

Code Description	Self Pay (Full Fee) Rate	Full Description
D0199 - DENTAL ENCOUNTER	\$266.87	Medicaid and CHP Dental Encounter
D1206 - Fluoride Varnish	\$40.00	Fluoride Varnish
D0190 - Screening, Dental	\$40.00	Screenings done at Preschools
D1110 - Prophylaxis-adult	\$98.00	Cleaning
D0150 - Comp oral eval-new/estab pat	\$92.00	Comprehensive Exam
D0274 - Bitewings- four films	\$69.00	Bite wings X-rays
D0120 - Periodic oral evaluation	\$53.00	Periodic Established Exam
99213 - Established patient, expanded visit	\$128.00	Office visit for the evaluation and management of an established patient, 15 min.
D0210 - FMX intraoral-complete series	\$197.00	Full Mouth X-Rays
D4910 - Periodontal maintenance	\$153.00	Periodntal Maintenance
D2392 - Resin composite-2s, posterior	\$341.00	Restorative - Resin composite
99214 - Established Patient, detailed visit	\$189.00	Office visit for the evaluation and management of an established patient, 25 min.
D4341 - Perio scale&root pln-4+per quad	\$271.00	Perio Scale and Root Planing
D1351 - Sealant-per tooth	\$82.00	Sealant
D1120 - Prophylaxis-child	\$73.00	Child dental cleaning
D0220 - Intraoral-periapical-1st film	\$29.00	Intraoral Periapical X-ray
D7140 - Extract,erupted th/exposed rt	\$242.00	Tooth Extraction
D2391 - Resin composite-1s, posterior	\$341.00	Restorative- Resin Composite
80053 - Comp. Metabolic Panel	\$6.00	Comprhensive Metabolic Panel
D0140 - Limited oral evaluation	\$80.00	Limited Exam
80061 - Lipid Panel	\$6.00	Lipid Panel
85025 - CBC With Differential/Platelet	\$5.00	CBC With Differential/Platelet
84443 - TSH	\$6.00	Thyroid stimulating hormone (TSH)
36415 - Routin Venipuncture	\$7.00	Collection of Venous Blood by Venipuncture
D0391 - Interpretation of Diagnostic Image W/O appt	\$25.00	Interpration of Diagnostic Image W/O Appt
99202 - Office Visit, new patient	\$131.00	Office or other outpatient visit for the evaluation and management of a new patient
83036 - Hemoglobin A1c	\$9.00	Hemoglobin A1c
90471 - Immunization Administration	\$38.00	Immunization Administration
87491 - Chlamydia/GC Amplification	\$25.00	Screening for Chlamydia/Gonorrhoeae
81003 - Urinalysis Auto w/o Scope	\$13.00	Urinalysis