2020 Survey of Dental Fees
General Practitioners - West South Central Division
(Arkansas, Louisiana, Oklahoma, Texas)

Procedure Code	Description of Service	Average Fee $	Standard Deviation $	Percentile Fees								Number of Responses
				10th $	25th $	Median 50th $	75th $	80th $	85th $	90th $	95th $	
D0120	periodic oral evaluation - established patient	54.33	11.67	40	46	55	61	65	65	67	75	83
D0140	limited oral evaluation - problem focused	71.55	15.03	50	60	72	84	84	85	92	93	83
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	75.49	22.13	50	56	80	85	88	96	100	103	54
D0150	comprehensive oral evaluation - new or established patient	85.36	18.02	60	70	90	98	101	103	107	112	83
D0160	detailed and extensive oral evaluation - problem focused, by report	124.09	51.78	50	84	147	170	170	178	179	180	55
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	60.85	23.96	32	50	63	79	80	81	85	87	58
D0171	re-evaluation – post-operative office visit	28.99	36.16	0	0	0	63	70	77	84	85	38
D0180	comprehensive periodontal evaluation - new or established patient	96.87	17.43	75	85	100	110	110	115	118	124	59
D0210	intraoral - complete series of radiographic images	138.78	28.75	100	124	140	150	152	155	160	210	72
D0220	intraoral - periapical first radiographic image	29.26	8.27	20	23	31	32	33	35	40	48	83
D0230	intraoral - periapical each additional radiographic image	24.45	8.16	15	20	25	28	29	30	33	45	82
D0272	bitewings - two radiographic images	48.03	9.66	36	41	49	52	52	55	55	72	72
D0273	bitewings - three radiographic images	61.36	12.12	50	56	60	65	65	67	77	84	46
D0274	bitewings - four radiographic images	65.23	10.93	50	55	69	71	75	77	78	80	75
D0277	vertical bitewings - 7 to 8 radiographic images	102.75	20.72	75	92	103	110	114	114	126	154	46
D0330	panoramic radiographic image	116.97	19.50	90	96	123	129	133	136	139	144	67
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	48.60	32.23	0	0	61	75	79	82	83	88	36
D0470	diagnostic casts	131.37	63.30	67	96	117	145	154	180	200	300	65
D1110	prophylaxis - adult	90.83	19.52	66	77	90	102	105	108	114	119	83

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D1120	prophylaxis - child	69.80	16.76	50	60	70	77	80	81	88	95	82
D1206	topical application of fluoride varnish	40.10	10.65	25	30	41	46	50	52	53	58	63
D1208	topical application of fluoride – excluding varnish	37.51	11.61	25	28	35	45	48	50	54	55	61
D1320	tobacco counseling for the control and prevention of oral disease	35.94	38.44	0	0	25	77	77	85	85	104	32
D1330	oral hygiene instructions	30.12	25.88	0	0	35	55	55	55	60	63	49
D1351	sealant - per tooth	54.17	9.00	42	48	54	60	61	61	65	69	73
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	102.58	31.88	68	85	100	110	115	125	148	180	35
D1510	space maintainer - fixed, unilateral – per quadrant	321.88	61.10	250	285	324	343	356	384	404	425	51
D1515	space maintainer - fixed, bilateral	428.60	85.69	325	376	422	456	499	524	538	583	40
D2140	amalgam - one surface, primary or permanent	145.81	31.07	100	119	148	172	173	178	185	204	54
D2150	amalgam - two surfaces, primary or permanent	184.90	38.49	125	156	188	214	220	223	230	259	52
D2160	amalgam - three surfaces, primary or permanent	224.62	46.90	176	189	230	250	262	268	280	317	52
D2161	amalgam - four or more surfaces, primary or permanent	266.15	58.52	196	220	274	300	310	327	330	372	53
D2330	resin-based composite - one surface, anterior	173.81	31.36	144	150	176	191	199	200	209	236	74
D2331	resin-based composite - two surfaces, anterior	208.52	39.54	160	180	213	230	242	248	255	277	74
D2332	resin-based composite - three surfaces, anterior	257.16	50.02	180	219	265	287	294	300	303	345	74
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	308.68	63.38	220	271	326	350	350	366	371	400	75
D2390	resin-based composite crown, anterior	485.88	139.63	317	400	480	500	554	576	599	850	40

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D2391	resin-based composite - one surface, posterior	189.93	36.57	130	165	190	204	213	224	248	253	74
D2392	resin-based composite - two surfaces, posterior	240.16	42.50	180	210	240	262	275	283	298	320	72
D2393	resin-based composite - three surfaces, posterior	298.95	58.12	230	268	300	321	334	342	365	390	69
D2394	resin-based composite - four or more surfaces, posterior	342.08	69.19	230	304	349	389	395	407	450	456	71
D2520	inlay - metallic - two surfaces	938.56	190.24	766	806	900	1,054	1,100	1,129	1,210	1,221	30
D2620	inlay - porcelain/ceramic - two surfaces	984.12	206.58	748	844	1,000	1,115	1,152	1,191	1,250	1,265	37
D2642	onlay - porcelain/ceramic - two surfaces	1,068.56	180.90	888	939	1,085	1,181	1,201	1,278	1,402	1,402	41
D2643	onlay - porcelain/ceramic - three surfaces	1,110.00	166.61	900	977	1,115	1,206	1,242	1,313	1,370	1,402	41
D2644	onlay - porcelain/ceramic - four or more surfaces	1,119.72	185.86	850	1,005	1,130	1,215	1,294	1,357	1,402	1,411	43
D2740	crown - porcelain/ceramic	1,206.76	173.82	995	1,050	1,200	1,384	1,390	1,400	1,483	1,488	78
D2750	crown - porcelain fused to high noble metal	1,174.49	181.14	950	1,010	1,162	1,300	1,354	1,390	1,444	1,500	69
D2751	crown - porcelain fused to predominantly base metal	1,080.83	188.04	846	910	1,095	1,225	1,298	1,300	1,354	1,390	47
D2752	crown - porcelain fused to noble metal	1,137.14	175.95	950	992	1,128	1,282	1,354	1,384	1,390	1,391	56
D2780	crown - 3/4 cast high noble metal	1,185.88	207.23	900	980	1,163	1,374	1,402	1,402	1,431	1,500	37
D2783	crown - 3/4 porcelain/ceramic	1,180.51	166.46	965	1,063	1,158	1,309	1,374	1,402	1,402	1,464	38
D2790	crown - full cast high noble metal	1,229.52	205.29	995	1,057	1,210	1,390	1,391	1,448	1,512	1,600	66
D2799	provisional crown– further treatment or completion of diagnosis necessary prior to final impression	352.68	158.49	104	270	361	459	475	510	519	600	57
D2920	re-cement or re-bond crown	109.43	25.22	75	92	113	122	127	139	140	150	72
D2930	prefabricated stainless steel crown - primary tooth	263.70	49.55	190	235	276	295	300	304	311	314	56
D2931	prefabricated stainless steel crown - permanent tooth	316.77	51.56	250	287	323	341	350	360	377	389	49

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D2940	protective restoration	117.46	35.89	78	91	110	130	135	140	174	195	62
D2950	core buildup, including any pins when required	262.60	48.19	199	224	268	300	300	307	314	330	76
D2952	post and core in addition to crown, indirectly fabricated	403.41	67.24	300	352	401	453	455	470	482	508	51
D2954	prefabricated post and core in addition to crown	332.44	57.86	250	304	349	365	370	385	386	418	66
D2961	labial veneer (resin laminate) - laboratory	1,037.03	208.30	750	875	1,033	1,169	1,200	1,200	1,404	1,441	38
D2962	labial veneer (porcelain laminate) - laboratory	1,220.27	190.24	981	1,082	1,200	1,369	1,418	1,444	1,500	1,550	68
D2980	crown repair necessitated by restorative material failure	261.64	64.56	171	225	273	310	310	311	320	338	49
D3110	pulp cap - direct (excluding final restoration)	85.84	27.44	50	71	90	96	99	100	100	148	62
D3120	pulp cap - indirect (excluding final restoration)	83.17	22.67	50	72	87	95	100	100	103	121	65
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	193.47	48.58	125	160	192	215	226	230	243	286	72
D3221	pulpal debridement, primary and permanent teeth	216.48	54.97	142	187	208	253	264	280	282	290	52
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	262.88	48.52	200	250	256	287	296	320	324	337	32
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	284.27	56.34	206	250	290	320	322	350	350	353	33
D3310	endodontic therapy, anterior tooth (excluding final restoration)	791.51	127.34	625	650	793	867	876	900	950	1,025	61
D3320	endodontic therapy, premolar tooth (excluding final restoration)	911.44	138.80	725	800	902	993	1,010	1,074	1,099	1,181	62

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D3330	endodontic therapy, molar tooth (excluding final restoration)	1,075.08	163.55	850	950	1,100	1,175	1,202	1,229	1,355	1,399	64
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	382.23	178.58	0	350	473	500	515	530	548	571	36
D3346	retreatment of previous root canal therapy - anterior	956.46	195.61	744	765	922	1,096	1,097	1,108	1,315	1,389	39
D3347	retreatment of previous root canal therapy - premolar	1,078.21	200.59	848	945	1,055	1,232	1,240	1,258	1,389	1,474	39
D3348	retreatment of previous root canal therapy - molar	1,277.15	228.27	995	1,100	1,262	1,391	1,485	1,589	1,613	1,700	39
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	612.98	148.83	403	550	600	700	711	732	767	900	48
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	298.82	106.92	181	244	300	350	354	361	387	390	54
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	223.55	83.55	115	170	220	290	290	300	340	344	37
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	707.34	176.33	421	594	741	820	874	898	900	950	31
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	577.75	152.52	300	569	635	670	674	695	750	800	32
D4249	clinical crown lengthening – hard tissue	751.57	178.77	469	676	751	900	900	921	925	1,004	38
D4321	provisional splinting - extracoronal	427.04	99.07	250	395	448	510	515	525	541	549	45
D4341	periodontal scaling and root planing - four or more teeth per quadrant	249.47	38.94	191	225	249	280	285	286	297	310	75
D4342	periodontal scaling and root planing - one to three teeth per quadrant	183.25	38.43	120	163	185	208	210	222	229	239	68

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D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	181.11	34.68	135	150	184	200	202	206	215	234	69
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	100.57	51.89	45	50	87	139	144	155	175	200	56
D4910	periodontal maintenance	144.17	23.26	113	125	146	160	161	169	175	181	65
D5110	complete denture - maxillary	1,690.17	316.94	1,274	1,476	1,790	1,888	1,950	2,000	2,150	2,219	73
D5120	complete denture - mandibular	1,686.16	324.78	1,274	1,450	1,790	1,900	1,950	1,997	2,150	2,219	74
D5130	immediate denture - maxillary	1,765.39	372.45	1,200	1,492	1,865	2,000	2,000	2,146	2,168	2,300	70
D5140	immediate denture - mandibular	1,769.33	373.29	1,200	1,500	1,865	2,000	2,000	2,071	2,185	2,322	70
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,271.98	380.57	795	900	1,333	1,500	1,500	1,544	1,742	1,950	69
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,283.95	379.69	795	950	1,367	1,500	1,500	1,601	1,730	1,950	68
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,738.04	284.35	1,325	1,500	1,800	1,931	1,950	2,000	2,100	2,212	73
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,739.96	282.00	1,325	1,500	1,800	1,930	1,942	1,957	2,048	2,212	73
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,351.26	413.65	800	1,086	1,442	1,500	1,700	1,741	2,000	2,136	34
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,368.09	416.87	800	1,105	1,450	1,700	1,700	1,742	2,000	2,097	35

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D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,466.25	305.46	1,000	1,199	1,500	1,680	1,755	1,783	1,812	1,935	54
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,469.24	305.04	1,000	1,199	1,500	1,680	1,755	1,783	1,810	1,935	54
D5520	replace missing or broken teeth - complete denture (each tooth)	177.43	54.36	109	139	175	202	207	215	229	300	61
D5640	replace broken teeth - per tooth	191.72	56.40	116	156	189	212	230	242	275	309	64
D5650	add tooth to existing partial denture	221.63	61.28	153	175	226	250	251	268	285	315	62
D5660	add clasp to existing partial denture - per tooth	255.16	64.81	153	196	250	290	300	312	318	350	61
D5710	rebase complete maxillary denture	599.63	138.02	400	525	632	659	670	702	720	925	52
D5711	rebase complete mandibular denture	579.02	119.04	386	511	608	650	660	670	700	720	48
D5720	rebase maxillary partial denture	577.72	140.52	385	500	601	650	650	663	720	925	45
D5721	rebase mandibular partial denture	579.23	139.19	385	500	601	650	650	665	720	925	45
D5730	reline complete maxillary denture (chairside)	315.39	121.92	135	200	350	398	399	409	442	462	68
D5731	reline complete mandibular denture (chairside)	320.72	121.89	135	250	350	399	401	425	437	462	67
D5750	reline complete maxillary denture (laboratory)	445.27	110.82	295	380	471	500	510	520	550	650	70
D5751	reline complete mandibular denture (laboratory)	445.17	110.67	295	378	471	500	512	520	550	650	70
D5986	fluoride gel carrier	173.60	55.88	90	120	192	208	223	225	238	252	39
D6010	surgical placement of implant body: endosteal implant	1,951.35	320.90	1,500	1,750	1,869	2,240	2,279	2,300	2,413	2,500	33
D6056	prefabricated abutment – includes modification and placement	721.85	214.08	400	541	758	822	859	874	948	995	44
D6057	custom fabricated abutment – includes placement	837.74	172.91	650	700	875	979	979	998	1,012	1,050	58
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,464.31	236.48	1,166	1,300	1,500	1,600	1,627	1,680	1,725	1,916	57

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D6066	implant supported crown - porcelain fused to high noble alloys	1,478.72	286.17	1,000	1,250	1,500	1,680	1,703	1,750	1,878	1,995	50
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,420.77	225.31	1,100	1,250	1,484	1,625	1,635	1,680	1,700	1,760	46
D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	1,499.58	245.45	1,170	1,250	1,500	1,700	1,700	1,744	1,764	1,878	33
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	212.72	125.57	0	103	242	325	335	335	341	354	41
D6210	pontic - cast high noble metal	1,189.80	187.01	958	1,000	1,196	1,290	1,391	1,400	1,477	1,500	55
D6240	pontic - porcelain fused to high noble metal	1,153.24	171.35	935	1,000	1,180	1,250	1,297	1,374	1,400	1,406	65
D6241	pontic - porcelain fused to predominantly base metal	1,089.17	167.77	858	995	1,100	1,200	1,225	1,250	1,348	1,400	48
D6245	pontic - porcelain/ceramic	1,167.53	157.82	955	1,000	1,186	1,250	1,296	1,374	1,394	1,422	70
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	584.50	260.98	200	350	600	828	855	887	900	1,050	32
D6545	retainer - cast metal for resin bonded fixed prosthesis	843.21	235.71	448	714	865	1,000	1,042	1,100	1,100	1,200	41
D6750	retainer crown - porcelain fused to high noble metal	1,173.43	174.63	935	1,040	1,200	1,303	1,325	1,374	1,400	1,444	59
D6751	retainer crown - porcelain fused to predominantly base metal	1,108.25	180.95	780	995	1,128	1,208	1,250	1,288	1,374	1,400	40
D6790	retainer crown - full cast high noble metal	1,245.02	271.55	950	1,100	1,200	1,370	1,400	1,477	1,500	2,104	55
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	470.94	201.96	185	350	453	630	644	700	700	700	32
D6930	re-cement or re-bond fixed partial denture	165.22	34.60	113	150	175	187	193	195	203	211	61

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D7111	extraction, coronal remnants – primary tooth	122.79	28.70	80	98	124	145	150	150	160	165	65
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	189.80	48.09	143	151	185	200	220	227	250	300	67
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	285.74	63.69	220	246	280	330	336	343	350	450	66
D7220	removal of impacted tooth - soft tissue	332.17	67.54	250	287	336	363	371	380	397	416	56
D7230	removal of impacted tooth - partially bony	425.51	80.84	335	375	424	464	468	477	485	529	48
D7240	removal of impacted tooth - completely bony	504.63	95.06	383	443	495	553	571	574	583	653	45
D7250	removal of residual tooth roots (cutting procedure)	303.35	80.10	180	269	305	349	350	350	366	376	52
D7286	incisional biopsy of oral tissue-soft	341.18	99.85	236	280	350	406	408	418	418	466	35
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	296.22	81.14	157	265	300	325	340	361	407	435	45
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	410.69	95.77	300	344	425	475	493	506	516	520	44
D7410	excision of benign lesion up to 1.25 cm	372.56	109.52	200	278	435	450	450	450	504	520	30
D7880	occlusal orthotic device, by report	960.30	293.03	540	622	992	1,200	1,200	1,239	1,305	1,405	32
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	458.80	78.47	341	414	475	512	520	541	550	590	32
D9110	palliative (emergency) treatment of dental pain - minor procedure	102.84	39.50	50	75	111	132	134	139	140	151	69
D9120	fixed partial denture sectioning	167.53	77.77	68	75	198	240	250	250	253	271	47
D9210	local anesthesia not in conjunction with operative or surgical procedures	72.21	25.82	38	60	69	81	85	87	95	100	39

2020 Survey of Dental Fees
General Practitioners - West South Central Division
(Arkansas, Louisiana, Oklahoma, Texas)

Procedure Code	Description of Service	Average Fee $	Standard Deviation $	Percentile Fees								Number of Responses
				10th $	25th $	Median 50th $	75th $	80th $	85th $	90th $	95th $	
D9215	local anesthesia in conjunction with operative or surgical procedures	41.24	28.23	0	15	50	60	65	70	74	79	33
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	71.17	20.09	43	55	75	84	85	88	95	96	61
D9248	non-intravenous conscious sedation	229.56	117.52	0	180	250	300	319	353	353	359	32
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	110.74	62.59	0	60	128	146	154	163	178	178	35
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	62.53	27.88	23	47	75	81	83	87	92	95	46
D9440	office visit - after regularly scheduled hours	159.74	50.35	80	124	164	192	200	200	210	248	56
D9610	therapeutic parenteral drug, single administration	73.38	54.43	0	25	78	116	120	124	146	170	30
D9630	drugs or medicaments dispensed in the office for home use	32.64	21.03	9	19	27	50	50	51	56	75	46
D9910	application of desensitizing medicament	57.36	29.00	23	30	60	70	75	75	76	100	63
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	70.00	32.30	30	48	75	89	89	91	97	144	44
D9940	occlusal guard, by report	521.62	149.33	300	410	540	600	608	642	681	788	66
D9941	fabrication of athletic mouthguard	276.23	134.01	139	177	259	306	353	473	500	550	54
D9951	occlusal adjustment - limited	155.86	61.16	75	118	167	192	195	219	236	250	49
D9952	occlusal adjustment - complete	609.61	174.05	350	474	621	750	756	777	807	822	41
D9972	external bleaching - per arch - performed in office	310.76	135.61	129	200	278	416	450	450	496	550	55
D9974	internal bleaching - per tooth	283.20	60.54	180	250	300	325	330	335	342	350	56
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	208.30	92.74	99	150	200	250	250	300	350	375	55