SUMMIT COUNTY PUBLIC HEALTH
DENTAL FEE SCHEDULE[1, *,]**

DENTAL SERVICES		
SERVICE CODE	SERVICE DESCRIPTION	Fees Effective July 1, 2019
D0120	Periodic Oral Exam	$35.00
D0140	Limited Oral Exam	$40.00
D0145	Oral Evaluation under age 3	$35.00
D0150	Comprehensive Oral Evaluation over age 3	$55.00
D0210	Intraoral-complete series of x-rays	$90.00
D0220	Periapical X-ray	$20.00
D0230	Additional Periapical X-ray	$15.00
D0240	Intraoral occlusal x-ray	$30.00
D0270	Single Bitewing X-ray	$20.00
D0272	Two Bitewing X-rays	$30.00
D0273	Three Bitewing X-rays	$35.00
D0274	Four Bitewing X-rays	$40.00
D0330	Panoramic Film X-ray	$85.00
D0460	Pulp Vitality Test	$30.00
D0470	Diagnostic casts	$60.00
D1110	Prophylaxis – age 14 through Adult	$55.00
D1120	Prophylaxis – age 13 and Younger	$40.00
D1204	Flouride Treatment only-14 through Adult	$20.00
D1206	Topical application of flouride varnish	$25.00
D1208	Topical application of fluoride-Child	$25.00
D1320	Tobacco Counseling for the Control and Prevention of Dental Disease	$20.00
D1351	Sealant (per tooth)	$35.00
D1353	Sealant Repair (per tooth)	$35.00
D1354	Interim caries arresting medicament application- per tooth	$20.00
D1510	Space Maintainer-Fixed-Unilateral	$195.00
D1515	Space Maintainer-Fixed-Bilateral	$265.00
D1550	Recementor-Re-Bond Space Maintainer	$45.00
D1555	Removal of Fixed Space Maintainer	$45.00
D2140	Amalgam 1 Surface (primary or permanent)	$90.00
D2150	Amalgam 2 Surfaces (primary or permanent)	$105.00
D2160	Amalgam 3 Surfaces (primary or permanent)	$130.00
D2161	Amalgam 4 or More Surfaces (primary or permanent)	$150.00
D2330	Composite 1 Surface Anterior	$105.00
D2331	Composite 2 Surface Anterior	$150.00
D2332	Composite 3 Surface Anterior	$165.00
D2335	Composite /Incisal Angle/ or 4 surfaces	$190.00
D2391	Resin Composite 1 Surface Posterior	$110.00
D2392	Resin Composite 2 Surface Posterior	$130.00
D2393	Resin Composite 3 Surface Posterior	$150.00
D2394	Resin Composite 4 Surface Posterior	$205.00
D2740	Crown- Porcelain/Ceramic Substrate*	$800.00
D2750	Crown-Porcelain Fused to High Noble Metal*	$820.00
D2751	Crown- Porcelain Fused to Predominantly Base Metal*	$770.00

DENTAL SERVICES (CONTINUED)		
SERVICE CODE	SERVICE DESCRIPTION	Fees Effective July 1, 2019
D2752	Crown- Porcelain Fused to Noble Metal*	$770.00
D2790	Crown- Full Cast High Noble Metal*	$800.00
D2791	Crown- Full Cast Predominantly Base Metal*	$745.00
D2792	Crown- Full Cast Noble Metal*	$745.00
D2915	Recement Cast or Prefarbricated Post and Core	$60.00
D2920	Recement or Re-bond Crown	$60.00
D2930	Prefab Stainless Steel Crown-Primary Tooth	$195.00
D2931	Prefab Stainless Steel Crown-Permanent Tooth	$225.00
D2932	Prefabricated Resin Crown	$175.00
D2933	Prefabricated Stainless Steel Crown	$235.00
D2934	Prefabricated Stainless Steel Crown with Resin Window	$200.00
D2940	Dental Sedative Filling	$75.00
D2950	Core Buildup Including Pins When Required	$150.00
D2951	Pin Retention (per tooth)	$30.00
D2952	Post and Core in Addition to Crown- Indirectly Fabricated*	$240.00
D2954	Prefabricated Post and Core in Addition to Crown	$235.00
D2960	Labial veneer (resin laminate) Chairside	$300.00
D2961	Labial veneer (resin laminate) Lab	$500.00
D2962	Labial veneer (porcelain laminate) Lab	$675.00
D2970	Temporary crown (fractured tooth)	$145.00
D2971	Procedures to Construct New Crown Under Denture*	$150.00
D3110	Pulp cap- direct (excluding final restoration)	$45.00
D3120	Pulp cap- indirect (excluding final restoration)	$45.00
D3220	Pulpotomy	$115.00
D3240	Pulpal Therapy -Posterior Primary Tooth	$120.00
D4341	Periodontal Scaling and Root Planing- 4 or more teeth	$140.00
D4342	Periodontal Scaling and Root Planing - 1 to 3 teeth	$115.00
D4355	Full Mouth Debridement	$125.00
D4910	Peridontal Maintainance	$80.00
D5110	Complete Denture - Maxillary*	$925.00
D5120	Complete Denture - Mandibular*	$925.00
D5130	Immediate Denture- Maxillary*	$975.00
D5140	Immediate Denture- Manidibular*	$975.00
D5211	Maxillary Partial Denture -Resin Base*	$650.00
D5212	Mandibular Partial Denture - Resin Base*	$650.00
D5213	Maxillary Partial Denture Cast Metal Framework*	$1,310.00
D5214	Mandibular Partial Denture Cast Metal Framework*	$1,310.00
D5225	Maxillary Partial Denture, Flexible Base*	$1,450.00
D5226	Mandibular Partial Denture, Flexible Base*	$1,450.00
D5410	AdjustComplete Denture - Maxillary	$65.00
D5411	Adjust Complete Denture - Mandibular	$65.00
D5421	Adjust Partial Denture - Maxillary	$65.00
D5422	Adjust Partial Denture - Mandibular	$65.00
D5510	Repair Broken Complete Denture Base	$125.00
D5520	Replace Missing/Broken Denture Teeth (each tooth)	$125.00

DENTAL SERVICES (CONTINUED)		
SERVICE CODE	SERVICE DESCRIPTION	Fees Effective July 1, 2019
D5610	Repair Resin Denture Base	$125.00
D5620	Repair Cast Framework	$145.00
D5630	Repair or Replace Broken Clasp	$145.00
D5640	Replace Broken Teeth (per tooth)	$160.00
D5650	Add Tooth to Existing Partial Denture	$160.00
D5660	Add Clasp to Existing Partial Denture	$160.00
D5730	Reline Complete Maxillary Denture (chairside)	$200.00
D5731	Reline Complete Mandibular Denture (chairside)	$200.00
D5740	Reline Partial Maxillary Denture (chairside)	$200.00
D5741	Reline Partial Mandibular Denture (chairside)	$200.00
D5750	Reline Complete Maxillary Denture (lab)	$300.00
D5751	Reline Complete Mandibular Denture (lab)	$300.00
D5760	Reline Partial Maxillary Denture (lab)	$300.00
D5761	Reline Partial Mandibular Denture (lab)	$300.00
D6056	Prefabricated Abutment (Modification and Placement)	$475.00
D6057	Implant Custom Abutment	$565.00
D6058	Abutment Supported Porcelain/Ceramic Crown*	$1,010.00
D6059	Abut Supp Porcelain to Mtl Crown Hi Nob*	$990.00
D6060	Abut Supp Porcelain to Mtl Crown Predom*	$875.00
D6061	Abut Supp Porcelain to Mtl Crown Nob Mtl*	$935.00
D6065	Implant Supported Porcelain/Ceramic Crown*	$1,010.00
D6066	Implant Supported Porcelain Fused to Metal Crown*	$990.00
D6110	Implant Supported Removable Full Denture -Maxillary*	$1,700.00
D6111	Implant Supported Removable Full Denture -Mandible*	$1,700.00
D6112	Implant Supported Removeable Partial -Maxillary*	$2,300.00
D6113	Implant Supported Removeable Partial -Mandible*	$2,300.00
D6240	Pontic- Porcelain Fused to High Noble Metal*	$820.00
D6241	Pontic- Porcelain Fused to Predominantly Base Metal*	$700.00
D6242	Pontic- Porcelain Fused to Noble Metal*	$700.00
D6245	Pontic - Porcelain/Ceramic*	$950.00
D6545	Retainer- Cast Metal for Resin Bonded Fixed Prothsis*	$250.00
D6740	Crown - Porcelain/Ceramic Substrate*	$950.00
D6750	Crown - Porcelain Fused to High Noble Metal*	$820.00
D6751	Crown - Porcelain Fused to Predominantly Base Metal*	$750.00
D6752	Crown - Porcelain Fused to Noble Metal*	$750.00
D6930	Recement or Re-bond Fixed Partial Denture	$50.00
D7111	Extract, Coronal Remnants - Deciduous Tooth	$85.00
D7140	Basic Extraction (per tooth)	$105.00
D7210	Surgical Extraction (per tooth)	$200.00
D7220	Soft Tissue Extraction (per tooth)	$305.00
D7230	Part Bony Impact w/Remov Bone, Tooth Sect	$305.00
D7270	Tooth Reimplantation or Stabilization	$250.00
D7510	Incision & Drainage of Abceses - Intraoral Soft Tissue	$125.00
---	MI Paste Treatment	$20.00
D9110	Palliative (emergency) Tx of Dental Pain	$65.00

DENTAL SERVICES (CONTINUED)		
SERVICE CODE	SERVICE DESCRIPTION	Fees Effective July 1, 2019
D9120	Fixed Partial Denture Sectioning	$105.00
D9910	Application of Desensitizing Medicaments	$35.00
D9911	Application of Desensitizing Resin (per tooth)	$75.00
D9940	Occlusal Guard	$400.00
D9941	Fabrication of Athletic Mouthguard	$100.00

[1]Summit County Public Health reserves the right to reduce or waive fees based on sliding fee scale (ability to pay) parameters and/or other state/federal programs. Exclusions and discount limits may apply. See Summit County Public Health Medical and Dental Fee Policy for details.

*Exclusions: The following services will be billed at 60% of actual charges regardless of discount eligibility due to associated lab costs.

-Dentures

-Crowns

-Bridge Work

**The services listed below may not be discounted any lower than the fee to the right regardless of income:

- Extractions non-surgical (per tooth)	$30.00
-Cleaning, exam and diagnostic x-rays (bitewings only)	$50.00
-Emergency walk-in exam, x-ray and extraction	$65.00