

DOC Oral Surgery Fee Schedule Effective 1/1/2023

Procedure Code	Procedure Code Description	DOC Allowable
D0120	Periodic oral evaluation	NOT COVERED
D0140	Limit oral eval probfm focus	\$ 93.11
D0150	Comprehensive oral evaluation	NOT COVERED
D0160	Extensv oral eval prob focus	\$ 177.98
D0170	Re-eval, established patient, problem focused	\$ 85.70
D0171	Re-eval, post-op visit	\$ 85.70
D0180	Comprehensive periodontal evaluation	NOT COVERED
D0190	Screening of a patient	NOT COVERED
D0191	Assessment of a patient	\$ 100.53
D0220	INTRAORAL PERIAPICAL FIRST F	\$ 35.43
D0230	INTRAORAL PERIAPICAL Each additional	\$ 31.31
D0330	DENTAL PANORAMIC FILM	\$ 135.14
D0350	Oral/facial photo images	\$ 80.75
⁶ D0364	Cone beam, CT Capture, Lmtd View < 1 Jaw	\$ 364.21
⁶ D0365	Cone beam, CT Capture, Full Arch, Mandible	\$ 407.88
⁶ D0366	Cone beam, CT Capture, Full Arch, Maxilla	\$ 386.46
⁶ D0367	Cone beam, CT Capture, Full Arch, both jaws, with or w/out cranium	\$ 384.81
D4266	Guided tissue regen resorbble	\$ 833.89
D4268	Surgical revision procedure	\$ 935.24
D4341	Periodontal scaling & root	\$ 284.00
D7140	Extraction erupted tooth/exr	\$ 229.07
D7210	REM IMP TOOTH W MUCOPER FLP	\$ 337.02
D7220	Impact tooth remov soft tiss	\$ 381.51
D7230	IMPACT TOOTH REMOV PART BONY	\$ 467.21
D7240	IMPACT TOOTH REMOV COMP BONY	\$ 577.62
D7241	Impact tooth rem bony w/comp	\$ 672.38
D7250	TOOTH ROOT REMOVAL	\$ 376.57
D7251	Coronectomy	\$ 554.55
D7260	Oral antral fistula closure	\$ 1,557.36
D7261	Primary closure sinus perf	\$ 975.62
D7285	BIOPSY OF ORAL TISSUE HARD	\$ 636.95
D7286	BIOPSY OF ORAL TISSUE SOFT	\$ 423.54
D7310	Alveoplasty w/ extraction	\$ 371.62
D7311	Alveoplasty w/ extraction	\$ 370.80
D7320	Alveoplasty w/out extraction	\$ 547.14
D7321	Alveoplasty w/out extraction	\$ 498.52
D7340	Vestibuloplasty	\$ 892.35
D7410	Excision benign lesion up to 1.25 cm	\$ 523.24
D7411	Excision benign lesion greater than 1.25 cm	\$ 783.62
D7413	Excision malignant lesion up to 1.25 cm	\$ 715.80
D7414	Excision malignant freater than 1.25 cm	\$ 1,170.10
D7450	Rem odontogen cyst to 1.25cm	\$ 740.78
D7451	Rem odontogen cyst > 1.25 cm	\$ 1,122.29
D7460	Remove benign nonodontogenic cyst to 1.25cm	\$ 722.65
D7461	Remove benign nonodontogenic cyst > 1.25cm	\$ 1,167.61
D7471	Rem exostosis any site	\$ 929.47
D7473	Remove torus mandibularis	\$ 1,060.49
D7510	I&D ABSC INTRAORAL SOFT TISS	\$ 291.70
D7540	Removal of fb reaction	\$ 739.13
D7550	Removal of sloughed off bone	\$ 655.08
D7560	Maxillary sinusotomy	\$ 2,116.03
D7610	Open reduction simple maxilla fx	\$ 5,055.24
D7620	Closed reduction simple maxilla fx	\$ 3,930.48
D7630	Open red simpl mandible fx	\$ 5,103.03
D7640	Clsd red simpl mandible fx	\$ 3,856.32
D7650	Open Red simpl malar/zygomatic arch fx	\$ 4,101.05
D7660	Clsd Red simpl malar/zygomatic arch fx	\$ 3,341.32
D7710	Open reduction compound maxilla fx	\$ 4,966.25
D7720	Closed reduction compund maxilla fx	\$ 3,837.37
D7730	Open reduct compd mandble fx	\$ 5,641.93
D7740	Clsd reduct compd mandble fx	\$ 3,905.76
D7750	Open reduct compd malar fx	\$ 4,641.59
D7760	Clsd reduct compd malar fx	\$ 6,856.50
D7921	Collection/application fo autologous blood concentrate product	\$ 522.42
D7922	Pacemnt of intra-socket bio dressing	¹ By Report
D7950	Mandible/Maxilla graft	\$ 3,094.94
D7970	Excision of hyperplastic tissue - per arch	\$ 608.94
D7980	SIALOLITHOTOMY	\$ 867.50
D7997	Appliance removal	\$ 396.34
D7998	Intraoral place of fix dev	\$ 2,647.51
D7999	ORAL SURGERY PROCEDURE	¹ By Report
D9215	Local Anesthesia	² Bundled
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	² Bundled
D9222	Deep Sedation/general Anesthesia-first 15 min	\$ 281.81
D9223	Deep Sedation/general Anesthesia-each 15 min	\$ 290.87
D9230	Analgesia	³ Not Covered
D9239	IV Moderate (conscious) sedation-first 15 mins	\$ 292.52
D9243	IV Moderate (conscious) sedation-each 15 mins	\$ 291.70
D9420	Hospital or Abulatory Surgical Center Call	\$ 372.45
D9610	Dent therapeutic drug inject	\$ 123.60
D9612	Thera par drugs 2 or > admin	\$ 212.59
D9630	Other drugs/medicaments	\$ 56.03
D9986	Missed Appt.	⁴ Per contract
D9987	Canceled Appt.	⁴ Per contract

added 9/2023 per CDO

added 7/2019 - not payable per CDO

¹By report codes billed must be accompanied by additional documentation such as chart notes and/or vendors/manufacturers invoices

²D9215 is a bundled code when used in conjunction with a surgical procedure and is not separately payable - if medically necessary during an evaluation, submit chart notes with claim for payment consideration - if medically necessary reimbursement rate will be \$66.80

³Analgesia is not payable as it is not considered medically necessary. if medically necessary during an evaluation, submit chart notes with claim for payment

consideration

reimbursement rate will be \$99.70 if found to be medically necessary

Authorized change by CDO 2/27/2020

⁴D9986 and D9987 are payable only if determined to meet the contract terms for payment

⁵D9219 is a bundled code with other sedation/anesthesia codes and is not separately payable

⁶Cone beam CT scans are payable without prior authorization only for the diagnosis and treatment of jaw fractures or an

odontogenic tumor, lesion, biopsy. Providers must obtain prior authorization from DOC for CT scans performed for any other reason. Process updated by CDO 9/6/23; Cone beams now considered a standard of care.