

Services

Service Category: Advanced Practice Dental Hygienist Services (revised 09/11/2023)

Code	Description	Service Authorization Required	Written Medical Justification Required	Tooth Code Required	Surface Code Required	Maximum Allowable
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT					\$48.86
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)					\$89.08
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM					\$21.17
D0240	INTRAORAL-OCCLUSAL FILM					\$30.95
D0270	BITEWING-SINGLE FILM					\$24.43
D0272	BITEWINGS-TWO FILMS					\$40.72
D0273	BITEWINGS - THREE FILMS					\$44.89
D0274	BITEWINGS-FOUR FILMS					\$60.27
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS					\$64.13
D0330	PANORAMIC FILM					\$99.36
D1110	PROPHYLAXIS-ADULT					\$89.18
D1120	PROPHYLAXIS-CHILD					\$64.95
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS					\$28.50
D1208	TOPICAL APPLICATION OF FLUORIDE					\$29.32
D1351	SEALANT-PER TOOTH			X		\$49.68
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT					\$161.05
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT					\$142.52
D4346	SCALING GINGIVAL INFLAMMATION - FULL MOUTH AFTER ORAL EVAL					\$125.09
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS					\$168.99
D4910	PERIODONTAL MAINTENANCE					\$106.89
D9211	REGIONAL BLOCK ANESTHESIA					\$68.82
D9410	HOUSE/EXTENDED CARE FACILITY CALL		X			By Report
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL		X			\$98.85