



American Society of  
Radiologic Technologists

# Schedule of Dental Services

CODE DESCRIPTION OF PROCEDURE OR SERVICES BENEFIT

## I. PREVENTIVE (NO WAITING PERIOD)

0150	Comprehensive oral evaluation - 6 month interval...	\$35
0120	Periodic oral evaluation - 6 month interval .....	20
0140	Limited oral evaluation - problem focused.....	35
1110	Prophylaxis - adult - 6 month interval .....	55
1120	Prophylaxis - child - 6 month interval.....	35
1203	Topical application of fluoride (prophylaxis not included) 12 month interval to age 19 .....	20
1351	Sealant, per tooth – first and second molars within two years of eruption .....	15
9110	Palliative (emergency) treatment of dental pain - minor procedure .....	50

## II. DIAGNOSTIC (NO WAITING PERIOD)

0210	Intraoral - complete series (including bitewings) - 36 month interval .....	\$60
0220	Intraoral - periapical - first film.....	15
0230	Intraoral - periapical - each additional film .....	10
0240	Intraoral - occlusal film .....	15
0270	Bitewing - single film - 6 month interval .....	20
0272	Bitewings - two films - 6 month interval .....	20
0274	Bitewings - four films - 6 month interval.....	30
0330	Panoramic film - 36 month interval .....	45
0340	Cephalometric film .....	65

## III. RESTORATIVE (NO WAITING PERIOD)

1510	Space maintainer - fixed – unilateral .....	\$115
1515	Space maintainer - fixed – bilateral .....	150
1520	Space maintainer - removable – unilateral .....	35
1525	Space maintainer - removable – bilateral.....	65
2140	Amalgam - one surface, permanent .....	40
2150	Amalgam - two surfaces, permanent.....	45
2160	Amalgam - three surfaces, permanent .....	45
2161	Amalgam - four or more surfaces, permanent .....	45
2330	Resin - one surface, anterior.....	40
2331	Resin - two surfaces, anterior .....	45
2332	Resin - three surfaces, permanent .....	60
2335	Resin - four or more surfaces or involving incisal angle (anterior).....	65

## IV. RESTORATIVE - MAJOR (12 MONTH WAITING PERIOD)

2520	Inlay - metallic - two surfaces .....	\$190
2530	Inlay - metallic - three or more surfaces .....	195
2543	Onlay - metallic - three surfaces .....	200
2544	Onlay - metallic - four or more surfaces .....	200
2620	Inlay - porcelain/ceramic - two surfaces .....	190
2630	Inlay - porcelain/ceramic - three or more surfaces .....	190
2643	Onlay - porcelain/ceramic - three surfaces.....	190
2644	Onlay - porcelain/ceramic - four or more surfaces .....	190
2710	Crown - resin (laboratory) .....	130
2720	Crown - resin with high noble metal .....	260
2721	Crown - resin with predominantly base metal .....	230
2722	Crown - resin with noble metal .....	270
2740	Crown - porcelain/ceramic substrate .....	275
2750	Crown - porcelain fused to high noble metal .....	295
2751	Crown - porcelain fused to predominantly base metal.....	285
2752	Crown - porcelain fused to noble metal.....	285
2780	Crown - 3/4 cast metal .....	285
2790	Crown - full cast high noble metal.....	290
2791	Crown - full cast predominantly base metal .....	275
2792	Crown - full cast noble metal .....	275
2910	Recement Inlay .....	20

2920	Recement crown .....	20
2930	Prefabricated stainless steel crown - primary tooth ...	65
2950	Core buildup, including any pins.....	60
2951	Pin retention - per tooth, in addition to restoration .....	15
2952	Cast post and core in addition to crown .....	88

## V. ENDODONTICS (6 MONTH WAITING PERIOD)

3220	Therapeutic pulpotomy (excluding final restoration) .	\$30
3310	Root Canal - Anterior (excluding final restoration) ...	160
3320	Root Canal - Bicuspid (excluding final restoration) ...	175
3330	Root Canal - Molar (excluding final restoration).....	180
3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforation, root resorption, etc.) .....	90
3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.).....	55
3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) .....	40
3410	Apicoectomy/Periradicular surgery – anterior .....	150
3450	Root amputation - per root.....	45
3920	Hemisection (including any root removal), not including root canal therapy.....	105

## VI. PERIODONTICS (12 MONTH WAITING PERIOD)

4210	Gingivectomy or gingivoplasty - per quadrant.....	\$100
4211	Gingivectomy or gingivoplasty - per tooth.....	60
4240	Gingival flap procedure, including root planing - per quadrant.....	145
4249	Clinical crown lengthening - hard tissue .....	30
4260	Osseous surgery (including flap entry and closure) - per quadrant.....	265
4263	Bone replacement graft - first site in quadrant .....	30
4270	Pedicle soft tissue graft procedure .....	145
4271	Free soft tissue graft procedure (including donor site surgery) .....	145
4341	Periodontal scaling and root planing - per quadrant ..	40
4910	Periodontal maintenance procedures (following active therapy) .....	45

## VII. PROSTHETICS (12 MONTH WAITING PERIOD)

5110	Complete denture – maxillary.....	\$290
5120	Complete denture – mandibular .....	290
5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) .....	145
5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) .....	145
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	170
5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	170
5410	Adjust complete denture – maxillary.....	20
5411	Adjust complete denture – mandibular.....	20
5421	Adjust partial denture – maxillary.....	20
5422	Adjust partial denture – mandibular .....	30
5510	Repair broken complete denture base .....	30
5520	Replace missing or broken teeth - complete denture (each tooth).....	30
5610	Repair resin denture base.....	30
5620	Repair cast framework .....	40
5630	Repair or replace broken clasp.....	20

5640	Replace broken teeth - per tooth .....	30
5650	Add tooth to existing partial denture .....	55
5660	Add clasp to existing partial denture .....	55
5710	Rebase complete maxillary denture .....	60
5711	Rebase complete mandibular denture .....	60
5720	Rebase maxillary partial denture .....	60
5721	Rebase mandibular partial denture .....	60
5730	Reline complete maxillary denture (chairside) .....	75
5731	Reline complete mandibular denture (chairside).....	75
5740	Reline maxillary partial denture (chairside) .....	75
5741	Reline mandibular partial denture (chairside).....	75
5750	Reline complete maxillary denture (laboratory).....	100
5751	Reline complete mandibular denture (laboratory)....	100
5760	Reline maxillary partial denture (laboratory).....	100
5761	Reline mandibular partial denture (laboratory).....	100
5850	Tissue conditioning, maxillary .....	35

**VIII. FIXED BRIDGE (12 MONTH WAITING PERIOD)**

6210	Pontic - cast high noble metal.....	\$215
6211	Pontic - cast predominantly base metal .....	240
6212	Pontic - cast noble metal.....	240
6240	Pontic - porcelain fused to high noble metal .....	260
6241	Pontic - porcelain fused to predominantly base metal.....	260
6242	Pontic - porcelain fused to noble metal .....	260
6250	Pontic - resin with high noble metal .....	260
6251	Pontic - resin with predominantly base metal.....	195
6252	Pontic - resin with noble metal .....	195
6545	Retainer - cast metal for resin bonded fixed prosthesis .....	195
6720	Crown - resin with high noble metal .....	220
6721	Crown - resin with predominantly base metal .....	215
6722	Crown - resin with noble metal .....	215
6750	Crown - porcelain fused to high noble metal .....	230
6751	Crown - porcelain fused to predominantly base metal.....	215
6752	Crown - porcelain fused to noble metal .....	215
6780	Crown - 3/4 cast high noble metal .....	220
6790	Crown - full cast high noble metal.....	225
6791	Crown - full cast predominantly base metal .....	225
6792	Crown - full cast noble metal .....	215
6930	Recement fixed partial denture.....	35

**IX. ORAL SURGERY (6 MONTH WAITING PERIOD)**

7140	Single tooth .....	\$30
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth .....	40
7220	Removal of impacted tooth - soft tissue .....	60
7230	Removal of impacted tooth - partially bony .....	90
7240	Removal of impacted tooth - completely bony .....	110
7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	110
7250	Surgical removal of residual tooth roots (cutting procedure) .....	40
7285	Biopsy of oral tissue – hard.....	35
7286	Biopsy of oral tissue – soft .....	35
7320	Alveoplasty in conjunction with extractions - per quadrant.....	100
7410	Excision of benign tumor - lesion diameter up to 1.25cm.....	85
7411	Excision of benign tumor - lesion diameter greater than 1.25cm .....	85
7440	Excision of malignant tumor - lesion diameter up to 1.25cm.....	85
7441	Excision of malignant tumor - lesion diameter greater than 1.25cm .....	85
7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm.....	90
7451	Removal of odontogenic cyst or tumor - lesion diameter greater than 1.25cm .....	90
7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm.....	90
7461	Removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25.....	90
7465	Destruction of lesions by physical or chemical method, by report .....	90
7471	Removal of exotosis - maxilla or mandible.....	130
7510	Incision and drainage of abscess - intraoral soft tissue .....	45
7960	Frenulectomy (frenectomy or frenotomy) - separate procedure .....	80
7970	Excision of pericoronal gingival .....	100

**X. ADJUNCTIVE SERVICES (12 MONTH WAITING PERIOD)**

9220	General anesthesia - first 30 minutes.....	\$65
9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment) .....	30

**Questions? Call the  
ASRT Insurance Program Administrator  
1-877-212-8334**