

SIU Center for Family Medicine				Effective 2.27.20					
Dental Fee Schedules - Full Fee for Self Pays and Sliding Fees									
Type of Service	Procedure Code	Abbrev Description	Description	Full Fee	Minimum Slide 0 100% or Less	Slide 1 101-138%	Slide 2 139%-150%	Slide 3 151% - 175%	Slide 4 176%-200%
DIAGNOSTIC SERVICES	D0120	PeriodicX (0-18)	Periodic oral evaluation	\$60	\$15	\$18	\$27	\$36	\$45
	D0140	LimitedEx	Limited oral evaluation	\$60	\$15	\$18	\$27	\$36	\$45
	D0150	CompEx	Comp oral eval-new/estab pat	\$65	\$15	\$20	\$29	\$39	\$49
	D0210	FMX	Intraoral-complete series (bw)	\$100	\$15	\$30	\$45	\$60	\$75
	D0220	PA1st	Intraoral-periapical-1st film	\$29	\$5	\$9	\$13	\$17	\$22
	D0230	PAadd	Intraoral-periapical-each add'l	\$26	\$5	\$8	\$12	\$16	\$20
	D0270	BW1Xray	Bitewing-single film	\$33	\$5	\$10	\$15	\$20	\$25
	D0272	2BWx	Bitewings-two films	\$42	\$5	\$13	\$19	\$25	\$32
	D0273	No price in							
	Lincoln	3BWx	Bitewings-three films	\$58	\$5	\$17	\$26	\$35	\$44
	D0274	4BWx	Bitewings-four films	\$66	\$5	\$20	\$30	\$40	\$50
	D0330	Pano	Panoramic film	\$120	\$15	\$36	\$54	\$72	\$90
	D0412	blood glucose level test - in-office using a glucose meter		\$0	\$0	\$0	\$0	\$0	\$0
PREVENTATIVE SERVICES	D1110		Prophylaxis - Adult	\$80	\$15	\$24	\$36	\$48	\$60
	D1120	ProphyCh	Prophylaxis-child (0-18)	\$60	\$15	\$18	\$27	\$36	\$45
	D1203		Flouride w/o Prohylaxis - Child	\$55	\$15	\$17	\$25	\$33	\$41
	D1206	TopFlride	Topical fluoride varnish (0-18)	\$55	\$15	\$17	\$25	\$33	\$41
	D1206		Topical flouride varnish (19-20)	\$55	\$15	\$17	\$25	\$33	\$41
	D1208		Topical Appl of Flour Excel Varn (0-18)	\$55	\$15	\$17	\$25	\$33	\$41
	D1208		Topical Appl of Four Exclud Propy (19-20)	\$55	\$15	\$17	\$25	\$33	\$41
	D1351	Sealant	Sealant-per tooth	\$60	\$15	\$18	\$27	\$36	\$45
	D1510	SpMFixUni	Space maint-fixed-unilateral	\$250	\$125	\$130	\$140	\$150	\$188
	D1516		Space maint-fixed-bilateral,maxillary	\$500	\$250	\$255	\$275	\$300	\$375
	D1517		space maint-fixed-bilateral,mandibular	\$500	\$250	\$225	\$275	\$300	\$375
	D1520		Space Maintainer Removable Unilateral	\$250	\$125	\$130	\$140	\$150	\$188
	D1526		Space maint-removeable-bilat,maxillary	\$500	\$250	\$255	\$275	\$300	\$375
	D1527		Space maint-removeable-bilat,mandibular	\$500	\$250	\$255	\$275	\$300	\$375
	D1550	RecmtBnd	Re-cement/bnd space maint	\$125	\$15	\$38	\$56	\$75	\$94
D1555	RmvSpCMnt	Removal of fixed space maint	\$125	\$15	\$38	\$56	\$75	\$94	
RESTORATIVE DENTISTRY	D2140	Amalg1Per	Amalgam-1 surf. prim/perm	\$150	\$30	\$45	\$68	\$90	\$113
	D2150	Amalg2Per	Amalgam-2 surf. prim/perm	\$175	\$35	\$53	\$79	\$105	\$131
	D2160	Amalg3Per	Amalgam-3 surf. prim/perm	\$225	\$45	\$68	\$101	\$135	\$159
	D2161	Amalg4Per	Amalgam-4+ surf. prim/perm	\$275	\$45	\$83	\$124	\$165	\$206
	D2330	Resin1	Resin-one surface, anterior	\$150	\$30	\$45	\$68	\$90	\$113
	D2331	Resin2	Resin-two surfaces, anterior	\$175	\$35	\$53	\$79	\$105	\$131
	D2332	Resin3	Resin-three surfaces, anterior	\$225	\$40	\$68	\$101	\$135	\$169
	D2335	Res4/inAn	Resin-4+ w/incis angle-anterior	\$275	\$45	\$83	\$124	\$165	\$206
	D2391	ResCmP1s	Resin composite-1s, posterior	\$150	\$30	\$45	\$68	\$90	\$113
	D2392	ResCmP2s	Resin composite-2s, posterior	\$175	\$35	\$53	\$79	\$105	\$131
	D2393	ResCmP3s	Resin composite-3s, posterior	\$225	\$40	\$68	\$101	\$135	\$169
	D2394	ResCmP4+s	Resin composite-4+s, posterior	\$275	\$45	\$83	\$124	\$165	\$206
	D2610	InPorc/C1	Inlay-porcel/ceramic-1 surface	\$0	\$0	\$0	\$0	\$0	\$0
	D2620	InPorc/C2	Inlay-porcel/ceramic-2 surface	\$0	\$0	\$0	\$0	\$0	\$0
	D2630	InPorc/C3	Inlay-porcel/ceramic-3+ surface	\$0	\$0	\$0	\$0	\$0	\$0
	D2750		Crown - porc fuse high noble mtl	\$1,800	\$900	\$1,000	\$1,040	\$1,080	\$1,350
	D2751	CrwnPrFBm	Crown-porc fused to base metal	\$1,200	\$600	\$610	\$665	\$720	\$900
	D2752		Crown - porc fused noble metal	\$1,500	\$750	\$800	\$850	\$900	\$1,125
	D2791		Crown - full cast base metal	\$1,200	\$600	\$610	\$665	\$720	\$900
	D2792	CrnFlcNm	Crown-full cast noble metal	\$1,800	\$900	\$1,000	\$1,040	\$1,080	\$1,350
	D2920	RecmtCrwn	Re-cement or re-bond crown	\$125	\$15	\$38	\$56	\$75	\$94
	D2930	PrFbSSCPr	Prefab stain steel crn-primary tooth	\$400	\$85	\$120	\$180	\$240	\$300
D2940	SedFill	Protective Restoration	\$85	\$15	\$26	\$38	\$51	\$64	
D2950	CrnBldPin	Core buildup, include any pins	\$225	\$40	\$68	\$101	\$135	\$169	
ENDODONTICS	D3220	TherPlpty	Therapeutic pulpotomy(exc rest)	\$150	\$15	\$45	\$68	\$90	\$113
	D3310	RtCnThrAn	Root canal therapy - anterior	\$900	\$450	\$500	\$520	\$540	\$675
	D3320	RtCnThrBi	Root canal therapy - bicuspid	\$1,200	\$600	\$610	\$665	\$720	\$900
	D3330	RtCnThrMo	Root canal therapy - molar	\$1,500	\$750	\$800	\$850	\$900	\$1,125
	D3346	Retrt-Ant	Retreat, prev RCT - anterior	\$0	\$0	\$0	\$0	\$0	\$0
	D3347	Retrt-Bi	Retreat, prev RCT - bicuspid	\$0	\$0	\$0	\$0	\$0	\$0
	D3348	Retrt-Mol	Retreat, prev RCT - molar	\$0	\$0	\$0	\$0	\$0	\$0

Type of Service	Procedure Code	Abbrev Description	Description	Full Fee	Minimum	Slide 1	Slide 2	Slide 3	Slide 4
					Slide 0		139%-	151% -	176%-
					100% or Less	101-138%	150%	175%	200%
	D4321	ProvSplEx	Provisional splinting-extracor	\$175	\$35	\$53	\$79	\$105	\$131
	D4341	PrScRtPl	Perio scale&root pln-4-per quad	\$130	\$50	\$90	\$105	\$110	\$120
	D4342		Perio scale & root pln-1-3th quad	\$100	\$40	\$60	\$80	\$90	\$95
	D4346		Scale, Gingival Inflamm-Full Mth	\$75	\$45	\$60	\$80	\$90	\$65
	D4355	FullDebrd	Full mouth debridemnt,eval/diag	\$100	\$45	\$60	\$80	\$90	\$95
	D4910		Periodontal maintenance	\$150	\$45	\$50	\$55	\$60	\$65
	D5110	ComUpDen	Complete denture - maxillary	\$1,500	\$500	\$600	\$900	\$900	\$1,400
	D5120	ComLowDen	Complete denture - mandibular	\$1,500	\$500	\$600	\$900	\$900	\$1,400
	D5130		Immediate Denture - maxillary	\$1,500	\$500	\$600	\$900	\$900	\$1,400
	D5140		Immediate denture - mandibular	\$1,500	\$500	\$600	\$900	\$900	\$1,400
	FLIPPER	Flipper	Flipper for 3 or less teeth	\$600	\$300	\$360	\$400	\$450	\$500
	D5211	UpParRsBs	Maxillary partial - resin base	\$860	\$375	\$450	\$675	\$750	\$800
	D5212	LwParRsBs	Mandibular partial - resin base	\$860	\$375	\$450	\$675	\$750	\$800
	D5213	UpParMtBs	Maxil partial-metal Base W/sdls	\$1,800	\$500	\$590	\$860	\$1,130	\$1,400
	D5214	LwParMtBs	Mand partial-metal base w/sdls	\$1,800	\$500	\$590	\$860	\$1,130	\$1,400
	D5225	MxPrtFlxB	Maxil partial-flex base incl cl	\$1,500	\$450	\$525	\$850	\$975	\$1,200
	D5226	MnPrtFlxB	Mand partial-flex base incl cl	\$1,500	\$450	\$525	\$850	\$975	\$1,200
	D5282		Removable unilat part denture 1 pc cast metal,mandibar		\$200				
	D5283		Removable unilat part denture 1 pc cast metal,mandibular		\$200				
	D5410	AdjCmDnUp	Adjust complete denture-maxil	\$50	\$15	\$30	\$35	\$40	\$45
	D5411	AdjCmDnLw	Adjust complete denture-mand	\$50	\$15	\$30	\$35	\$40	\$45
	D5421	AdjPrDnUp	Adjust partial denture-maxil	\$50	\$15	\$30	\$35	\$40	\$45
	D5422	AdjPrDnLw	Adjust partial denture-mand	\$50	\$15	\$15	\$35	\$40	\$45
	D5510	RprCmDnBs	Repair complete denture base	\$120	\$100	\$103	\$106	\$109	\$112
	D5511		Repair lwr full denture base	\$120	\$100	\$103	\$106	\$109	\$112
	D5512		Repair Broken complete denture base - Maxillary	\$120	\$100	\$103	\$106	\$109	\$112
	D5520	RplThCmDn	Replace teeth-comp dent (ea th)	\$85	\$65	\$75	\$78	\$80	\$82
	D5610	RprRsSdBs	Repair resin denture base	\$120	\$100	\$103	\$106	\$109	\$112
	D5611		Repair Resin Partial Denture Base, Mandibular	\$120	\$100	\$103	\$106	\$109	\$112
	D5612		Repair Broken Complete Denture Base, Maxillary	\$120	\$100	\$103	\$106	\$109	\$112
	D5621	Repa	Repair Cast Partial Framework, Mandibular	\$150	\$100	\$110	\$120	\$130	\$140
	D5622		Repair Cast Partial Framework, Maxillary	\$150	\$100	\$110	\$120	\$130	\$140
	D5630	RepClsp	Rpr or rplce brkn clasp, per th	\$135	\$100	\$105	\$110	\$115	\$120
	D5640	RepBrkTh	Replace broken teeth-per tooth	\$135	\$100	\$105	\$110	\$115	\$120
	D5650	AddThExDn	Add tooth to exist part denture	\$35	\$12	\$15	\$20	\$25	\$30
	tooth add	tooth add	Additional Tooth beyond 1st	\$35	\$12	\$15	\$20	\$25	\$30
	D5730		Reline Complete Maxillary Denture, Chairside	\$250	\$100	\$130	\$160	\$190	\$220
	D5731		Reline complete man-chairside	\$250	\$100	\$130	\$160	\$190	\$220
	D5740		Reline Maxillary Parital Denture, Chairside	\$250	\$100	\$130	\$160	\$190	\$220
	D5741		Reline Mandibular Partial Denture, Chairside	\$250	\$100	\$130	\$160	\$190	\$220
	D5750	RlnCmUpLb	Reline complete maxillary (lab)	\$250	\$100	\$130	\$160	\$190	\$220
	D5751	RlnCmLwLb	Reline complete mand (lab)	\$250	\$100	\$130	\$160	\$190	\$220
	D5760		Reline Maxillary Partial Denture, Laboratory	\$250	\$100	\$130	\$160	\$190	\$220
	D5761		Reline Mandibular Partial Denture, Laboratory	\$250	\$100	\$130	\$160	\$190	\$220
	D5876		add metal substructure to acrylic full denture (per arch)		\$215				
	D6210		Pontic-cast high noble metal	\$1,200	\$600	\$610	\$665	\$720	\$900
	D6211		Pontic-cast predominantly base	\$1,000	\$500	\$510	\$555	\$600	\$750
	D6212		Pontic-cast noble metal	\$1,200	\$600	\$610	\$665	\$720	\$900
	D6751		Retainer cm-porc fuse base met	\$1,200	\$600	\$610	\$665	\$720	\$900
	D6752		Retainer cm-porc fused nob met	\$1,200	\$600	\$610	\$665	\$720	\$900
	D6790		Retainer cm-full cast hi nob	\$1,200	\$600	\$610	\$665	\$720	\$900
	D6791		Retainer cm- full cast base	\$1,000	\$500	\$510	\$555	\$600	\$750
	D6792		Retainer cm-full cast nob met	\$1,200	\$600	\$610	\$865	\$720	\$900
	D7140	ExtErpTh	Extract,erupted th/exposed rt	\$175	\$35	\$53	\$79	\$105	\$131
	D7210	ExtErpTh+	Extract, erupted th, rem oth	\$250	\$45	\$75	\$113	\$150	\$188
	D7220	ExtImpSFT	Extraction-impacted/soft tis	\$600	\$90	\$180	\$270	\$360	\$450
	D7230	ExtImpPtB	Extraction-impacted/part bony	\$800	\$110	\$240	\$360	\$480	\$600
	D7240	ExtImpCmB	Extraction-impacted/compl bony	\$1,000	\$180	\$300	\$450	\$600	\$750
	D7250		Removal residual tooth roots	\$250	\$45	\$75	\$113	\$150	\$188
	D7286	BpsyOrTsS	Incisional biop oral tiss-soft	\$250	\$45	\$75	\$113	\$150	\$188
	D7291	TnsptlFbr	T/SC Fiberotomy, B/R	\$250	\$45	\$75	\$113	\$150	\$188
	D7310	AlvplysEx	Alveoloplasty w/ext 4+ /quad	\$400	\$50	\$120	\$180	\$240	\$300
	D7471	RmExsSite	Removal of exostosis-per site	\$400	\$50	\$120	\$180	\$240	\$300
	D7510	Inc&DrAln	Incis&drain abscess-intra soft	\$250	\$45	\$75	\$113	\$150	\$188
	D8210		Removable appliance therapy	\$0	\$0	\$0	\$0	\$0	\$0
	D9110	EmergEx	Emerg treatment, palliative	\$125	\$15	\$38	\$56	\$75	\$94
	D9130		temporomandibular joint dysfunction-non-invasive PT	\$0	\$0	\$0	\$0	\$0	\$0

PERIODONTICS AND OTHER

Type of Service	Procedure Code	Abbrev Description	Description	Full Fee	Minimum Slide 0 100% or Less	Slide 1 101-138%	Slide 2 139%-150%	Slide 3 151% - 175%	Slide 4 176%-200%
	D9230	AnlgNitOx	Analgesia/Nitrous Guide	\$250	\$15	\$75	\$113	\$150	\$188
	D9310		Consultation-per session	\$125	\$15	\$38	\$56	\$75	\$94
	D9613		infiltration of sustaine rls therap. drug-single/multi sites	\$0	\$0	\$0	\$0	\$0	\$0
	D9630		Drugs/,edicaments for home use	\$0	\$0	\$0	\$0	\$0	\$0
	D9944		Occlusal guards-hard appliance,full arch	\$500	\$125	\$150	\$225	\$300	\$375
	D9945		Occlusal guards-soft appliance,full arch	\$500	\$125	\$150	\$225	\$300	\$375
	D9946		Occlusal guards-hard appliance,partial arch	\$500	\$125	\$150	\$225	\$300	\$375
	D9961		duplicate/copy patient's records	\$0	\$0	\$0	\$0	\$0	\$0
	D9990		Certified translation/sign language services per visit	\$0	\$0	\$0	\$0	\$0	\$0