

DOC Oral Surgery Fee Schedule
Effective January 1, 2024

Procedure	Procedure Code Description	DOC Allowable
D0120	Periodic oral evaluation	NOT COVERED
D0140	Limit oral eval probm focus	94.4
D0150	Comprehensve oral evaluation	NOT COVERED
D0160	Extensv oral eval prob focus	180.8
D0170	Re-eval, established patient, problem focu	86.4
D0171	Re-eval, post-op visit	82.4
D0180	Comprehensive periodontal evaluation	NOT COVERED
D0190	Screening of a patient	NOT COVERED
D0191	Assessment of a patient	96
D0220	INTRAORAL PERIAPICAL FIRST F	37.6
D0230	INTRAORAL PERIAPICAL Each additional	31.2
D0330	DENTAL PANORAMIC FILM	139.2
D0350	Oral/facial photo images	83.2
D0364	Cone beam, CT Capture, Lmted View < 1 Ja	365.6
D0365	Cone beam, CT Capture, Full Arch, Mandib	399.2
D0366	Cone beam, CT Capture, Full Arch, Maxilla	382.4
D0367	Cone beam, CT Capture, Full Arch, both jav	391.2
D4266	Guided tissue regen resorble	859.2
D4268	Surgical revision procedure	944
D4341	Periodontal scaling & root	284
D7140	Extraction erupted tooth/exr	236.8
D7210	REM IMP TOOTH W MUCOPER FLP	348
D7220	Impact tooth remov soft tiss	392.8
D7230	IMPACT TOOTH REMOV PART BONY	488
D7240	IMPACT TOOTH REMOV COMP BONY	585.6
D7241	Impact tooth rem bony w/comp	670.4
D7250	TOOTH ROOT REMOVAL	374.4
D7251	Coronectomy	556.8
D7260	Oral antral fistula closure	1553.6
D7261	Primary closure sinus perf	944
D7285	BIOPSY OF ORAL TISSUE HARD	646.4
D7286	BIOPSY OF ORAL TISSUE SOFT	423.2
D7310	Alveoplasty w/ extraction	377.6
D7311	Alveoplasty w/ extraction	370.4
D7320	Alveoplasty w/out extraction	538.4
D7321	Alveoplasty w/out extraction	493.6
D7340	Vestibuloplasty	1579.2
D7410	Excision benign lesion up to 1.25 cm	529.6
D7411	Excision benign lesion greater than 1.25 cr	794.4
D7413	Excision malignant lesion up to 1.25 cm	715.8
D7414	Excision malignant freater than 1.25 cm	1170.1
D7450	Rem odontogen cyst to 1.25cm	749.6
D7451	Rem odontogen cyst > 1.25 cm	1092

D7460	Remove benign nonodontogenic cyst to 1.	739.2
D7461	Remove benign nonodontogenic cyst > 1.2	1155.2
D7471	Rem exostosis any site	920
D7473	Remove torus mandibularis	1034.4
D7510	I&D ABSC INTRAORAL SOFT TISS	301.6
D7540	Removal of fb reaction	754.4
D7550	Removal of sloughed off bone	681.6
D7560	Maxillary sinusotomy	2071.2
D7610	Open reduction simple maxilla fx	4986.4
D7620	Closed reduction simple maxilla fx	3987.2
D7630	Open red simpl mandible fx	5377.6
D7640	Clsd red simpl mandible fx	3968.8
D7650	Open Red simpl malar/zygomatic arch fx	4150.4
D7660	Clsd Red simpl malar/zygomatic arch fx	3420
D7710	Open reduction compound maxilla fx	5316.8
D7720	Closed reduction compund maxilla fx	3895.2
D7730	Open reduct compd mandble fx	5666.4
D7740	Clsd reduct compd mandble fx	4032
D7750	Open reduct compd malar fx	5025.6
D7760	Clsd reduct compd malar fx	6961.6
D7921	Collection/application fo autologous blooc	529.6
D7922	Pacement of intra-socket bio dressing	149.6
D7950	Mandible/Maxilla graft	3158.4
D7970	Excision of hyperplastic tissue - per arch	603.2
D7980	SIALOLITHOTOMY	867.5
D7997	Appliance removal	411.2
D7998	Intraoral place of fix dev	2696
D7999	ORAL SURGERY PROCEDURE	1By Report
D9215	Local Anesthesia	Bundled
D9219	Evaluation for moderate sedation, deep se	5Bundled
D9222	Deep Sedation/general Anesthesia-first 15	286.4
D9223	Deep Sedation/general Anesthesia-each 1!	291.2
D9230	Analgesia	Not Covered
D9239	IV Moderate (concious) sedation-first 15 n	324
D9243	IV Moderate (concious) sedation-each 15 r	311.2
D9420	Hospital or Abulatory Surgical Center Call	368
D9610	Dent therapeutic drug inject	125.6
D9612	Thera par drugs 2 or > admin	215.2
D9630	Other drugs/medicaments	55.2
D9986	Missed Appt.	4Per contract
D9987	Canceled Appt.	4Per contract

1By report codes billed must be accompanied by addi
vendors/manufactuers invoices

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