30	31	33	35	45	75
D0272	bitewings - two radiographic images	48.69	10.25	33	42	49	55	57	60	64	65	45
D0274	bitewings - four radiographic images	75.24	13.85	59	65	75	81	84	88	95	99	57
D0277	vertical bitewings - 7 to 8 radiographic images	106.86	22.34	80	92	101	120	127	130	140	165	33
D0330	panoramic radiographic image	138.15	28.09	102	120	137	152	155	158	165	196	43
D0367	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	335.43	83.19	200	275	350	395	396	412	425	495	39
D0470	diagnostic casts	117.03	40.52	60	95	120	145	150	162	175	180	37
D1110	prophylaxis - adult	128.09	26.58	99	110	126	145	150	150	165	180	65
D1120	prophylaxis - child	90.20	29.35	48	78	89	103	117	120	125	140	36
D1206	topical application of fluoride varnish	40.79	14.09	22	28	40	50	50	55	62	68	44
D1330	oral hygiene instructions	28.28	26.84	0	0	25	57	60	63	64	72	41

**2020 Survey of Dental Fees
Periodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	861.28	237.47	575	730	820	950	1,000	1,083	1,119	1,300	71
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	544.19	197.62	377	425	500	600	625	747	800	850	70
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	442.83	174.92	250	325	415	500	500	600	695	750	39
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	1,051.99	316.76	750	866	950	1,225	1,300	1,371	1,500	1,700	68
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	797.53	245.38	530	631	732	931	1,000	1,060	1,120	1,295	66
D4249	clinical crown lengthening – hard tissue	1,070.49	304.02	749	871	1,025	1,200	1,257	1,394	1,505	1,695	78
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1,463.86	323.13	1,100	1,250	1,385	1,691	1,700	1,838	1,900	1,986	79
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	1,138.42	273.13	875	950	1,060	1,295	1,350	1,408	1,600	1,635	78
D4263	bone replacement graft – retained natural tooth – first site in quadrant	612.70	175.43	400	475	591	725	776	795	822	900	78
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	447.64	185.79	200	300	423	600	617	643	700	762	69
D4266	guided tissue regeneration - resorbable barrier, per site	599.38	255.30	300	425	550	770	850	875	889	950	77

**2020 Survey of Dental Fees
Periodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	718.39	289.34	375	500	663	875	950	1,045	1,075	1,250	58
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	1,343.84	260.75	981	1,200	1,302	1,500	1,500	1,600	1,670	1,800	74
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft	1,363.34	333.42	966	1,155	1,350	1,500	1,550	1,600	1,750	2,000	61
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	1,225.15	307.70	822	1,050	1,175	1,350	1,375	1,500	1,660	1,750	72
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	834.98	359.19	400	600	750	950	1,147	1,250	1,360	1,600	64
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	899.21	359.32	488	708	798	1,000	1,172	1,250	1,375	1,742	54
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	1,001.20	420.87	600	709	850	1,173	1,350	1,550	1,600	1,750	48
D4321	provisional splinting - extracoronal	477.02	160.46	250	338	500	556	608	650	695	750	41
D4341	periodontal scaling and root planing - four or more teeth per quadrant	352.20	77.08	279	300	350	375	395	400	440	484	76

**2020 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 \$	
D4342	periodontal scaling and root planing - one to three teeth per quadrant	255.08	61.06	185	215	250	295	300	315	325	360	74
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	259.78	101.23	141	195	235	305	325	395	400	484	64
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	103.53	63.43	46	66	75	126	141	158	185	270	65
D4910	periodontal maintenance	156.05	30.64	121	132	155	173	177	193	199	205	76
D6010	surgical placement of implant body: endosteal implant	2,337.95	301.13	1,995	2,200	2,298	2,450	2,500	2,685	2,753	2,995	74
D6056	prefabricated abutment – includes modification and placement	707.21	295.69	320	490	704	875	930	950	985	1,401	39
D6057	custom fabricated abutment – includes placement	961.90	202.53	735	824	950	1,020	1,097	1,200	1,260	1,272	32
D6100	implant removal, by report	803.65	367.96	368	520	827	916	950	1,000	1,100	1,650	53
D6104	bone graft at time of implant placement	599.78	174.64	380	450	582	743	766	814	875	900	64
D7111	extraction, coronal remnants – primary tooth	165.56	80.41	58	108	162	201	216	227	250	275	37
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	252.19	82.36	164	190	248	295	295	315	350	436	70
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	388.66	118.57	273	300	370	425	475	495	550	675	73
D7220	removal of impacted tooth - soft tissue	436.55	114.56	311	357	420	482	500	500	550	618	44
D7230	removal of impacted tooth - partially bony	512.24	196.83	350	405	475	575	575	600	610	1,081	41
D7240	removal of impacted tooth - completely bony	594.65	182.01	410	495	556	675	679	730	750	1,054	33
D7250	removal of residual tooth roots (cutting procedure)	389.87	76.16	294	340	390	429	457	482	485	500	46

**2020 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	incisional biopsy of oral tissue-soft	438.90	139.85	275	336	400	557	575	600	650	750	62
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	478.86	232.23	250	314	425	584	600	750	906	950	44
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	691.95	281.19	395	499	650	875	906	1,000	1,100	1,350	43
D7410	excision of benign lesion up to 1.25 cm	514.70	206.52	275	351	460	607	695	775	875	925	39
D7953	bone replacement graft for ridge preservation - per site	705.83	225.44	422	562	700	829	850	875	968	985	57
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	580.81	140.83	420	479	568	650	680	700	782	860	66
D7970	excision of hyperplastic tissue - per arch	789.18	344.60	391	576	650	1,039	1,148	1,202	1,380	1,400	36
D9110	palliative (emergency) treatment of dental pain - minor procedure	161.83	73.13	98	125	150	199	200	210	252	325	40
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	84.82	37.11	48	60	85	100	103	107	129	163	39
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	120.16	57.09	35	90	131	152	158	162	175	200	35
D9910	application of desensitizing medicament	60.65	36.73	15	33	56	75	75	84	105	125	30
D9940	occlusal guard, by report	625.32	130.20	450	500	650	720	750	750	756	835	39
D9951	occlusal adjustment - limited	204.76	74.71	108	150	205	251	270	278	300	320	48
D9952	occlusal adjustment - complete	565.37	234.97	250	400	502	778	800	900	935	950	40

**2020 Survey of Dental Fees
Prosthodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	58.78	12.59	42	52	58	65	70	70	74	75	37
D0140	limited oral evaluation - problem focused	91.69	25.71	60	75	90	105	117	125	125	135	39
D0150	comprehensive oral evaluation - new or established patient	114.17	34.41	75	90	110	135	135	143	150	173	38
D0160	detailed and extensive oral evaluation - problem focused, by report	139.60	62.02	60	95	145	181	185	185	216	250	32
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	71.07	37.85	0	50	75	100	100	101	109	125	34
D0210	intraoral - complete series of radiographic images	157.03	32.97	110	139	156	180	182	187	194	220	37
D0220	intraoral - periapical first radiographic image	31.63	7.01	23	27	31	36	37	40	42	42	38
D0230	intraoral - periapical each additional radiographic image	25.97	6.88	17	21	26	30	32	32	35	36	38
D0272	bitewings - two radiographic images	52.18	8.23	42	45	52	57	60	60	65	68	34
D0274	bitewings - four radiographic images	78.84	13.08	60	70	78	84	89	92	92	112	36
D0470	diagnostic casts	136.02	51.57	75	108	130	160	175	181	190	250	36
D1110	prophylaxis - adult	114.69	25.69	85	99	112	131	139	140	145	155	38
D1120	prophylaxis - child	87.07	23.64	65	74	84	95	97	99	126	150	32
D1206	topical application of fluoride varnish	44.56	14.90	25	35	44	54	60	66	67	70	34
D1351	sealant - per tooth	60.84	18.93	40	45	60	72	74	80	80	100	33
D2330	resin-based composite - one surface, anterior	216.19	48.42	170	185	206	235	238	259	285	350	37
D2331	resin-based composite - two surfaces, anterior	251.05	47.74	199	218	248	275	278	300	323	355	35
D2332	resin-based composite - three surfaces, anterior	302.65	52.33	242	268	297	340	345	358	365	417	36
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	374.12	99.70	260	305	380	420	438	453	505	598	36

**2020 Survey of Dental Fees
Prosthodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2391	resin-based composite - one surface, posterior	220.73	47.41	159	188	218	240	260	280	285	325	37
D2392	resin-based composite - two surfaces, posterior	277.72	51.53	213	239	277	309	310	335	365	379	35
D2393	resin-based composite - three surfaces, posterior	342.14	88.56	240	299	341	371	386	398	481	485	37
D2394	resin-based composite - four or more surfaces, posterior	406.39	107.65	255	348	403	446	453	466	585	679	34
D2740	crown - porcelain/ceramic	1,616.00	269.95	1,263	1,425	1,649	1,800	1,853	1,950	1,975	2,036	35
D2750	crown - porcelain fused to high noble metal	1,555.47	316.48	1,100	1,379	1,550	1,850	1,853	1,950	1,975	2,036	36
D2752	crown - porcelain fused to noble metal	1,501.28	354.90	1,000	1,323	1,500	1,700	1,900	1,950	1,975	2,036	31
D2790	crown - full cast high noble metal	1,556.73	324.30	1,100	1,313	1,550	1,800	1,900	1,950	2,036	2,150	36
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	393.01	198.75	150	225	400	552	575	625	645	685	38
D2920	re-cement or re-bond crown	150.16	55.13	85	109	141	185	195	195	205	275	37
D2950	core buildup, including any pins when required	342.17	102.73	225	281	335	388	400	420	450	552	35
D2952	post and core in addition to crown, indirectly fabricated	499.68	143.80	290	385	489	578	647	678	748	757	33
D2954	prefabricated post and core in addition to crown	417.56	112.33	272	358	400	465	491	504	575	675	34
D2962	labial veneer (porcelain laminate) - laboratory	1,715.50	323.60	1,354	1,446	1,700	1,915	1,950	2,050	2,140	2,525	33
D4341	periodontal scaling and root planing - four or more teeth per quadrant	260.97	56.28	196	210	260	291	305	325	335	366	32
D4342	periodontal scaling and root planing - one to three teeth per quadrant	204.93	52.88	149	165	196	240	250	275	277	284	30
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	191.94	66.06	103	149	193	226	248	250	309	310	31

**2020 Survey of Dental Fees
Prosthodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D5110	complete denture - maxillary	2,736.21	838.89	1,650	2,057	2,785	3,550	3,600	3,700	3,800	3,942	39
D5120	complete denture - mandibular	2,747.81	835.79	1,650	2,057	2,785	3,550	3,600	3,700	3,800	3,942	39
D5130	immediate denture - maxillary	2,410.86	848.30	1,254	1,753	2,313	2,900	3,038	3,200	3,700	4,274	37
D5140	immediate denture - mandibular	2,431.98	857.79	1,254	1,753	2,315	2,900	3,038	3,200	3,700	4,427	37
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,631.05	606.42	900	1,200	1,740	1,923	1,956	2,475	2,500	2,850	32
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,610.04	632.10	827	1,200	1,740	1,923	1,950	2,495	2,500	2,850	32
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	2,609.23	837.94	1,485	1,874	2,567	3,250	3,323	3,500	3,700	4,200	35
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	2,617.20	836.50	1,485	1,874	2,567	3,261	3,323	3,500	3,700	4,200	35
D5520	replace missing or broken teeth - complete denture (each tooth)	207.17	51.43	135	165	200	250	250	250	275	300	32
D5640	replace broken teeth - per tooth	206.11	55.25	118	170	225	250	250	250	275	295	33
D5650	add tooth to existing partial denture	241.25	67.34	150	200	239	279	292	300	311	433	34
D5660	add clasp to existing partial denture - per tooth	290.44	74.87	191	248	282	350	350	360	370	425	31
D5730	reline complete maxillary denture (chairside)	422.55	196.53	218	300	440	500	547	625	750	785	31
D5731	reline complete mandibular denture (chairside)	417.30	196.55	218	300	400	500	547	625	750	785	31
D5750	reline complete maxillary denture (laboratory)	587.24	161.79	350	490	573	670	716	750	845	898	35
D5751	reline complete mandibular denture (laboratory)	579.41	197.81	350	490	600	670	716	750	845	898	35

**2020 Survey of Dental Fees
Prosthodontists - National**

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6056	prefabricated abutment – includes modification and placement	779.80	184.76	500	650	822	918	918	980	1,010	1,100	30
D6057	custom fabricated abutment – includes placement	1,007.53	229.67	750	875	995	1,172	1,237	1,288	1,300	1,320	34
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,721.87	275.24	1,349	1,537	1,719	1,900	1,904	1,971	2,130	2,250	32
D6240	pontic - porcelain fused to high noble metal	1,503.19	375.66	960	1,254	1,550	1,750	1,853	1,950	2,000	2,200	35
D6245	pontic - porcelain/ceramic	1,577.18	363.62	1,100	1,254	1,600	1,900	1,950	2,000	2,028	2,200	31
D6750	retainer crown - porcelain fused to high noble metal	1,569.81	310.63	1,150	1,327	1,562	1,800	1,850	1,900	1,975	2,036	34
D6930	re-cement or re-bond fixed partial denture	223.42	78.76	125	155	218	253	275	350	350	350	33
D9110	palliative (emergency) treatment of dental pain - minor procedure	132.88	40.24	80	92	135	159	165	167	191	191	32
D9940	occlusal guard, by report	695.10	176.02	450	528	713	845	895	899	899	910	30
D9951	occlusal adjustment - limited	202.07	108.76	81	110	199	265	277	285	308	325	30
D9952	occlusal adjustment - complete	718.83	355.15	300	475	673	895	963	1,100	1,186	1,560	30

2020 Survey of Dental Fees Methodology

In accordance with a directive from the 1976 House of Delegates, the Health Policy Institute 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 268 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 2020 *Survey of Dental Fees* survey instrument and presented in the tables of this report were taken from *CDT 2020*, the reference manual published by the ADA. Codes D1515 and D9940 from the *CDT 2019* are also included. The previous *Survey of Dental Fees* used codes based on the 2018 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 2020* 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 2020 *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 10.4% of the population, was a simple random probability sample of 15,000 dentists in private practice, of whom approximately 60% were general practitioners and 40% were specialists, with pediatric dentists and prosthodontists oversampled. General practitioners from the New England, East South Central, West North Central, West South Central, and Mountain 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 2020 *Survey of Dental Fees* was initially mailed to 15,000 dentists in private practice in February 2020 and two follow-up mailings to non-respondents were sent in March and May. Data collection was concluded in July 2020 after responses had been received from 1,477 dentists. The final adjusted response rate of 10.4% excludes those individuals who were retired, not in private practice, deceased, or had unknown or foreign addresses.

Weighting

The proportion of dentists in the sample and among the respondents were inconsistent with 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 dental population as a whole. If left unbalanced, the statistics presented for all dentists, all general practitioners, or all specialists would have been skewed and would not have been an accurate representation of the dental population being analyzed. In order to account for these inconsistencies, survey weights were developed using the Propensity Cell Method. This method uses logistic regression to determine which categories on dentists were under/over represented in the responses and assigns a weight to each respondent in order to match the actual population.

2020 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.

2020 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.

2. In your primary practice in 2019, 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
- k. Dental anesthesiology 10

3. Please describe your **primary practice**. You are:

- a. A sole practitioner 1
- b. In a practice with 2 to 5 dentists..... 2
- c. In a practice with 6 to 10 dentists..... 3
- d. In a practice with 11 to 20 dentists..... 4
- e. In a practice with 21 to 100 dentists..... 5
- f. In a practice with more than 100 dentists 6

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

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

- a. Covered by a private benefit 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. Not covered by an insurance program?..... %
- Total 100%

6. Please indicate the number of participating provider contracts you have with the following:

- a. PPO plans _____
- b. DHMO plans..... _____
- c. Discount plans..... _____

7. In your opinion, how much are your fees discounted by managed care plans on an average percentage basis?

- a. <10%..... 1
- b. 10 – 20%..... 2
- c. 21 – 40%..... 3
- d. >40%..... 4

8. Do you or does your practice management system submit your full fee and all claim submissions to payers?

- 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

PLEASE READ THESE IMPORTANT INSTRUCTIONS BEFORE CONTINUING:

For the following procedures, **record your full fee—not the portion that you expect to receive or for which you might be reimbursed**. A full fee is the fee for a service that is set by the dentist, which reflects the costs of providing the procedure and the value of the dentist's professional judgment. A contractual relationship does not change the dentist's full fee. It is always appropriate to report the full fee for each service reported to a third-party payer.

- **Do not report a fee range.**
- Record a single fee for each service.
- If you provide certain services **without charge, write 0 (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 2020: 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
D0171	Re-evaluation – post-operative office 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
D0251	Extra-oral posterior dental 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	2D oral/facial photographic image obtained intra-orally or extra-orally	\$ _____ .00
D0364	Cone beam CT capture and interpretation with limited field of view — less than one whole jaw	\$ _____ .00
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

DIAGNOSTIC (D0100 - D0999) (Continued)

D0470	Diagnostic casts	\$ _____ .00
D0601	Caries risk assessment and documentation, with a finding of low risk	\$ _____ .00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$ _____ .00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$ _____ .00

PREVENTIVE (D1000 — D1999)

D1110	Prophylaxis - adult	\$ _____ .00
D1120	Prophylaxis - child	\$ _____ .00
D1206	Topical application of fluoride varnish	\$ _____ .00
D1208	Topical application of fluoride – excluding varnish	\$ _____ .00
D1320	Tobacco counseling for the control and prevention of oral disease	\$ _____ .00
D1330	Oral hygiene instructions	\$ _____ .00
D1351	Sealant - per tooth	\$ _____ .00
D1352	Preventive resin restoration in a moderate to high caries risk patient — permanent tooth	\$ _____ .00
D1354	Interim caries arresting medicament application – per tooth	\$ _____ .00
D1510	Space maintainer - fixed, unilateral – per quadrant	\$ _____ .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

RESTORATIVE (D2000 — D2999) (Continued)

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	\$ _____ .00
D2750	Crown - porcelain fused to high noble metal	\$ _____ .00
D2751	Crown - porcelain fused to predominantly base metal	\$ _____ .00
D2752	Crown - porcelain fused to noble metal	\$ _____ .00
D2780	Crown - ¾ cast high noble metal	\$ _____ .00
D2783	Crown - ¾ porcelain/ceramic	\$ _____ .00
D2790	Crown - full cast high noble metal	\$ _____ .00
D2794	Crown - titanium and titanium alloys	\$ _____ .00
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	\$ _____ .00
D2920	Re-cement or re-bond 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
D2949	Restorative foundation for an indirect restoration	\$ _____ .00
D2950	Core buildup, including any pins when required	\$ _____ .00
D2952	Post and core in addition to crown, indirectly fabricated	\$ _____ .00
D2954	Prefabricated post and core in addition to crown	\$ _____ .00

RESTORATIVE (D2000 — D2999) (Continued)

D2961	Labial veneer (resin laminate) - laboratory	\$ _____ .00
D2962	Labial veneer (porcelain laminate) - laboratory	\$ _____ .00
D2980	Crown repair necessitated by restorative material failure	\$ _____ .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 – permanent tooth with incomplete root development	\$ _____ .00
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, premolar tooth (excluding final restoration)	\$ _____ .00
D3330	Endodontic therapy, molar tooth (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 — premolar	\$ _____ .00
D3348	Retreatment of previous root canal therapy — molar	\$ _____ .00
D3351	Apexification/recalcification - initial visit...	\$ _____ .00
D3352	Apexification/recalcification - interim medication replacement	\$ _____ .00
D3353	Apexification/recalcification — final visit...	\$ _____ .00
D3355	Pulpal regeneration – initial visit	\$ _____ .00
D3356	Pulpal regeneration – interim medication placement	\$ _____ .00
D3357	Pulpal regeneration – completion of treatment	\$ _____ .00

ENDODONTICS (D3000 — D3999) (Continued)

D3410	Apicoectomy - anterior	\$ _____ .00
D3421	Apicoectomy - premolar (first root)	\$ _____ .00
D3425	Apicoectomy - molar (first root)	\$ _____ .00
D3426	Apicoectomy (each additional 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
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 elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$ _____ .00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$ _____ .00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$ _____ .00
D4264	Bone replacement graft - retained natural tooth - 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	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	\$ _____ .00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft	\$ _____ .00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$ _____ .00

PERIODONTICS (D4000 — D4999)

D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ _____ .00
D4283	Autogenous connective tissue graft procedure...each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ _____ .00
D4285	Non-autogenous connective tissue graft procedure...each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ _____ .00
D4321	Provisional splinting - extracoronaral	\$ _____ .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 a comprehensive evaluation and diagnosis on a subsequent visit	\$ _____ .00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$ _____ .00
D4910	Periodontal maintenance	\$ _____ .00

PROSTHODONTICS, REMOVABLE (D5000 — D5899)

D5110	Complete denture - maxillary	\$ _____ .00
D5120	Complete denture - mandibular	\$ _____ .00
D5130	Immediate denture - maxillary	\$ _____ .00
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 retentive/ clasping materials, rests and teeth)	\$ _____ .00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	\$ _____ .00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$ _____ .00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$ _____ .00

**PROSTHODONTICS, REMOVABLE (D5000 — D5899)
(Continued)**

D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$.00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, 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
D5520	Replace missing or broken teeth — complete denture (each tooth)	\$.00
D5640	Replace broken teeth - per tooth	\$.00
D5650	Add tooth to existing partial denture	\$.00
D5660	Add clasp to existing partial denture – per tooth	\$.00
D5710	Rebase complete maxillary denture	\$.00
D5711	Rebase complete mandibular denture	\$.00
D5720	Rebase maxillary partial denture	\$.00
D5721	Rebase mandibular partial 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

MAXILLOFACIAL PROSTHETICS (D5900 — D5999)

D5986	Fluoride gel carrier	\$.00
D5991	Vesiculobullous disease medicament carrier	\$.00
D5994	Periodontal medicament carrier with peripheral seal – laboratory processed	\$.00

IMPLANT SERVICES (D6000 — D6199)

D6010	Surgical placement of implant body: endosteal implant	\$.00
D6011	Second stage implant surgery	\$.00
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$.00
D6051	Interim abutment	\$.00
D6055	Connecting bar - implant supported or abutment supported	\$.00

IMPLANT SERVICES (D6000 — D6199) (Continued)

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 crown - porcelain fused to high noble alloys)	\$.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$.00
D6076	Implant supported retainer for FPD–porcelain fused to high noble alloys	\$.00
D6080	Implant maintenance procedures when prostheses are removed and reinserted...	\$.00
D6100	Implant removal, by report	\$.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
D6549	Resin retainer – for resin bonded fixed prosthesis	\$.00
D6710	Retainer crown - indirect resin based composite	\$.00
D6750	Retainer crown - porcelain fused to high noble metal	\$.00
D6751	Retainer crown - porcelain fused to predominantly base metal	\$.00
D6790	Retainer crown - full cast high noble metal	\$.00
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$.00
D6930	Re-cement or re-bond fixed partial denture	\$.00

ORAL & MAXILLOFACIAL SURGERY (D7000-D7999)

D7111	Extraction, coronal remnants - primary tooth	\$ _____ .00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ _____ .00
D7210	Extraction, 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	Removal of residual tooth roots (cutting procedure)	\$ _____ .00
D7251	Coronectomy - intentional partial tooth removal	\$ _____ .00
D7286	Incisional 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	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$ _____ .00
D7320	Alveoloplasty 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
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 procedure	\$ _____ .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
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$ _____ .00
D8670	Periodic orthodontic treatment visit	\$ _____ .00
D8681	Removable orthodontic retainer adjustment	\$ _____ .00
D8690	Orthodontic treatment (alternative billing to a contract fee)	\$ _____ .00

ADJUNCTIVE GENERAL SERVICES (D9000 — D9999)

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$ _____ .00
D9120	Fixed partial denture sectioning	\$ _____ .00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$ _____ .00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$ _____ .00
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$ _____ .00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$ _____ .00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$ _____ .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

ADJUNCTIVE GENERAL SERVICES (D9000 — D9999)
(Continued)

D9450	Case presentation, detailed and extensive treatment planning	\$ _____ .00
D9610	Therapeutic parenteral drug, single administration	\$ _____ .00
D9630	Drugs or medicaments dispensed in the office for home use	\$ _____ .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
D9932	Cleaning and inspection of removable complete denture, maxillary	\$ _____ .00
D9933	Cleaning and inspection of removable complete denture, mandibular	\$ _____ .00
D9934	Cleaning and inspection of removable partial denture, maxillary	\$ _____ .00
D9935	Cleaning and inspection of removable partial denture, mandibular	\$ _____ .00
D9940	Occlusal guard, by report	\$ _____ .00
D9941	Fabrication of athletic mouthguard	\$ _____ .00
D9943	Occlusal guard adjustment	\$ _____ .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

Any comments?

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.