

SUBCHAPTER 29. MEDICAL FEE SCHEDULES: AUTOMOBILE INSURANCE
PERSONAL INJURY PROTECTION AND MOTOR BUS
MEDICAL EXPENSE INSURANCE COVERAGE

APPENDIX

Exhibit 2

Dental Fee Schedule

[(Reserved)]

CDT	Description	Region 1	Region 2	Region 3
00120	PERIODIC ORAL EVAL	30	34	38
00140	LTD ORAL EVAL-PROBLEM FOCUSED	51	57	64
00150	COMP ORAL EVAL	52	59	66
00210	INTRAORAL-COMPLT SERIES (INCL BITEWINGS)	86	96	96
00220	INTRAORAL-PERIAPICAL FIRST FILM	16	18	18
00230	INTRAORAL-PERIAPICAL EA ADD FILM	13	14	14
00272	BITEWINGS-2 FILMS	29	30	32
00321	OTH TMJ FILMS by report	150	158	169
00330	PANORAMIC FILM	81	87	91
00340	CEPHALOMETRIC FILM	100	107	113
00460	PULP VITALITY TESTS	33	35	43
00470	DIAGNOSTIC CASTS	71	75	92
01110	PROPHYLAXIS-ADULT	65	71	79
01510	SPACE MAINTAINER-FIX-UNILAT	227	279	284
02110	AMALGAM-1 SURFACE PRIM	79	88	94
02330	RESIN-BASED COMPOSITE-1 SURFACE ANT	103	109	121
02331	RESIN-BASED COMPOSITE-2 SURFACES ANT	132	139	154
02335	RESIN-BASED COMPOSITE-4/MORE SURF-INCISAL ANGLE	191	201	223
02385	RESIN-BASED COMPOSITE-1 SURFACE POST-PERM	116	122	136
02387	RESIN-BASED COMPOSITE-3 SURFACES POST-PERM	200	211	233
02750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	787	892	937
02752	CROWN-PORCELAIN FUSED TO NOBLE METAL	751	851	893
02791	CROWN-FULL CAST	720	816	856

	PREDOMINANTLY BASE METAL			
02920	RECEMENT CROWN	76	79	93
02950	CORE BUILDUP INCL ANY PINS	197	207	242
02952	CAST POST & CORE IN ADD TO CROWN	301	316	370
02954	PREFAB POST & CORE IN ADD TO CROWN	249	261	306
02970	TEMPORARY CROWN (FX TOOTH)	177	185	217
02980	CROWN REPAIR	180	204	203
03310	ANT (EXCLD FINAL RESTORATION) (ROOT CANAL)	582	560	618
03320	BICUSPID (EXCLD FINAL RESTORATION) (ROOT CANAL)	710	684	755
03330	MOLAR (EXCLD FINAL RESTORATION) (ROOT CANAL)	917	883	975
04260	OSSEOUS SURG (INCL FLAP ENTRY & CLOS)-PER QUAD	956	1,003	975
04910	PERIODONTAL MAINT PROC (FOLLOWING ACTIVE THERAP)	122	122	122
05110	COMPLT DENTURE-MAXIL	976	1,020	1,202
05120	COMPLT DENTURE-MANDIB	976	1,020	1,202
05211	MAXIL PART DENTURE-RESIN BASE(INCLD CLASP-RESTS)	824	861	1,015
05214	MANDIB PART DENTURE-CAST METAL FRAME W/RES BASE	1,078	1,127	1,329
05510	REPR BROKEN COMPLT DENTURE BASE	107	112	132
05730	RELIN COMPLT MAXIL DENTURE (CHAIRSIDE)	224	234	275
05751	RELIN COMPLT MANDIB DENTURE (LAB)	298	312	368
06240	PONTIC-PORCELAIN FUSED TO HI NOBLE METAL	808	824	895
06242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	788	803	872
06750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	922	940	1,022
06752	CROWN-PORCELAIN FUSED TO NOBLE METAL	881	898	976
07110	SINGLE TOOTH (EXTRACTION)	110	108	132
07120	EA ADD TOOTH (EXTRACTION)	103	101	124
07210	REMOV ERUPT TTH- W/MUCOPERIOSTL FLP-REMOV BNE/TTH	212	214	250
07880	OCCLU ORTHOTIC DEVICE BR	606	613	714
08210	REMOV APPLIANCE THERAP	564	594	635
09110	PALLIATIVE (ER) TX DENTAL PAIN-MINOR PROC	75	72	86
09210	LOCAL ANES NOT W/OPER/SURG PROC	23	23	27
09220	GEN ANES-FIRST 30 MIN	302	291	347
09221	GEN ANES-EA ADD 15 MINUTES	127	122	145
09230	ANALGESIA-ANXIOLYSIS-INHAL NITROUS OXIDE	41	39	47

09310	CONS (DIAG SERV BY NON TREATING PRACTITIONER)	159	153	182
09430	OFFIC VISIT FOR OBSRV (REG HRS)-NO OTH SERV)	54	52	61
09610	THERAP DRUG INJECTION	62	68	79
09940	OCCLU GUARD	405	457	456
09950	OCCLU ANALY-MOUNTED CASE	210	203	241
09951	OCCLU ADJUSTMENT-LTD	95	92	110
09952	OCCLU ADJUSTMENT-COMPLT	538	518	617