

**COUNTY OF MARIN
DEPARTMENT OF HEALTH & HUMAN SERVICES
DENTAL CLINIC FEE SCHEDULE
EFFECTIVE OCTOBER 1, 2011**

Codes	Description	Fee Effective 10/01/11
DIAGNOSTIC		
Evaluations		
D0120	Periodic Oral Evaluation	\$ 86
D0140	Limited oral evaluation	\$ 86
D0150	Comprehensive Oral Evaluation-New/Estab Pat	\$ 86
D0180	Comprehensive Perio Evaluation	\$ 86
Radiographs/Diagnostic Imaging		
D0210	Intraoral, Complete Series (Full Mouth Xrays)	\$ 96
D0220	Intraoral-Periapical 1st Film (Single Xray)	\$ 27
D0230	Intraoral-Periapical each additional	\$ 24
D0270	Single Bite Wing Xray	\$ 27
D0272	Bitewings 2 films	\$ 30
D0274	Bitewings 4 films	\$ 35
D0277	Vertical Bitewings (7 - 8 films) for Perio Cases	\$ 93
D0350	Oral/Facial Images (Intra & Extra Oral)	\$ 42
Tests & Examinations		
D0460	Pulp Vitality Tests	\$ 78
D0470	Diagnostic casts	\$ 75
PREVENTIVE		
Dental Prophylaxis		
D1110	Prophylaxis (adult)	\$ 108
D1120	Prophylaxis (child)	\$ 59
Topical Fluoride Treatment		
D1201	Prophy/fluoride (child)	\$ 59
D1203	Fluoride w/o Prophylaxis (child)	\$ 58
D1204	Fluoride w/o Prophylaxis (adult)	\$ 34
D1206	Topical Fluoride Varnish	\$ 33
Counseling & Instructions		
D1310	Nutritional Counseling	\$ 25
Other Preventive Codes		
D1351	Sealant Per Tooth (Pit & Fissure Sealant)	\$ 59
Other Preventives - Space Maintainer		
D1510	Space Maintainer, fixed unilateral	\$ 192
D1515	Space Maintainer, fixed-bilateral	\$ 200
D1520	Space Maintainer-remove-unilateral	\$ 301
D1525	Space Maintainer-remove-bilateral	\$ 301
D1550	Recementation of space maint	\$ 106
D1555	Removal of fixed space maintainer	\$ 33
RESTORATIVE		
Amalgam Restorations		
D2140	Amalgam 1 Surface Primary/Permanent (Restoration)	\$ 190
D2150	Amalgam 2 Surface Primary/Permanent (Restoration)	\$ 210
D2160	Amalgam 3 Surface Primary/Permermanet (Restoration)	\$ 231
D2161	Amalgam 4+ Surface Primary/Permanent (Restoration)	\$ 251
Resin-based Composites Restorations - Direct		
D2330	Resin 1 Surface Anterior (resin based composite)	\$ 206
D2331	Resin 2 Surface Anterior (resin based composite)	\$ 226
D2332	Resin 3 Surface Anterior (resin based composite)	\$ 246
D2335	Resin 4+ w/ Incis Angle Anterior	\$ 287
D2391	Resin Composite Posterior-1	\$ 206
D2392	Resin Composite Posterior-2	\$ 226
D2393	Resin Composite Posterior-3	\$ 246
D2394	Resin Composite Posterior-4+	\$ 287
Crowns - Single Restorations Only		
D2740	Porcelain/Ceramic Substrate	\$ 695
D2750	Crown Porcelain (fused to high noble metal)	\$ 671
D2751	Crown Porcelain (fused to base metal)	\$ 593
D2752	Crown (fused to noble metal)	\$ 647
D2790	Crown (full cast high noble metal)	\$ 783
D2799	Provisional Crown (for lost crown/fractured tooth)	\$ 232
Other Restorative Services		
D2910	Re-cement Inlay	\$ 156
D2920	Re-Cement Crown	\$ 156
D2930	Pre-fab Stain Steel Crown Primary	\$ 198
D2931	Pre-fab Stain Steel Crown permanent	\$ 198
D2940	Sedative filling	\$ 187
D2950	Crown Build Up, include Any Pins	\$ 193
D2952	Cast post and core in addition to crown fab	\$ 379

Federal Poverty Level Sliding Scale				
5 - Tier Payor Income Class (Private Pay)				
A*	B*	C*	D*	E*
351% & up 100%	251-350% 85%	201-250% 70%	101-200% 50%	Up to 100% 30%
\$ 86	\$ 73	\$ 60	\$ 43	\$ 26
\$ 86	\$ 73	\$ 60	\$ 43	\$ 26
\$ 86	\$ 73	\$ 60	\$ 43	\$ 26
\$ 86	\$ 73	\$ 60	\$ 43	\$ 26
\$ 96	\$ 82	\$ 67	\$ 48	\$ 30
\$ 27	\$ 23	\$ 19	\$ 14	\$ 9
\$ 24	\$ 20	\$ 17	\$ 12	\$ 8
\$ 27	\$ 23	\$ 19	\$ 14	\$ 9
\$ 30	\$ 26	\$ 21	\$ 15	\$ 10
\$ 35	\$ 30	\$ 25	\$ 18	\$ 11
\$ 93	\$ 79	\$ 65	\$ 47	\$ 30
\$ 42	\$ 36	\$ 29	\$ 21	\$ 13
\$ 78	\$ 66	\$ 55	\$ 39	\$ 25
\$ 75	\$ 64	\$ 53	\$ 38	\$ 24
\$ 108	\$ 92	\$ 76	\$ 54	\$ 35
\$ 59	\$ 50	\$ 41	\$ 30	\$ 19
\$ 59	\$ 50	\$ 41	\$ 30	\$ 19
\$ 58	\$ 49	\$ 41	\$ 29	\$ 18
\$ 34	\$ 29	\$ 24	\$ 17	\$ 11
\$ 33	\$ 28	\$ 23	\$ 17	\$ 11
\$ 25	\$ 21	\$ 18	\$ 13	\$ 8
\$ 59	\$ 50	\$ 41	\$ 30	\$ 19
\$ 192	\$ 163	\$ 134	\$ 95	\$ 62
\$ 200	\$ 170	\$ 140	\$ 100	\$ 66
\$ 301	\$ 256	\$ 209	\$ 144	\$ 95
\$ 301	\$ 256	\$ 209	\$ 144	\$ 95
\$ 106	\$ 90	\$ 74	\$ 53	\$ 32
\$ 33	\$ 28	\$ 23	\$ 17	\$ 11
\$ 190	\$ 162	\$ 133	\$ 95	\$ 62
\$ 210	\$ 179	\$ 147	\$ 105	\$ 69
\$ 231	\$ 196	\$ 162	\$ 116	\$ 76
\$ 251	\$ 213	\$ 176	\$ 126	\$ 83
\$ 206	\$ 175	\$ 144	\$ 103	\$ 68
\$ 226	\$ 192	\$ 158	\$ 113	\$ 74
\$ 246	\$ 209	\$ 172	\$ 123	\$ 80
\$ 287	\$ 244	\$ 201	\$ 144	\$ 95
\$ 206	\$ 175	\$ 144	\$ 103	\$ 68
\$ 226	\$ 192	\$ 158	\$ 113	\$ 74
\$ 246	\$ 209	\$ 172	\$ 123	\$ 80
\$ 287	\$ 244	\$ 201	\$ 144	\$ 95
\$ 695	\$ 591	\$ 487	\$ 348	\$ 231
\$ 671	\$ 570	\$ 470	\$ 337	\$ 221
\$ 593	\$ 504	\$ 415	\$ 297	\$ 198
\$ 647	\$ 550	\$ 453	\$ 324	\$ 214
\$ 783	\$ 666	\$ 548	\$ 392	\$ 258
\$ 232	\$ 197	\$ 162	\$ 116	\$ 76
\$ 156	\$ 133	\$ 109	\$ 78	\$ 47
\$ 156	\$ 133	\$ 109	\$ 78	\$ 47
\$ 198	\$ 168	\$ 139	\$ 99	\$ 64
\$ 198	\$ 168	\$ 139	\$ 99	\$ 64
\$ 187	\$ 159	\$ 131	\$ 94	\$ 56
\$ 193	\$ 164	\$ 135	\$ 97	\$ 58
\$ 379	\$ 322	\$ 265	\$ 191	\$ 126

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Codes	Description	Fee Effective 10/01/11
D2954	Prefab Post & Core in addition to crown	\$ 75
D2961	Labial Veneer (resin laminate) laboratory	\$ 575
D2962	Labial Veneer (porcelain laminate) laboratory	\$ 575
D2970	Crown, Temporary (fractured tooth)	\$ 73
D2971	Add'l Porcelain-New Crown (under existing framework)	\$ 221
D2999	Unspecified restorative procedure by report	\$ 147
ENDODONTIC		
Pulp Capping		
D3110	Pulp Cap-Direct, (+rest)	\$ 86
D3120	Pulp Cap Indirect, (+rest)	\$ 86
Pulpotomy		
D3220	Therapeutic Pulpotomy (exc rest)	\$ 188
D3221	Pulpal Debridement Primary/Perm teeth (Open & Med)	\$ 188
Endodontic Therapy on Primary Teeth		
D3230	Pulpal Therapy, anterior, primary	\$ 188
D3240	Pulpal Therapy, posterior primary	\$ 188
Root Canal Therapy (RCT)		
D3310	Root Canal Therapy Anterior	\$ 230
D3320	Root Canal Therapy Bicuspid	\$ 270
D3330	Root Canal Therapy-Molar	\$ 529
Endodontic Retreatment		
D3346	Retreatment of Previous RCT-Anterior	\$ 309
D3347	Retreatment of Previous RCT-Bicuspid	\$ 350
Apicoectomy/Periradicular Services		
D3410	Apicoectomy/Periradicular Surgery-Anterior	\$ 271
D3430	Retrograde Filling (per root)	\$ 68
D3450	Root Amputation (per root)	\$ 106
PERIODONTIC		
Surgical Services - Gingival Flap		
D4240	Gingival Flap, root planing (4+ per quad)	\$ 299
D4241	Gingival Flap,root planing (1-3 contiguous teeth/quad)	\$ 299
Surgical Services		
D4249	Clinical Crown Lengthening-hard tissue	\$ 393
Surgical Services- Osseous		
D4260	Osseous Surgery (4+ per quad)	\$ 619
D4261	Osseous Surgery (1-3 contiguous teeth/quad)	\$ 623
Non-Surgical - Provisional Splinting		
D4320	Provisional Splinting-Intracoronal	\$ 156
D4321	Provisional Splinting-Extracoronal	\$ 126
D4341	Perio Scale & Root Pin-4+ per, Quad	\$ 186
D4342	Perio Scale & Root Pin-1-3th, Quad	\$ 186
D4355	Full Mouth Debridement, eval/diag	\$ 107
D4910	Periodontal Maintenance	\$ 127
PROSTHODONTICS		
Complete Denture		
D5110	Complete upper denture (maxillary)	\$ 674
D5120	Complete lower denture (mandibular)	\$ 674
D5130	Immediate denture-maxillary	\$ 714
D5140	Immediate denture-mandibular	\$ 714
Partial Dentures		
D5211	Maxillary Partial Resin Base	\$ 443
D5212	Mandibular Partial Resin Base	\$ 443
D5213	Maxillary Partial Metal Base w/saddles	\$ 750
D5214	Cast partial metal base mandibular w/saddles	\$ 750
D5281	Removable unilateral partial denture	\$ 457
Adjustments to Dentures		
D5410	Adjust complete denture maxillary	\$ 57
D5411	Adjust complete denture mandibular	\$ 57
D5421	Adjust partial denture maxillary	\$ 57
D5422	Adjust partial denture mandibular	\$ 57
Repairs to Complete Dentures		
D5510	Repair broken complete denture base	\$ 169
D5520	Replace teeth complete denture	\$ 144
Repairs to Partial Dentures		
D5610	Repair Resin Denture Base	\$ 150
D5620	Repair Cast frame	\$ 301
D5630	Repair/replace broken clasp	\$ 198
D5640	Replace broken teeth (per tooth)	\$ 144

Federal Poverty Level Sliding Scale					
5 - Tier Payor Income Class (Private Pay)					
A*	B*	C*	D*	E*	
351% & up	251-350%	201-250%	101-200%	Up to 100%	
100%	85%	70%	50%	30%	
\$ 75					
\$ 575	\$ 489	\$ 403	\$ 288		
\$ 575	\$ 489	\$ 403	\$ 288		
\$ 73	\$ 62	\$ 51			
\$ 221	\$ 188	\$ 155	\$ 111		
\$ 147	\$ 125	\$ 103	\$ 74		
\$ 86	\$ 73	\$ 60	\$ 43	\$ 26	
\$ 86	\$ 73	\$ 60	\$ 43		
\$ 188	\$ 160	\$ 132	\$ 94		
\$ 188	\$ 160	\$ 132	\$ 94	\$ 56	
\$ 188	\$ 160	\$ 132	\$ 94		
\$ 188	\$ 160	\$ 132	\$ 94		
\$ 230					
\$ 270					
\$ 529	\$ 450	\$ 370			
\$ 309	\$ 263	\$ 216			
\$ 350	\$ 298				
\$ 271	\$ 230	\$ 190	\$ 136		
\$ 68	\$ 58	\$ 48	\$ 34		
\$ 106	\$ 90	\$ 74	\$ 53	\$ 32	
\$ 299	\$ 254	\$ 209			
\$ 299	\$ 254	\$ 209	\$ 150		
\$ 393	\$ 334	\$ 275			
\$ 619	\$ 526	\$ 433			
\$ 623	\$ 530	\$ 436	\$ 312		
\$ 156	\$ 133	\$ 109	\$ 78	\$ 47	
\$ 126	\$ 107	\$ 88	\$ 63	\$ 38	
\$ 186	\$ 158	\$ 130	\$ 93	\$ 56	
\$ 186	\$ 158	\$ 130	\$ 93		
\$ 107	\$ 91	\$ 75			
\$ 127	\$ 108	\$ 89	\$ 64		
\$ 674	\$ 573	\$ 472			
\$ 674	\$ 573	\$ 472			
\$ 714	\$ 607	\$ 500			
\$ 714	\$ 607	\$ 500			
\$ 443	\$ 377	\$ 310			
\$ 443	\$ 377	\$ 310			
\$ 750	\$ 638	\$ 525			
\$ 750	\$ 638	\$ 525			
\$ 457	\$ 388				
\$ 57	\$ 48	\$ 40	\$ 29		
\$ 57	\$ 48	\$ 40	\$ 29		
\$ 57	\$ 48	\$ 40	\$ 29		
\$ 57	\$ 48	\$ 40	\$ 29		
\$ 169	\$ 144	\$ 118	\$ 85	\$ 51	
\$ 144	\$ 122	\$ 101	\$ 72		
\$ 150	\$ 128	\$ 105	\$ 75		
\$ 301	\$ 256				
\$ 198	\$ 168	\$ 139			
\$ 144	\$ 122	\$ 101	\$ 72		

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Codes	Description	Fee Effective 10/01/11
D5650	Add tooth to existing partial denture	\$ 167
D5660	Add clasp to existing partial denture	\$ 191
Denture Reline		
D5730	Reline complete maxil-chairside	\$ 157
D5731	Reline complete denture mandibular (chairside)	\$ 157
D5740	Reline partial denture maxillary (chairside)	\$ 157
D5741	Reline partial denture mandibular (chairside)	\$ 157
D5750	Reline complete denture maxillary (lab)	\$ 263
D5751	Reline complete denture mandibular (lab)	\$ 263
D5760	Reline partial denture maxillary (lab)	\$ 255
D5761	Reline partial denture mandibular (lab)	\$ 255
Interim Prosthesis		
D5820	Interim partial denture (stayplate base maxillary)	\$ 442
Other Removable Prosthetic		
D5850	Tissue Condition, Maxillary	\$ 197
D5851	Tissue Condition, Mandibular	\$ 197
D5860	Overdenture-Complete, by report	\$ 450
D5862	Precision Attachment, by report	\$ 613
D5899	Unspecified Removable Prosthodontic, by report	\$ 269
PROSTHODONTICS (FIXED)		
Fixed partial Denture Pontics		
D6240	Pontic (porcelain fused to high noble metal)	\$ 835
D6241	Pontic-porcelain fused to base	\$ 593
D6242	Pontic porcelain fused to noble metal	\$ 751
Fixed Partial Denture Retainers - Crowns		
D6750	Crown-porcelain fused to high noble metal	\$ 671
D6751	Retainer crown-porcelain fuse-base met (crown bridge)	\$ 593
D6752	Crown-porcelain fused to noble metal	\$ 589
D6790	Crown-full cast high noble metal	\$ 783
D6791	Crown-full cast predominantly based metal	\$ 592
D6792	Crown-full cast noble metal	\$ 677
D6793	Provisional Retainer Crown	\$ 156
Other Fixed Partial Denture		
D6930	Re-cement Bridge	\$ 156
D6980	Fixed Partial Denture Repair by report	\$ 437
ORAL SURGERY		
Extractions		
D7111	Extraction Coronal Remnants-Deciduous tooth	\$ 190
D7140	Extract, erupted tooth/exposed root (single extraction)	\$ 190
Surgical Extractions		
D7210	Extraction surgical/erupt tooth	\$ 271
D7220	Removal of Impacted Tooth (soft tissue)	\$ 271
D7230	Removal of Impacted Tooth (partially bony)	\$ 271
D7250	Surgical Removal of Residual Tooth Roots	\$ 260
Alveoplasty-Surgical Prep for Dentures		
D7310	Alveoplasty in conjunct. w/ extractions (per quad)	\$ 190
D7311	Alveoplasty w/ext 1-3 teeth/quadrant	\$ 190
D7320	Alveoplasty not in conjunct. w/ extraction (per quad)	\$ 190
D7321	Alveoplasty w/o extractions (1-3 teeth/quadrant)	\$ 179
ADJUNCTIVES		
Unclassified Treatment		
D9110	Emergency Palliative Treatment-minor	\$ 187
D9210	Local Anesthesia-not operative/surgical procedure	\$ 106
Diagnostic		
D9211	Regional Block Anesthesia	\$ 106
D9212	Trigeminal Division Block Anesthesia	\$ 106
D9215	Oraqix (Local anesthesia)	\$ 17
D9230	Analgesia	\$ 57
Professional Visits		
D9430	Office Visit	\$ 57
D9450	Case Presentation (detailed & extensive)	\$ 114
Miscellaneous Services		
D9910	Desensitizing med	\$ 106
D9911	Application of desensitizing resin per tooth	\$ 106
Guard		
D9940	Occlusal Guards, by report	\$ 277
D9941	Fabrication of Athletic Mouthguard	\$ 277
D9942	Repair &/ Reline of Occlusal Guard	\$ 277

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5 - Tier Payor Income Class (Private Pay)					
A*	B*	C*	D*	E*	
351% & up 100%	251-350% 85%	201-250% 70%	101-200% 50%	Up to 100% 30%	
\$ 167	\$ 142	\$ 117	\$ 84		
\$ 191	\$ 162	\$ 134			
\$ 157	\$ 133	\$ 110	\$ 79		
\$ 157	\$ 133	\$ 110	\$ 79		
\$ 157	\$ 133	\$ 110	\$ 79		
\$ 157	\$ 133	\$ 110	\$ 79		
\$ 263	\$ 224	\$ 184			
\$ 263	\$ 224	\$ 184			
\$ 255	\$ 217	\$ 179			
\$ 255	\$ 217	\$ 179			
\$ 442	\$ 376	\$ 309	\$ 221		
\$ 197	\$ 167	\$ 138	\$ 99	\$ 59	
\$ 197	\$ 167	\$ 138	\$ 99	\$ 59	
\$ 450					
\$ 613	\$ 521	\$ 429			
\$ 269	\$ 229	\$ 188			
\$ 835	\$ 710	\$ 585			
\$ 593	\$ 504	\$ 415			
\$ 751	\$ 638	\$ 526	\$ 376		
\$ 671	\$ 570	\$ 470			
\$ 593	\$ 504				
\$ 589	\$ 501	\$ 412			
\$ 783	\$ 666	\$ 548	\$ 392		
\$ 592	\$ 503	\$ 414			
\$ 677	\$ 575	\$ 474			
\$ 156	\$ 133	\$ 109	\$ 78	\$ 47	
\$ 156	\$ 133	\$ 109	\$ 78		
\$ 437	\$ 371	\$ 306	\$ 219		
\$ 190	\$ 162	\$ 133	\$ 95	\$ 57	
\$ 190	\$ 162	\$ 133	\$ 95	\$ 57	
\$ 271	\$ 230	\$ 190	\$ 136		
\$ 271	\$ 230	\$ 190	\$ 136		
\$ 271	\$ 230	\$ 190	\$ 136		
\$ 260	\$ 221	\$ 182	\$ 130		
\$ 190	\$ 162	\$ 133	\$ 95	\$ 57	
\$ 190	\$ 162	\$ 133	\$ 95	\$ 57	
\$ 190	\$ 162	\$ 133			
\$ 179	\$ 152	\$ 125			
\$ 187	\$ 159	\$ 131	\$ 94	\$ 56	
\$ 106	\$ 90	\$ 74	\$ 53		
\$ 106	\$ 90	\$ 74	\$ 53	\$ 22	
\$ 106	\$ 90	\$ 74	\$ 53	\$ 32	
\$ 17	\$ 14	\$ 12	\$ 9	\$ 5	
\$ 57	\$ 48	\$ 40	\$ 29		
\$ 57	\$ 48	\$ 40	\$ 29		
\$ 114	\$ 97	\$ 80	\$ 57	\$ 34	
\$ 106	\$ 90	\$ 74	\$ 53		
\$ 106	\$ 90	\$ 74	\$ 53	\$ 32	
\$ 277	\$ 235	\$ 194	\$ 139		
\$ 277	\$ 235	\$ 194	\$ 139		
\$ 277	\$ 235	\$ 194	\$ 139		

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Codes	Description	Fee Effective 10/01/11
D9951	Occlusal Adjustment Limited	\$ 179
Bleaching		
D9972	External Bleaching-Per Arch	\$ 287
D9973	External Bleaching per tooth	\$ 147
D9998	Bleach Solution	\$ 44
Other Charges		
CONSULT	Consultation Less than 15 minutes consult for referral, follow-up, etc.	\$ 20
MISSAPT	Missed Appointment Charge for appt. not cancelled with 24 hours notice	\$ 5

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5 - Tier Payor Income Class (Private Pay)				
A*	B*	C*	D*	E*
351% & up 100%	251-350% 85%	201-250% 70%	101-200% 50%	Up to 100% 30%
\$ 179	\$ 152	\$ 125	\$ 90	\$ 54
\$ 287	\$ 244	\$ 201	\$ 144	
\$ 147	\$ 125	\$ 103	\$ 74	\$ 44
\$ 44	\$ 37	\$ 31		