

UTHSCSA Headstart Fee Schedule
Laredo Dental Clinic- Revised 03012016

D0120	Periodic Oral Examination	\$41.00	\$30.75	\$20.50	\$10.25
D0140	Limited Oral Evaluation - Problem Focused	\$47.00	\$35.25	\$23.50	\$11.75
D0145	Home Visit	\$155.00	\$111.75	\$74.50	\$37.25
D0150	New/Est Comprehensive Oral Exam	\$61.00	\$45.75	\$30.50	\$15.25
D0160	ival - Px focused by report	\$79.00	\$56.25	\$37.50	\$18.75
D0170	Estab Pt - Re-evaluation - Limited	\$37.00	\$27.75	\$18.50	\$9.25
D0180	New/Est Comprehensive Periodontal Eval	\$88.00	\$66.00	\$44.00	\$22.00
D0210	Radiographs - Intraoral complete series	\$95.00	\$71.25	\$47.50	\$23.75
D0220	Radiographs - Intraoral - Periapical First film	\$22.00	\$16.50	\$11.00	\$5.50
D0230	Radiographs - Intraoral - Periapical Each addl film	\$16.00	\$12.00	\$8.00	\$4.00
D0240	Radiographs - Intraoral - Occlusal film	\$33.00	\$24.75	\$16.50	\$8.25
D0250	Radiographs - Extraoral - First film	\$43.00	\$32.25	\$21.50	\$10.75
D0260	Radiographs - Extraoral - Each addl film	\$18.00	\$13.50	\$9.00	\$4.50
D0270	Bitewing - Single film	\$18.00	\$13.50	\$9.00	\$4.50
D0272	Bitewing - 2 films	\$29.00	\$21.75	\$14.50	\$7.25
D0274	Bitewing - 4 films	\$45.00	\$33.75	\$22.50	\$11.25
D0277	Bitewing - Vertical 7-8 films	\$65.00	\$48.75	\$32.50	\$16.25
D0330	Panoramic film	\$84.00	\$63.00	\$42.00	\$21.00
D0340	Cephalometric film 0340, 0350, 0470)	\$86.00	\$64.50	\$43.00	\$21.50
D0350	Oral/facial images	\$46.00	\$34.50	\$23.00	\$11.50
D0470	Diagnostic casts	\$56.00	\$42.00	\$28.00	\$14.00
D0363	Cone Beam 3 dimensional	\$150.00	\$75.00	\$75.00	\$75.00
D0415	Bacteriologic studies of pathologic agents	\$97.00	\$72.75	\$48.50	\$24.25
D0470	Diagnostic casts	\$56.00	\$42.00	\$28.00	\$14.00
D0502	Other Oral pathology procedure	\$60.00	\$45.00	\$30.00	\$15.00
D0999	Unspecified diagnostic procedure, by report	B/R	B/R	B/R	B/R
D103.2	Regenerative/Resorbable Membrane	\$220.00	\$141.75	\$94.50	\$47.25
D1110	Dental Cleaning - Adult	\$71.00	\$53.25	\$35.50	\$17.75
D1120	Dental Cleaning - Child	\$48.00	\$36.00	\$24.00	\$12.00
D1206	Topical fluoride varnish	\$21.00	\$11.25	\$7.50	\$3.75
D1208	Fluoride - Topical application - Child / Adult	\$21.00	\$15.75	\$10.50	\$5.25
D1330	Oral Hygiene Instructions	\$41.00	\$9.00	\$6.00	\$3.00
D1351	Sealant - per tooth	\$38.00	\$28.50	\$19.00	\$9.50
D1510	Space Maintenance - fixed - unilateral	\$202.00	\$202.00	\$101.00	\$101.00
D1515	Space Maintenance - fixed - bilateral	\$320.00	\$320.00	\$160.00	\$160.00
D1520	Space Maintenance - removable - unilateral	\$223.00	\$223.00	\$112.00	\$112.00
D1525	Space Maintenance - removable - bilateral	\$326.00	\$326.00	\$110.00	\$110.00
D1550	Re- cementation of space maintainer	\$45.00	\$33.75	\$22.50	\$11.25

UTHSCSA Headstart Fee Schedule
Laredo Dental Clinic- Revised 03012016

D2140	Amalgam - 1 surface	\$87.00	\$85.25	\$43.50	\$21.75
D2150	Amalgam - 2 surfaces	\$112.00	\$84.00	\$56.00	\$28.00
D2160	Amalgam - 3 surfaces	\$143.00	\$107.25	\$71.50	\$35.75
D2161	Amalgam - 4 or more surfaces	\$153.00	\$114.75	\$76.50	\$38.25
D2330	Resin-based comp - 1 surf, ant.	\$102.00	\$76.50	\$51.00	\$25.50
D2331	Resin-based comp - 2 surf, ant.	\$138.00	\$103.50	\$69.00	\$34.50
D2332	Resin-based comp - 3 surf, ant.	\$179.00	\$134.25	\$89.50	\$44.75
D2335	Resin-based comp - 4+ surf, ant.	\$219.00	\$164.25	\$109.50	\$54.75
D2390	Resin-based comp - Crown, ant.	\$211.00	\$158.25	\$105.50	\$52.75
D2391	Resin-based comp - 1 surf, post.	\$112.00	\$84.00	\$56.00	\$28.00
D2392	Resin-based comp - 2 surf, post.	\$143.00	\$107.25	\$71.50	\$35.75
D2393	Resin-based comp - 3 surf, post.	\$163.00	\$122.25	\$81.50	\$40.75
D2394	Resin-based comp - 4+ surf, post.	\$204.00	\$153.00	\$102.00	\$51.00
D2510	Inlay - metallic - 1 surface	\$519.00	\$499.99	\$499.99	\$499.99
D2520	Inlay - metallic - 2 surfaces	\$571.00	\$544.44	\$544.44	\$544.44
D2530	Inlay - metallic - 3 or more surfaces	\$657.00	\$631.00	\$631.00	\$631.00
D2542	Onlay - metallic - 2 surfaces	\$350.00	\$350.00	\$350.00	\$350.00
D2543	Onlay - metallic 3 surfaces	\$685.00	\$685.00	\$685.00	\$685.00
D2544	Onlay - metallic 4 or more surfaces	\$740.00	\$740.00	\$740.00	\$740.00
D2610	Inlay - por/cer - 1 surface	\$512.00	\$512.00	\$512.00	\$512.00
D2620	Inlay - por/cer - 2 surfaces	\$571.00	\$571.00	\$571.00	\$571.00
D2630	Inlay - por/cer - 3 or more surfaces	\$630.00	\$606.00	\$606.00	\$606.00
D2642	Onlay - porcelain/ceramic - 2 surfaces	\$350.00	\$350.00	\$350.00	\$350.00
D2643	Onlay - porcelain/ceramic - 3 surfaces	\$649.00	\$350.00	\$350.00	\$350.00
D2644	Onlay - porcelain/ceramic - 4 or more	\$774.00	\$744.00	\$744.00	\$744.00
D2650	Inlay - resin-based composite - 1 surface	\$582.00	\$560.00	\$560.00	\$560.00
D2651	Inlay - resin-based composite - 2 surfaces	\$604.00	\$580.00	\$580.00	\$580.00
D2652	Inlay - resin-based composite - 3 or more surfaces	\$610.00	\$586.00	\$586.00	\$586.00
D2662	Onlay - resin - 2 surfaces	\$350.00	\$350.00	\$350.00	\$350.00
D2663	Onlay - resin - 3 surfaces	\$350.00	\$350.00	\$350.00	\$350.00
D2664	Onlay - resin - 4 or more surfaces	\$610.00	\$586.00	\$586.00	\$586.00
D2710	Crown - resin (indirect)	\$450.00	\$285.00	\$285.00	\$285.00
D2740	Porcelain/ceramic - 1/2 base	\$400.00	\$600.00	\$600.00	\$600.00
D2750	Crown - PFM high noble/metal	\$600.00	\$600.00	\$600.00	\$600.00
D2751	Crown - PFM preformal base/metal	\$600.00	\$600.00	\$600.00	\$600.00
D2752	Crown - PFM noble/metal	\$600.00	\$600.00	\$600.00	\$600.00
D2780	Crown - 3/4 cast high noble/metal	\$600.00	\$600.00	\$600.00	\$600.00
D2781	Crown - 3/4 cast predominately base/metal	\$600.00	\$600.00	\$600.00	\$600.00
D2782	Crown - 3/4 cast noble/metal	\$600.00	\$600.00	\$600.00	\$600.00
D2783	Crown - 3/4 porcelain/ceramic	\$600.00	\$600.00	\$600.00	\$600.00

UTHSCSA Headstart Fee Schedule
Laredo Dental Clinic- Revised 03012016

Code	Description	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee
D2790	Crown - Full cast high noble mount	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00
D2791	Crown - Full cast pre:base metal	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00
D2792	Crown - Full cast noble metal	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00
D2794	Crown - Titanium	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00
D2910	Re-Cement inlay	\$55.00	\$41.25	\$27.50	\$27.50	\$13.75	\$13.75	\$13.75	\$13.75
D2915	Re-Cement cast or prefabricated post and core	\$59.00	\$44.25	\$29.50	\$29.50	\$14.75	\$14.75	\$14.75	\$14.75
D2920	Recement Crown	\$60.00	\$45.00	\$30.00	\$30.00	\$15.00	\$15.00	\$15.00	\$15.00
D2930	Prefab SS crown - primary tooth	\$201.00	\$150.75	\$100.50	\$100.50	\$50.25	\$50.25	\$50.25	\$50.25
D2931	Prefab SS crown - permanent tooth	\$210.00	\$157.50	\$105.00	\$105.00	\$52.50	\$52.50	\$52.50	\$52.50
D2932	Prefab resin crown	\$187.00	\$140.25	\$93.50	\$93.50	\$46.75	\$46.75	\$46.75	\$46.75
D2933	Prefab SS crown - Resin window	\$201.00	\$150.75	\$100.50	\$100.50	\$50.25	\$50.25	\$50.25	\$50.25
D2934	Prefabricated Esthetic - Coated SSC - Primary tooth	\$230.00	\$172.50	\$115.00	\$115.00	\$57.50	\$57.50	\$57.50	\$57.50
D2940	Sedative filling	\$69.00	\$51.75	\$34.50	\$34.50	\$17.25	\$17.25	\$17.25	\$17.25
D2950	Core buildup - Including pins	\$153.00	\$114.75	\$76.50	\$76.50	\$38.25	\$38.25	\$38.25	\$38.25
D2951	Pin retention - per tooth	\$40.00	\$30.00	\$20.00	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00
D2952	Cast post and core, w/crown	\$321.00	\$90.00	\$90.00	\$90.00	\$90.00	\$90.00	\$90.00	\$90.00
D2953	Each addl cast post - same tooth (use with D2952)	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
D2954	Prefab post and core, w/crown	\$199.00	\$149.25	\$99.50	\$99.50	\$49.75	\$49.75	\$49.75	\$49.75
D2955	Post removal	\$161.00	\$120.75	\$80.50	\$80.50	\$40.25	\$40.25	\$40.25	\$40.25
D2957	Each addl prefabricated post - same tooth	\$40.00	\$30.00	\$20.00	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00
D2960	Labial veneer, resin - chairside	\$425.00	\$318.75	\$212.50	\$212.50	\$106.25	\$106.25	\$106.25	\$106.25
D2961	Labial veneer, resin - lab	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
D2962	Labial veneer (porcelain laminate) - laboratory	\$700.00	\$700.00	\$700.00	\$700.00	\$700.00	\$700.00	\$700.00	\$700.00
D2980	Crown repair, by report	\$135.00	\$135.00	\$135.00	\$135.00	\$135.00	\$135.00	\$135.00	\$135.00
D2999	Unspecified restorative procedure, by report	B/R	B/R	B/R	B/R	B/R	B/R	B/R	B/R
D3110	Pulp cap - direct	\$40.00	\$30.00	\$20.00	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00
D3120	Pulp cap - indirect	\$43.00	\$32.25	\$21.50	\$21.50	\$10.75	\$10.75	\$10.75	\$10.75
D3220	Therapeutic pulpotomy	\$105.00	\$78.75	\$52.50	\$52.50	\$26.25	\$26.25	\$26.25	\$26.25
D3230	Anterior - Primary tooth pulpectomy	\$72.00	\$54.00	\$36.00	\$36.00	\$18.00	\$18.00	\$18.00	\$18.00
D3240	Posterior - Primary tooth pulpectomy	\$72.00	\$54.00	\$36.00	\$36.00	\$18.00	\$18.00	\$18.00	\$18.00
D3310	Endo therapy - anterior (root canal)	\$436.00	\$436.00	\$436.00	\$436.00	\$436.00	\$436.00	\$436.00	\$436.00
D3320	Endo therapy - bicuspid	\$466.00	\$466.00	\$466.00	\$466.00	\$466.00	\$466.00	\$466.00	\$466.00
D3330	Endo therapy - molar	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
D3346	Retreatment of prev root canal therapy - anterior	\$529.00	\$396.75	\$264.50	\$264.50	\$132.25	\$132.25	\$132.25	\$132.25
D3347	Retreatment of prev root canal therapy - bicuspid	\$608.00	\$456.00	\$304.00	\$304.00	\$152.00	\$152.00	\$152.00	\$152.00
D3348	Retreatment of prev root canal therapy - molar	\$728.00	\$546.00	\$364.00	\$364.00	\$182.00	\$182.00	\$182.00	\$182.00
D3351	Apex/recalc - initial visit	\$210.00	\$157.50	\$105.00	\$105.00	\$52.50	\$52.50	\$52.50	\$52.50
D3352	Apex/recalc - interim med replac	\$117.00	\$87.75	\$58.50	\$58.50	\$29.25	\$29.25	\$29.25	\$29.25
D3353	Apex/recalc - final visit	\$295.00	\$221.25	\$147.50	\$147.50	\$73.75	\$73.75	\$73.75	\$73.75
D3410	Apicoectomy - anterior	\$508.00	\$381.00	\$254.00	\$254.00	\$127.00	\$127.00	\$127.00	\$127.00

UTHSCSA Headstart Fee Schedule
Laredo Dental Clinic- Revised 03012016

D3421	Apicoectomy - bicusp (1st root)	\$521.00	\$390.75	\$260.50	\$130.25
D3425	Apicoectomy - molar (1st root)	\$613.00	\$459.75	\$306.50	\$153.25
D3426	Apicoectomy - addl roots	\$202.00	\$151.50	\$101.00	\$50.50
D3430	Retrograde filling - per root	\$184.00	\$138.00	\$92.00	\$46.00
D3450	Root amputation - per root	\$357.00	\$267.75	\$178.50	\$89.25
D3460	Endodontic endosseous implant	\$215.00	\$161.25	\$107.50	\$53.75
D3470	Intentional reimplantation	\$315.00	\$236.25	\$157.50	\$78.75
D3910	Surg isolate of tooth, rubber dam	\$100.00	\$75.00	\$50.00	\$25.00
D3920	Hemisection, incl root removal	\$351.00	\$263.25	\$175.50	\$87.75
D3950	Canal prep with dowel or post	\$73.00	\$54.75	\$36.50	\$18.25
D3999	Unspecified endodontic procedure, by report	B/R	B/R	B/R	B/R
D4210	Gingivectomy/plasty 4 or more	\$330.00	\$247.50	\$165.00	\$82.50
D4211	Gingivectomy/plasty 1-3 teeth	\$110.00	\$82.50	\$55.00	\$27.50
D4240	Gingival flap - 4 or more/quad	\$450.00	\$337.50	\$225.00	\$112.50
D4241	Gingival flap - 1-3 teeth/quad	\$340.00	\$255.00	\$170.00	\$85.00
D4245	Apically positioned flap	\$500.00	\$375.00	\$250.00	\$125.00
D4249	Clinical crown lengthening - hard tissue	\$440.00	\$330.00	\$220.00	\$110.00
D4260	Osseous surgery - 4 or more/quad	\$750.00	\$562.50	\$375.00	\$187.50
D4261	Osseous surgery (including flap entry and closure) 1-3 teeth/quad	\$450.00	\$337.50	\$225.00	\$112.50
D4266	Guided tissue regen - resorb	\$350.00	\$262.50	\$175.00	\$87.50
D4267	Guided tissue regen- nonresorb	\$400.00	\$300.00	\$200.00	\$100.00
D4270	Pedicle soft tissue graft	\$469.00	\$351.75	\$234.50	\$117.25
D4271	Free soft tissue graft	\$541.00	\$405.75	\$270.50	\$135.25
D4273	Subepithelial connective tissue graft	\$541.00	\$405.75	\$270.50	\$135.25
D4274	Distal or proximal wedge	\$306.00	\$229.50	\$153.00	\$76.50
D4275	Soft tissue allograft	\$680.00	\$510.00	\$340.00	\$170.00
D4276	Combined connective tissue and double pedicle graft	\$632.00	\$474.00	\$316.00	\$158.00
D4320	Provisional splint - intracoronal	\$281.00	\$210.75	\$140.50	\$70.25
D4321	Provisional splint - extracoronal	\$260.00	\$195.00	\$130.00	\$65.00
D4341	Scaling/rt planing 4 or more	\$143.00	\$107.25	\$71.50	\$35.75
D4342	Scaling /rt planing 1-3 teeth	\$92.00	\$69.00	\$46.00	\$23.00
D4355	Full mouth debridement	\$102.00	\$76.50	\$51.00	\$25.50
D4381	Chemotherapy - per tooth	\$50.00	\$37.50	\$25.00	\$12.50
D4910	Periodontal maintenance	\$86.00	\$64.50	\$43.00	\$21.50
D4920	Unscheduled dressing change	\$37.00	\$27.75	\$18.50	\$9.25
D4999	Unspecified periodontal procedure, by report	B/R	B/R	B/R	B/R
D6110	Complete denture - maxillary	\$600.00	\$600.00	\$600.00	\$600.00
D6120	Complete denture - mandibular	\$600.00	\$600.00	\$600.00	\$600.00

UTHSCSA Headstart Fee Schedule
Laredo Dental Clinic- Revised 03012016

Procedure Code	Description	Fee	Fee	Fee	Fee
D5130	Immediate denture - maxillary	\$600.00	\$600.00	\$600.00	\$600.00
D5140	Immediate denture - mandibular	\$600.00	\$600.00	\$600.00	\$600.00
D5211	Maxillary partial denture - resin base	\$600.00	\$600.00	\$600.00	\$600.00
D5212	Mandibular partial denture - resin base	\$600.00	\$600.00	\$600.00	\$600.00
D5213	Maxillary partial - cast metal frame	\$800.00	\$800.00	\$800.00	\$800.00
D5214	Mandibular partial - cast metal frame	\$800.00	\$800.00	\$800.00	\$800.00
D5281	Removable unilateral partial denture - one piece cast metal	\$250.00	\$250.00	\$250.00	\$250.00
D5410	Adjust complete denture - Maxillary	\$50.00	\$37.50	\$25.00	\$12.50
D5411	Adjust complete denture - Mandibular	\$50.00	\$37.50	\$25.00	\$12.50
D5421	Adjust partial denture - Maxillary	\$50.00	\$37.50	\$25.00	\$12.50
D5422	Adjust partial denture - Mandibular	\$50.00	\$37.50	\$25.00	\$12.50
D5510	Repair denture base	\$120.00	\$120.00	\$120.00	\$120.00
D5520	Replace teeth - per tooth	\$115.00	\$115.00	\$115.00	\$115.00
D5610	Repair resin denture base	\$110.00	\$110.00	\$110.00	\$110.00
D5620	Repair cast framework	\$125.00	\$125.00	\$125.00	\$125.00
D5630	Repair or replace broken clasp	\$158.00	\$158.00	\$158.00	\$158.00
D5640	Repairs to partial dentures - Replace broken teeth - per tooth	\$115.00	\$115.00	\$115.00	\$115.00
D5650	Add tooth to existing partial denture	\$122.00	\$122.00	\$122.00	\$122.00
D5660	Add clasp to existing partial	\$155.00	\$155.00	\$155.00	\$155.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$475.00	\$475.00	\$475.00	\$475.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$475.00	\$475.00	\$475.00	\$475.00
D5710	Rebase complete maxillary denture	\$360.00	\$360.00	\$360.00	\$360.00
D5711	Rebase complete mandibular denture	\$360.00	\$360.00	\$360.00	\$360.00
D5720	Rebase maxillary partial denture	\$340.00	\$340.00	\$340.00	\$340.00
D5721	Rebase mandibular partial denture	\$340.00	\$340.00	\$340.00	\$340.00
D5730	Reline complete maxillary denture (chairside)	\$175.00	\$175.00	\$175.00	\$175.00
D5731	Reline complete mandibular denture (chairside)	\$175.00	\$175.00	\$175.00	\$175.00
D5740	Reline Maxillary partial denture (chairside)	\$190.00	\$190.00	\$190.00	\$190.00
D5741	Reline mandibular partial denture (chairside)	\$190.00	\$190.00	\$190.00	\$190.00
D5750	Reline complete maxillary denture (laboratory)	\$265.00	\$265.00	\$265.00	\$265.00
D5751	Reline complete mandibular denture (laboratory)	\$265.00	\$265.00	\$265.00	\$265.00
D5760	Reline maxillary partial denture (laboratory)	\$250.00	\$250.00	\$250.00	\$250.00
D5761	Reline mandibular partial denture (laboratory)	\$250.00	\$250.00	\$250.00	\$250.00
D5810	Prosthesis - interim complete denture (maxillary)	\$550.00	\$550.00	\$550.00	\$550.00
D5811	Prosthesis - interim complete denture (mandibular)	\$550.00	\$550.00	\$550.00	\$550.00
D5820	Prosthesis - interim partial denture (maxillary)	\$460.00	\$460.00	\$460.00	\$460.00
D5821	Prosthesis - interim partial denture (mandibular)	\$460.00	\$460.00	\$460.00	\$460.00
D5850	Tissue conditioning - maxillary	\$95.00	\$71.25	\$47.50	\$23.75
D5851	Tissue conditioning - mandibular	\$95.00	\$71.25	\$47.50	\$23.75
D5860	Overdenture - complete, by report	\$388.00	\$388.00	\$388.00	\$388.00
D5861	Overdenture - partial, by report	\$388.00	\$388.00	\$388.00	\$388.00
D5862	Precision attachment, by report	\$375.00	\$375.00	\$375.00	\$375.00

UTHSCSA Headstart Fee Schedule
Laredo Dental Clinic- Revised 03012016

		B/R	B/R	B/R	B/R	B/R
D5899	Unspecified removable prosthodontic procedure by report					
D5982	Surgical stent	\$967.00	\$84.75	\$483.50	\$241.75	
D5986	Fluoride gel carrier	\$136.00	\$102.00	\$68.00	\$34.00	
D5988	Surgical splint	\$1,167.00	\$875.25	\$583.50	\$291.75	
D5999	Unspecified maxillofacial prosthesis, by report	B/R	B/R	B/R	B/R	
D7111	Coronal remnants - deciduous tooth	\$30.00	\$22.50	\$15.00	\$7.50	
D7140	Extraction, erupted tooth or exposed root (elev. and/or forceps)	\$87.00	\$65.25	\$43.50	\$21.75	
D7210	Surgical removal of erupted tooth req elev. of mucoperiosteal flap	\$158.00	\$118.50	\$79.00	\$39.50	
D7220	Removal of impacted tooth - Soft Tissue	\$204.00	\$153.00	\$102.00	\$51.00	
D7230	Removal of impacted tooth - Partially Bony	\$230.00	\$172.50	\$115.00	\$57.50	
D7240	Removal of impacted tooth - Completely Bony	\$384.00	\$288.00	\$192.00	\$96.00	
D7241	Removal of impacted tooth - Completely Bony, w/unusual surg. cor	\$375.00	\$281.25	\$187.50	\$93.75	
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$169.00	\$126.75	\$84.50	\$42.25	
D7260	Oroantral fistula closure	\$510.00	\$382.50	\$255.00	\$127.50	
D7261	Primary closure of a sinus perforation	\$510.00	\$382.50	\$255.00	\$127.50	
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$250.00	\$187.50	\$125.00	\$62.50	
D7272	Tooth transplant (includes reimplant from one site to another)	\$400.00	\$300.00	\$200.00	\$100.00	
D7280	Surgical access of an unerupted tooth	\$408.00	\$306.00	\$204.00	\$102.00	
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$145.00	\$108.75	\$72.50	\$36.25	
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$77.00	\$57.75	\$38.50	\$19.25	
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$230.00	\$172.50	\$115.00	\$57.50	
D7286	Biopsy of oral tissue - soft (all others)	\$194.00	\$145.50	\$97.00	\$48.50	
D7290	Surgical repositioning of teeth	\$220.00	\$165.00	\$110.00	\$55.00	
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	\$138.00	\$103.50	\$69.00	\$34.50	
D7310	Alveoloplasty in conjunction w/ extractions - per quadrant	\$198.00	\$149.25	\$99.50	\$49.75	
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$230.00	\$172.50	\$115.00	\$57.50	
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$924.00	\$693.00	\$462.00	\$231.00	
D7350	Vestibuloplasty - ridge extension (secondary epithelialization)	\$3,039.00	\$2,279.25	\$1,519.50	\$759.75	
D7410	Excision of benign lesion up to 1.25 cm	\$222.00	\$166.50	\$111.00	\$55.50	
D7411	Excision of benign lesion greater than 1.25 cm	\$320.00	\$240.00	\$160.00	\$80.00	
D7450	Removal of benign odontogenic cyst or tumor - les diameter up to 1.25 cm	\$618.00	\$463.50	\$309.00	\$154.50	
D7451	Removal of benign odontogenic cyst or tumor - les diameter > 1.25 cm	\$801.00	\$600.75	\$400.50	\$200.25	
D7460	Removal of benign nonodontogenic cyst or tumor <1.25 cm	\$317.00	\$237.75	\$158.50	\$79.25	
D7461	Removal of benign nonodontogenic cyst or tumor > 1.25 cm	\$802.00	\$601.50	\$401.00	\$200.50	
D7465	Incidental removal of cysts/lesions attached to root of a simple extr	\$317.00	\$237.75	\$158.50	\$79.25	
D7472	Removal of torus palatinus (prior authorization required)	\$700.00	\$525.00	\$350.00	\$175.00	
D7472.1	Upper unilateral Exostosis removal	\$461.00	\$345.75	\$230.50	\$115.25	

UTHSCSA Headstart Fee Schedule
Laredo Dental Clinic- Revised 03012016

Procedure Code	Description	Tier I	Tier IV	Tier I	Tier IV	Tier I	Tier IV
D7473.2	Lower unilateral Exostosis removal		\$750.00	\$562.50	\$375.00	\$187.50	
D7473	Mandibular Tori removal		\$450.00	\$337.50	\$225.00	\$112.50	
D7510	I&D , abscess - intraoral soft tissue		\$122.00	\$91.50	\$61.00	\$30.50	
D7520	I&D , abscess - extraoral soft tissue		\$407.00	\$305.25	\$203.50	\$101.75	
D7530	Removal of foreign body from mucosa, skin or subcut alveolar tiss		\$148.00	\$111.00	\$74.00	\$37.00	
D7670	Alveolus - closed reduction, may include stabilization of teeth			\$0.00	\$0.00	\$0.00	
D7820	Closed reduction of dislocation		\$458.00	\$343.50	\$229.00	\$114.50	
D7880	Occlusal orthotic device, by report		\$453.00	\$339.75	\$226.50	\$113.25	
D7899	Unspecified TMD therapy, by report		B/R	B/R	B/R	B/R	
D7910	Suture of recent small wounds up to 5 cm		\$174.00	\$130.50	\$87.00	\$43.50	
D7911	Complicated suture - up to 5 cm		\$188.00	\$141.00	\$94.00	\$47.00	
D7953	Bone graft ridge preserve site .5cc		\$255.00	\$90.00	\$90.00	\$90.00	
D7912	Complicated suture - > than 5 cm		\$206.00	\$154.50	\$103.00	\$51.50	
D7960	Frenulectomy - sep procedure		\$281.00	\$210.75	\$140.50	\$70.25	
D7970	Excision of hyperplastic tissue - per arch		\$218.00	\$163.50	\$109.00	\$54.50	
D7971	Excision of pericoronal gingiva		\$111.00	\$83.25	\$55.50	\$27.75	
D7972	Surgical reduction of fibrous tuberosity			\$0.00	\$0.00	\$0.00	
D7980	Sialolithotomy			\$0.00	\$0.00	\$0.00	
D7983	Closure of salivary fistula			\$0.00	\$0.00	\$0.00	
D7997	Appliance removal (not by dentist who placed appliance)			\$0.00	\$0.00	\$0.00	
D7999	Unspecified oral surgery procedure, by report		B/R	B/R	B/R	B/R	
Procedure Code	Description	Tier I	Tier IV	Tier I	Tier IV	Tier I	Tier IV
D1510	Space-Maintenance fixed unilateral		206	206	106	103	
D1515	Space-Maintenance fixed bilateral		326	326	163	163	
D1520	Space-Maintenance removable unilateral		223	223	112	112	
D1525	Space-Maintenance removable bilateral		326	326	163	163	
D8001	Orthodontic Screening		0	0	0	0	
D8003	Orthodontic Consult/ Presentation appt		0	0	0	0	
D0330	Dental Panoramic film		\$84.00	\$63.00	\$42.00	\$21.00	
D0340	Dental cephalometric film		\$86.00	\$64.50	\$43.00	\$21.50	
D0350	Oral/facial images		\$46.00	\$34.50	\$23.00	\$11.50	
D0470	Diagnostic casts		\$56.00	\$42.00	\$28.00	\$14.00	
	ortho record		\$250.00	\$250.00	\$125.00	\$125.00	
D8030	Limited orthodontic tx of transitional dentition		\$800.00	\$800.00	\$600.00	\$600.00	
D8040	Limited orthodontic tx of adult dentition		\$800.00	\$800.00	\$600.00	\$600.00	
D8070	Comprehensive tx of transitional dentition		\$1,600.00	\$1,600.00	\$1,200.00	\$1,200.00	

UTHSCSA Headstart Fee Schedule
Laredo Dental Clinic- Revised 03012016

D8090	Comprehensive tx of adult dentition	\$3,200.00	\$3,200.00	\$2,400.00	\$2,400.00	\$2,400.00
D8210	Removable appliance therapy	\$567.00	\$567.00	\$284.00	\$284.00	\$284.00
D8220	Fixed appliance therapy	\$420.00	\$420.00	\$210.00	\$210.00	\$210.00
D8680	Orthodontic retention (one arch)	\$400.00	\$400.00	\$200.00	\$200.00	\$200.00
D9110	Palliative treatment of dental pain - minor procedure	\$79.00	\$59.25	\$39.50	\$19.75	\$19.75
D9210	Local anesthesia not in conjunction with operative or surgical procedure	\$28.00	\$21.00	\$14.00	\$7.00	\$7.00
D9211	Regional block anesthesia	\$45.00	\$33.75	\$22.50	\$11.25	\$11.25
D9212	Trigeminal division block anesthesia	\$48.00	\$36.00	\$24.00	\$12.00	\$12.00
D9215	Local anesthesia	\$43.00	\$32.25	\$21.50	\$10.75	\$10.75
D9220	Deep Sedation/general anesthesia - first 30 minutes	\$500.00	\$375.00	\$250.00	\$125.00	\$125.00
D9221	Deep sedation/general anesthesia - each addl 15 minutes	\$77.00	\$57.75	\$38.50	\$19.25	\$19.25
D9230	Anesthesia, analgesia, inhalation of nitrous oxide	\$56.00	\$42.00	\$28.00	\$14.00	\$14.00
D9241	IV conscious sedation- first 30 minutes	\$241.00	\$180.75	\$120.50	\$60.25	\$60.25
D9248	Non-IV conscious sedation	\$241.00	\$30.00	\$30.00	\$30.00	\$30.00
D9310	Consultation	\$66.00	\$49.50	\$33.00	\$16.50	\$16.50
D9410	House/extended care facility call		\$0.00	\$0.00	\$0.00	\$0.00
D9420	Hospital call	\$204.00	\$153.00	\$102.00	\$51.00	\$51.00
D9430	Office visit for observation	\$46.00	\$34.50	\$23.00	\$11.50	\$11.50
D9440	Office visit - after regularly scheduled hours		\$0.00	\$0.00	\$0.00	\$0.00
D9610	Therapeutic drug injection by report	\$37.00	\$27.75	\$18.50	\$9.25	\$9.25
D9630	Other drugs and/or medications by reports		\$0.00	\$0.00	\$0.00	\$0.00
D9910	Application of desensitizing medicament	\$29.00	\$21.75	\$14.50	\$7.25	\$7.25
D9920	Behavior management, by report	\$79.00	\$59.25	\$39.50	\$19.75	\$19.75
D9930	Treatment of complications (post surgical) - unusual circumstances	\$59.00	\$44.25	\$29.50	\$14.75	\$14.75
D9940**	Occlusal guard, by report	\$350.00	\$360.00	\$140.00	\$140.00	\$140.00
D9950	Occlusion analysis- mounted case	\$180.00	\$135.00	\$90.00	\$45.00	\$45.00
D9951	Occlusal adjustment - limited	\$75.00	\$56.25	\$37.50	\$18.75	\$18.75
D9952	Occlusal adjustment - complete	\$400.00	\$300.00	\$200.00	\$100.00	\$100.00
D9966	Bleaching - Initial whitestrips					
D9966.1	Bleaching - kit refills					
D9970	Microabrasion Enamel	\$54.00	\$63.00	\$53.00	\$53.00	\$53.00
D9971	Odontoplasty 1- 2 teeth - includes removal of enamel	\$83.00	\$81.00	\$81.00	\$81.00	\$81.00

UTHSCSA Headstart Fee Schedule
 Laredo Dental Clinic- Revised 03012016

Procedure Code						
D9972	Bleaching Maxillary	\$154.00	\$154.00	\$50.00	\$50.00	\$50.00
D9872.1	Bleaching Mandibular	\$154.00	\$154.00	\$50.00	\$50.00	\$50.00
D9974	Internal bleaching - per tooth	\$148.00	\$148.00	\$148.00	\$148.00	\$148.00
D9999	Unspecified adjunctive proc by report	B/R	B/R	B/R	B/R	B/R
D990.4	Disc. Per tooth					
D990.25	Arestin antibiotic per tooth					

