Fee Schedule Report

Delta Dental of Washington

Field Fee ID: G9392

As of Date: 1/1/2021

Procedure Code	Description	GP Fee	Specialist Fee
D0120	Periodic Oral Evaluation - established patient	34.00	N/A
D0140	Limited Oral Evaluation-problem focused	46.70	N/A
D0145	Oral Evaluation Under Three Years of Age	34.00	N/A
D0150	Comprehensive Oral Evaluation-new/est. patient	54.10	N/A
D0160	Extensive Oral Evaluation-problem focused	46.70	N/A
D0170	Re-evaluation - Limited Problem Focused	46.70	N/A
D0180	Comprehensive Periodontal Evaluation-new/est. pt	86.40	N/A
D0190	Screening of a patient	17.00	N/A
D0191	Assessment of a patient	17.00	N/A
D0210	Intraoral-complete series of radiographic images	82.30	N/A
D0220	Intraoral - periapical first radiographic image	17.60	N/A
D0230	Intraoral-periapical each addl radiographic image	16.30	N/A
D0240	Intraoral - occlusal radiographic image	27.00	N/A
D0270	Bitewing - single radiographic image	17.60	N/A
D0272	Bitewings - two radiographic images	27.80	N/A
D0273	Bitewings - three radiographic images	39.40	N/A
D0274	Bitewings - four radiographic images	39.40	N/A
D0277	Vertical bitewings - 7 to 8 radiographic images	59.30	N/A
D0322	Tomographic Survey	170.10	N/A
D0330	Panoramic radiographic image	71.70	N/A
D0340	Cephalometric radiographic image	82.20	N/A
D0350	Oral/Facial Photographic Images intra/extraorally	29.40	N/A
D0460	Pulp Vitality Tests	35.70	N/A
D0470	Diagnostic Casts	68.30	N/A
D0600	Non-ionizing diag proc of enamel	35.70	N/A
D1110	Prophylaxis - Adult	69.40	N/A
D1120	Prophylaxis - Child	44.40	N/A
D1206	Topical Fluoride Varnish	24.50	N/A
D1208	Topical application of fluoride	24.50	N/A
D1351	Sealant - per tooth	34.10	N/A
D1352	Preventive Resin Restoration - permanent tooth	51.15	N/A
D1353	Sealant repair - per tooth	30.00	N/A

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D1510	Space Maintainer-fixed - unilateral-per quad	212.10	N/A
D1516	Space maintainer – fixed – bilateral, U	305.60	N/A
D1517	Space maintainer – fixed – bilateral, L	305.60	N/A
D1520	Space Maintainer-removable - unilateral-per quad	190.80	N/A
D1526	Space maintainer – removable – bilateral, U	293.90	N/A
D1527	Space maintainerr – removable – bilateral, L	293.90	N/A
D1551	Re-cement or re-bond bilateral space maintainer-U	52.50	N/A
D1552	Re-cement or re-bond bilateral space maintainer-L	52.50	N/A
D1553	Re-cmnt, re-bond unilat space maintainer-per quad	52.50	N/A
D1575	Distal shoe space maintainer-fixed-unilat-per quad	212.10	N/A
D2140	Amalgam - 1 surface, primary or permanent	79.00	N/A
D2150	Amalgam - 2 surfaces, primary or permanent	107.70	N/A
D2160	Amalgam - 3 surfaces, primary or permanent	132.90	N/A
D2161	Amalgam - 4 or more surfaces, prim. or perm.	159.20	N/A
D2330	Resin-based Composite - 1 surface anterior	96.10	N/A
D2331	Resin-based Composite - 2 surfaces anterior	125.70	N/A
D2332	Resin-based Composite - 3 surfaces anterior	158.10	N/A
D2335	Resin Composite-4 or more surfaces or incisal angl	184.80	N/A
D2390	Resin-based Composite Crown, Anterior	210.00	N/A
D2391	Resin-based Composite - 1 surface, posterior	96.10	N/A
D2392	Resin-based Composite - 2 surfaces, posterior	125.70	N/A
D2393	Resin-based Composite - 3 surfaces, posterior	158.10	N/A
D2394	Resin-based Comp. - 4 or more surfaces, posterior	184.80	N/A
D2410	Gold Foil - 1 surface	242.60	N/A
D2420	Gold Foil - 2 surfaces	273.00	N/A
D2430	Gold Foil - 3 surfaces	309.80	N/A
D2510	Inlay - metallic - 1 surface	356.00	N/A
D2520	Inlay - metallic - 2 surfaces	396.90	N/A
D2530	Inlay - metallic - 3 or more surfaces	425.30	N/A
D2542	Onlay - metallic - 2 surfaces	401.10	N/A
D2543	Onlay - metallic - 3 surfaces	438.90	N/A
D2544	Onlay - metallic - 4 or more surfaces	438.90	N/A
D2610	Inlay - porcelain/ceramic - 1 surface	357.00	N/A
D2620	Inlay - porcelain/ceramic - 2 surfaces	380.10	N/A

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D2630	Inlay - porcelain/ceramic - 3 or more surfaces	436.80	N/A
D2642	Onlay - porcelain/ceramic - 2 surfaces	447.30	N/A
D2643	Onlay - porcelain/ceramic - 3 surfaces	480.90	N/A
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	480.90	N/A
D2651	Inlay - resin-based composite - 2 surfaces	305.00	N/A
D2652	Inlay - resin-based composite - 3 or more surfaces	329.30	N/A
D2662	Onlay - resin-based composite - 2 surfaces	401.10	N/A
D2663	Onlay - resin-based composite - 3 surfaces	438.90	N/A
D2664	Onlay - resin-based composite - 4 or more surfaces	438.90	N/A
D2710	Crown - resin-based composite (indirect)	377.00	N/A
D2720	Crown - resin with high noble metal	409.50	N/A
D2721	Crown - resin with predominantly base metal	409.50	N/A
D2722	Crown - resin with noble metal	409.50	N/A
D2740	Crown - porcelain/ceramic	435.80	N/A
D2750	Crown - porcelain fused to high noble metal	435.80	N/A
D2751	Crown - porcelain fused to predominant base metal	435.80	N/A
D2752	Crown - porcelain fused to noble metal	435.80	N/A
D2780	Crown - 3/4 cast high noble metal	435.80	N/A
D2781	Crown - 3/4 cast predominantly base metal	435.80	N/A
D2782	Crown - 3/4 cast noble metal	435.80	N/A
D2783	Crown - 3/4 porcelain/ceramic	435.80	N/A
D2790	Crown - full cast high noble metal	435.80	N/A
D2791	Crown - full cast predominantly base metal	435.80	N/A
D2792	Crown - full cast noble metal	435.80	N/A
D2910	Recement Inlay, Onlay or Partial Cov Rest	49.70	N/A
D2920	Recement Crown	62.20	N/A
D2921	Reattachmt of tooth fragment, incisal edge or cusp	184.80	N/A
D2928	Prefabricated porcelain/ceramic crown-perm tooth	117.70	N/A
D2929	Prefab porcelain/ceramic crown - primary tooth	107.10	N/A
D2930	Prefab. stainless steel crown - primary tooth	107.10	N/A
D2931	Prefab. stainless steel crown - permanent tooth	136.50	N/A
D2932	Prefabricated Resin Crown	136.50	N/A
D2933	Prefabricated stainless steel crown w/resin window	136.50	N/A
D2934	Prefab Esthetic Stainless Steel Crn-primary tooth	107.10	N/A

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D2940	Protective Restoration	65.10	N/A
D2941	Interim therapeutic restoration-primary dentition	65.10	N/A
D2949	Restorative foundation for an indirect restoration	133.40	N/A
D2950	Core buildup, including any pins when required	133.40	N/A
D2951	Pin Retention - per tooth, in add. to restoration	27.30	N/A
D2952	Post and Core in addition to crown-indirect	174.30	N/A
D2954	Prefabricated Post and Core in addition to crown	133.40	N/A
D2957	Each Additional Prefabricated Post - same tooth	57.20	N/A
D2960	Labial Veneer (resin laminate)-direct	244.80	N/A
D2961	Labial Veneer (resin laminate)-direct	354.90	N/A
D2962	Labial Veneer (porcelain laminate)-indirect	419.00	N/A
D3220	Therapeutic Pulpotomy (exclud. final restoration)	121.80	N/A
D3221	Pulpal Debridement, primary and permanent teeth	121.80	N/A
D3240	Pulpal Therapy - post. primary (excl. final rest.)	121.80	N/A
D3310	Endo therapy-anterior(excl. final rest.)	427.40	N/A
D3320	Endo therapy-premolar(excl. final rest.)	528.70	N/A
D3330	Endo therapy-molar (excl. final rest.)	747.30	N/A
D3331	Treatment of Root Canal Obstruct; non-surg. access	747.30	N/A
D3332	Incomplete Endo Thrpy; inop,unrestore or fracture	106.10	N/A
D3333	Internal Root Repair of Perforation Defects	176.40	N/A
D3346	Retreatment of prev. root canal therapy-anterior	550.20	N/A
D3347	Retreatment of prev. root canal therapy-premolar	665.70	N/A
D3348	Retreatment of prev. root canal therapy-molar	890.40	N/A
D3351	Apexificatn/Recalcificatn-Initial Visit	227.90	N/A
D3352	Apexificatn/Recalcificatn-Inerimt Med Replacement	174.30	N/A
D3353	Apexification/Recalcification Final Visit	341.30	N/A
D3410	Apicoectomy - anterior	588.10	N/A
D3421	Apicoectomy - premolar (first root)	690.90	N/A
D3425	Apicoectomy - molar (first root)	634.20	N/A
D3426	Apicoectomy (each additional root)	246.80	N/A
D3428	Bone grft/periradicular surgery-per th,single site	420.00	N/A
D3429	Bone grft/periradicular surgery-each addl contg th	294.80	N/A
D3430	Retrograde Filling - per root	176.40	N/A
D3450	Root Amputation - per root	335.90	N/A

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D3460	Endodontic Endosseous Implant	928.20	N/A
D3471	Surgical repair of root resorption – anterior	588.10	N/A
D3472	Surgical repair of root resorption – premolar	588.10	N/A
D3473	Surgical repair of root resorption – molar	588.10	N/A
D3501	Surgical exposure of root surface-anterior	588.10	N/A
D3502	Surgical exposure of root surface-premolar	588.10	N/A
D3503	Surgical exposure of root surface-molar	588.10	N/A
D3920	Hemisection, not including root canal therapy	289.80	N/A
D3950	Canal Prep. & Fitting of Preformed Dowel or Post	106.10	N/A
D4210	Gingivectomy or gingivoplasty-4+ teeth per quad	420.00	N/A
D4211	Gingivectomy or gingivoplasty - 1-3 teeth per quad	149.10	N/A
D4212	Gingivectomy or gingivoplasty - per tooth	149.10	N/A
D4240	Gingival Flap Proc - 4 or more teeth per quad	480.90	N/A
D4241	Gingival Flap Proc - 1-3 teeth per quad	480.90	N/A
D4249	Clinical crown lengthening - hard tissue	609.00	N/A
D4260	Osseous Surgery - 4+ contiguous teeth per quad	908.40	N/A
D4261	Osseous Surgery 1-3 teeth per quad	908.40	N/A
D4263	Bone replacement graft - first site in quadrant	420.00	N/A
D4264	Bone replacement graft - each addit. site in quad	294.80	N/A
D4270	Pedicle Soft Tissue Graft Procedure	588.10	N/A
D4273	Autogen conn tissue graft procedure-1st tooth	605.10	N/A
D4277	Free soft tissue graft - first tooth	529.20	N/A
D4278	Free soft tissue graft - additional tooth	264.60	N/A
D4283	Autogen conn tissue graft procedure-each addl	302.55	N/A
D4320	Provisional splinting - intracoronal	315.00	N/A
D4321	Provisional splinting - extracoronal	315.00	N/A
D4341	Perio scaling/root planing - 4+ teeth per quad	159.60	N/A
D4342	Perio scaling/root planing - 1-3 teeth per quad	159.60	N/A
D4346	Scaling in presence of gingival inflammation-FM	69.40	N/A
D4355	Full Mouth Debridement to enable comp. eval & diag	263.60	N/A
D4910	Periodontal Maintenance	113.60	N/A
D5110	Complete denture - maxillary	661.50	N/A
D5120	Complete denture - mandibular	661.50	N/A
D5130	Immediate denture - maxillary	661.50	N/A

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D5140	Immediate denture - mandibular	661.50	N/A
D5211	Maxillary partial denture - resin base	404.30	N/A
D5212	Mandibular partial denture - resin base	404.30	N/A
D5213	Maxillary partial denture-cast frame w/resin base	682.50	N/A
D5214	Mandibular partial denture-cast frame w/resin base	682.50	N/A
D5221	Immediate maxillary partial denture - resin base	424.51	N/A
D5222	Immediate mandibular partial denture - resin base	424.51	N/A
D5223	Immediate maxillary partial denture - cast metal	716.62	N/A
D5224	Immediate mandibular partial denture - cast metal	716.62	N/A
D5225	Maxillary Partial Denture - flexible base	682.50	N/A
D5226	Mandibular Partial Denture - flexible base	682.50	N/A
D5282	Rem. unilateral partial dtr-1 piece cast metal, U	404.30	N/A
D5283	Rem. unilateral partial dtr-1 piece cast metal, L	404.30	N/A
D5284	Rem unilat PD-flex base (clasps & teeth)-per quad	404.30	N/A
D5286	Rem unilat PD-resin (clasps & teeth)-per quad	404.30	N/A
D5410	Adjust complete denture - maxillary	39.90	N/A
D5411	Adjust complete denture - mandibular	39.90	N/A
D5421	Adjust partial denture - maxillary	39.90	N/A
D5422	Adjust partial denture - mandibular	39.90	N/A
D5511	Repair broken complete denture base, mandibular	87.40	N/A
D5512	Repair broken complete denture base, maxillary	87.40	N/A
D5520	Replace missing or broken tooth - complete denture	83.10	N/A
D5611	Repair resin partial denture base, mandibular	87.40	N/A
D5612	Repair resin partial denture base, maxillary	87.40	N/A
D5621	Repair cast partial framework, mandibular	87.40	N/A
D5622	Repair cast partial framework, maxillary	87.40	N/A
D5640	Replace Broken Teeth - Per Tooth	83.10	N/A
D5650	Add Tooth to Existing Partial Denture	102.10	N/A
D5660	Add Clasp to Existing Partial Denture-Per tooth	109.20	N/A
D5670	Repl. all teeth & acrylic on cast frame-maxillary	78.50	N/A
D5671	Repl. all teeth & acrylic on cast frame-mandibular	78.50	N/A
D5710	Rebase complete maxillary denture	283.50	N/A
D5711	Rebase complete mandibular denture	283.50	N/A
D5720	Rebase maxillary partial denture	283.50	N/A

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D5721	Rebase mandibular partial denture	283.50	N/A
D5730	Reline complete maxillary denture (direct)	286.20	N/A
D5731	Reline complete mandibular denture (direct)	286.20	N/A
D5740	Reline maxillary partial denture (direct)	286.20	N/A
D5741	Reline mandibular partial denture (direct)	286.20	N/A
D5750	Reline complete maxillary denture (indirect)	286.20	N/A
D5751	Reline complete mandibular denture (indirect)	286.20	N/A
D5760	Reline maxillary partial denture (indirect)	286.20	N/A
D5761	Reline mandibular partial denture (indirect)	286.20	N/A
D5810	Interim complete denture (maxillary)	393.80	N/A
D5811	Interim complete denture (mandibular)	393.80	N/A
D5820	Interim partial denture (maxillary)	273.00	N/A
D5821	Interim partial denture (mandibular)	273.00	N/A
D5850	Tissue Conditioning, maxillary	84.00	N/A
D5851	Tissue Conditioning, mandibular	84.00	N/A
D5863	Overdenture - complete maxillary	840.00	N/A
D5865	Overdenture - complete mandibular	840.00	N/A
D5876	Add metal substr to acrylic full denture per arch	283.50	N/A
D6010	Surg. placement of implant body, endosteal implant	869.40	N/A
D6011	Surgical access to an implant body(2nd stage)	149.10	N/A
D6013	Surgical placement of mini implant	869.40	N/A
D6056	Prefabricated Abutment-includes placement	357.00	N/A
D6058	Abutment Supported Porcelain/Ceramic Crown	435.80	N/A
D6059	Abutment Supported Porcelain/High Noble Metal Crn	435.80	N/A
D6060	Abutment Supported Porcelain/Base Metal Crown	435.80	N/A
D6061	Abutment Supported Porcelain/Noble Metal Crown	435.80	N/A
D6062	Abutment Supported Cast High Noble Metal Crown	435.80	N/A
D6063	Abutment Supported Cast Base Metal Crown	435.80	N/A
D6064	Abutment Supported Cast Noble Metal Crown	435.80	N/A
D6065	Implant Supported Porcelain/Ceramic Crown	435.80	N/A
D6066	Implant Supported Porcelain/High Noble Metal Crown	435.80	N/A
D6067	Implant Supported High Noble Metal Crown	435.80	N/A
D6068	Abutment Supported Retainer Porc/Ceramic FPD	435.80	N/A
D6069	Abutment Supported Retainer Porc/High Noble FPD	435.80	N/A

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D6070	Abutment Supported Retainer Porc/Base Metal FPD	435.80	N/A
D6071	Abutment Supported Retainer Porc/Noble Metal FPD	435.80	N/A
D6072	Abutment Supported Retainer High Noble Metal FPD	435.80	N/A
D6073	Abutment Supported Retainer Base Metal FPD	435.80	N/A
D6074	Abutment Supported Retainer Noble Metal FPD	435.80	N/A
D6081	Scaling and debridement of a single implant	159.60	N/A
D6082	Imp sup crown-porc fused to predom base alloy	435.80	N/A
D6083	Implant supported crown-noble alloys	435.80	N/A
D6084	Imp sup crown-porc fused titanium & titanium alloy	435.80	N/A
D6086	Implant supported crown-predominantly base alloys	435.80	N/A
D6087	Implant supported crown - noble alloys	435.80	N/A
D6088	Implant supported crown-titanium & titanium alloy	435.80	N/A
D6092	Recement implant supported crown	49.70	N/A
D6093	Recement implant supported FPD	49.70	N/A
D6110	Implant/abut supported removable denture-comp-U	869.40	N/A
D6111	Implant/abut supported removable denture-comp-L	869.40	N/A
D6112	Implant/abut supported removable denture-partial-U	869.40	N/A
D6113	Implant/abut supported removable denture-partial-L	869.40	N/A
D6210	Pontic - Cast High Noble Metal	420.00	N/A
D6211	Pontic - Cast Predom. Base Metal	420.00	N/A
D6212	Pontic - Cast Noble Metal	420.00	N/A
D6240	Pontic - Porcelain Fused to High Noble Metal	420.00	N/A
D6241	Pontic - Porcelain Fused to Pred. Base Metal	420.00	N/A
D6242	Pontic - Porcelain Fused to Noble Metal	420.00	N/A
D6245	Pontic - Porcelain/Ceramic	420.00	N/A
D6250	Pontic - Resin with High Noble Metal	420.00	N/A
D6251	Pontic - Resin with Predom. Base Metal	420.00	N/A
D6252	Pontic - Resin with Noble Metal	420.00	N/A
D6545	Retainer-Cast Metal for resin bonded fixed prosth	262.50	N/A
D6549	Resin retainer - for resin bonded fixed prosthesis	262.50	N/A
D6600	Rtnr Inlay-Porcelain/Ceramic 2 surfaces	396.90	N/A
D6601	Rtnr Inlay-Porcelain/Ceramic 3 or more surfaces	425.30	N/A
D6602	IRtnr Inlay-Cast High Noble Metal 2 surfaces	291.90	N/A
D6603	Rtnr Inlay-Cast High Noble Metal 3 or more surf	425.30	N/A

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D6604	Rtnr Inlay-Cast Predom Base Metal 2 surfaces	396.90	N/A
D6605	Rtnr Inlay-Cast Predom Base Metal 3 or more surf	425.30	N/A
D6606	Rtnr Inlay-Cast Noble Metal 2 surfaces	396.90	N/A
D6607	Rtnr Inlay-Cast Noble Metal 3 or more surfaces	425.30	N/A
D6608	Rtnr Onlay-Porcelain/Ceramic 2 surfaces	401.10	N/A
D6609	Rtnr Onlay-Porcelain/Ceramic 3 or more surfaces	438.90	N/A
D6610	Rtnr Onlay-Cast High Noble Metal 2 surfaces	401.10	N/A
D6611	Rtnr Onlay-Cast High Noble Metal 3 or more surf	438.90	N/A
D6612	Rtnr Onlay-Cast Pred Base Metal 2 surfaces	401.10	N/A
D6613	Rtnr Onlay-Cast Pred Base Metal 3 or more surf	438.90	N/A
D6614	Rtnr Onlay-Cast Noble Metal 2 surfaces	401.10	N/A
D6615	Rtnr Onlay-Cast Noble Metal 3 or more surfaces	438.90	N/A
D6710	Rtnr Crown-indirect resin based composite	210.00	N/A
D6720	Rtnr Crown-Resin with Noble Metal	430.50	N/A
D6721	Rtnr Crown-Resin with Predom Base Metal	430.50	N/A
D6722	Crown-Resin with Noble Metal	430.50	N/A
D6740	Rtnr Crown-Porcelain/Ceramic	430.50	N/A
D6750	Rtnr Crown-Porcelain fused to High Noble Metal	430.50	N/A
D6751	Rtnr Crown-Porcelain fused to Pred Base Metal	430.50	N/A
D6752	Rtnr Crown-Porcelain fused to Noble Metal	430.50	N/A
D6780	Rtnr Crown-3/4 Cast High Noble Metal	430.50	N/A
D6781	Crown-3/4 Cast Predominantly Base Metal	430.50	N/A
D6782	Rtnr Crown-3/4 Cast Predom Base Metal	430.50	N/A
D6783	Rtnr Crown-3/4 Porcelain/Ceramic	430.50	N/A
D6790	Rtnr Crown -Full Cast High Noble Metal	430.50	N/A
D6791	Rtnr Crown-Full Cast Predom Base Metal	430.50	N/A
D6792	Rtnr Crown-Full Cast Noble Metal	430.50	N/A
D6930	Recement Fixed Partial Denture	92.10	N/A
D7111	Extract Coronal Remnants - Primary Tooth	90.80	N/A
D7140	Extraction, Erupted Tooth or Exposed Root	90.80	N/A
D7210	Extraction, erupted tooth requiring bone removal	178.70	N/A
D7220	Removal of impacted tooth - soft tissue	198.50	N/A
D7230	Removal of impacted tooth - partially bony	261.50	N/A
D7240	Removal of impacted tooth - completely bony	320.30	N/A

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D7241	Removal of impacted tooth - complete bony w/comp	392.70	N/A
D7250	Removal of residual tooth roots-cutting procedure	196.40	N/A
D7251	Coronectomy - Intentional Partial Tooth Removal	320.30	N/A
D7270	Tooth Reimplant &/or stab. of accid. evulsed tooth	315.00	N/A
D7280	Exposure of an unerupted tooth	383.30	N/A
D7285	Biopsy of oral tissue - hard (bone, tooth)	246.80	N/A
D7286	Biopsy of oral tissue - soft	211.10	N/A
D7290	Surgical Repositioning of teeth	87.00	N/A
D7295	Harvest of Bone for use in Autogenous Grafting Pro	246.80	N/A
D7310	Alveoplasty in conj. w/extractions - 4+ teeth	188.00	N/A
D7320	Alveoplasty not in conj. w/extractions - 4+ teeth	144.10	N/A
D7340	Vestibuloplasty (Secondary Epithelialization)	139.20	N/A
D7350	Vestibuloplasty (Including Grafts, Reattch, Mgmt)	139.20	N/A
D7410	Excision of Benign Lesion up to 1.25 cm	201.60	N/A
D7450	Rem of benign odontogenic cyst/tumor-up to 1.25 cm	201.60	N/A
D7451	Rem of benign odontogenic cyst/tumor-over 1.25 cm	201.60	N/A
D7460	Rem of benign nonodontog. cyst/tumor-up to 1.25 cm	201.60	N/A
D7461	Rem of benign nonodontog. Cyst/tumor-over 1.25 cm	201.60	N/A
D7471	Removal of lateral exostosis (maxilla or mandible)	377.00	N/A
D7510	Incision/Drain of Abscess - Intraoral soft tissue	147.00	N/A
D7771	Comp. Fract Alveolus-closed red stabiliz of teeth	315.00	N/A
D7880	Occlusal Orthotic Device, By Report	408.50	N/A
D7881	Occlusal orthotic device adjustment	39.90	N/A
D7953	Bone replacemt grft for ridge preservatn-per site	210.00	N/A
D7961	Buccal / labial frenectomy (frenulectomy)	284.10	N/A
D7962	Lingual frenectomy (frenulectomy)	284.10	N/A
D7963	Frenuloplasty	284.10	N/A
D7971	Excision of Periocoronal Gingiva	149.10	N/A
D9110	Palliative (Emerg.) Tmt of dental pain-minor proc	83.50	N/A
D9219	Evaluation for mod/deep sedation or gen anesthesia	34.00	N/A
D9222	Deep sedation/general anesthesia-first 15 min	160.15	N/A
D9223	Deep sedation/general anesthesia-15 min increment	160.15	N/A
D9239	Intravenous conscious sedation-first 15 min	53.75	N/A
D9243	Intravenous conscious sedation-15 min increment	53.75	N/A

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D9310	Consultation (by Dr other than requesting Dr)	86.40	N/A
D9410	House/extended care facility call	148.10	N/A
D9420	Hospital or ambulatory surgical center call	157.50	N/A
D9430	Office Visit for observation-reg. hrs-no svc perf	48.00	N/A
D9440	Office Visit-after regularly scheduled hours	104.70	N/A
D9910	Application of Desensitizing Medicament	31.50	N/A
D9911	Application of Desensitizing Resin, per tooth	31.50	N/A
D9943	Occlusal Guard Adjustment	39.90	N/A
D9944	Occlusal guard – hard appliance, full arch	408.50	N/A
D9945	Occlusal guard – soft appliance, full arch	102.12	N/A
D9946	Occlusal guard – hard appliance, partial arch	204.25	N/A
D9951	Occlusal Adjustment - limited	84.00	N/A
D9952	Occlusal Adjustment - complete	378.00	N/A

Filed Fee ID	Group/Subgroup	Assignment of Schedule	Group Contract Type
G9392	09392	Group	ASC - Cost Plus

Fee Schedule Report

Delta Dental of Washington

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