

## 2020 Boston University Dental Health Centers Summary Fee Schedule (DBFP Plan)

Proc.	Description	<u>Fee</u>	<u>Benefit</u>	<u>Copay</u>
	Diagnostic			
D0120	Periodic oral exam - every 6 months	\$43.00	\$43.00	\$0.00
D0140	Limited oral exam - problem focused - limit three per 6 months	\$85.00	\$85.00	\$0.00
D0150	Comprehensive oral evaluation - limit 3 in lifetime	\$88.00	\$88.00	\$0.00
D0210	Itraoral fms and bitewings - limit every 60 months	\$134.00	\$134.00	\$0.00
D0274	Bitewings - four films - every 6 months	\$77.00	\$77.00	\$0.00
D0330	Panorex- limit every 60 months	\$129.00	\$129.00	\$0.00
	Preventive			
D1110	Adult prophylaxis -(cleaning)- limited every six months	\$108.00	\$108.00	\$0.00
D1120	Child prophylaxis - under 14years old	\$79.00	\$79.00	\$0.00
D1208	Top appl fl ex prophy-adult -under 14 years old	\$45.00	\$45.00	\$0.00
D1351	Dental sealants - per tooth under 14 years old	\$70.00	\$70.00	\$0.00
D2140	1 Surface amalgam	\$135.00	\$108.00	\$27.00
D2150	2 Surface amalgam	\$165.00	\$132.00	\$33.00
D2160	3 Surface amalgam	\$175.00	\$140.00	\$35.00
D2161	4+ Surface amalgam	\$211.00	\$168.80	\$42.20
D2330	1 Surface composite - anterior	\$155.00	\$124.00	\$31.00
D2331	2 Surface Composite -anterior	\$180.00	\$144.00	\$36.00
D2332 D2335	3 Surface Composite -anterior	\$216.00	\$172.80 \$216.00	\$43.20 \$54.00
DZ333	Comp. 4+ surf.or involving icicsal angle ant.	\$270.00	\$216.00	<b>Φ</b> 54.00
	Endodontics - Root Canal Therapy			
D3310	Anterior endodontics	\$927.00	\$463.50	\$463.50
D3320	Bicuspid endodontics	\$1,150.00	\$575.00	\$575.00
D3330	Molar endodontics	\$1,350.00	\$675.00	\$675.00
	<u>Periodontics</u>			
D4210	Gingivectomy -quad.four or more teeth - One per quad. 36 months	\$567.00	\$283.50	\$283.50
D4240	Gingival flap,inc.root planning- four + teeth - One per quad. 36 month	\$927.00	\$463.50	\$463.50
D4260	Oss surg four or more teeth per quad - One per quad. 36 months	\$1,390.00	\$695.00	\$695.00
D4261	Oss surg one to three per quad - One per quad. 36 months	\$1,107.00	\$553.50	\$553.50
D4263	Bone replacement graft- first site in quad - One per quad. 36 months	\$470.00	\$235.00	\$235.00
D4270	Pedicle soft tissue grafts - One per quad. 36 months	\$1,015.00	\$507.50	\$507.50
D4277	Fee soft tissue grafts - One per quad. 36 months	\$1,236.00	\$618.00	\$618.00
D4341	Perio scaling 4+ teeth per quadrant - One per quad. per 24 months	\$252.00	\$126.00	\$126.00
D4346	Perio scaling in presence of gingival inflammation	\$108.00	\$108.00	\$0.00
D4910	Periodontal prophylaxis - every 3 months	\$150.00	\$75.00	\$75.00
	Removable Prosthodontics			
D5110	Full upper denture	\$1,545.00	\$772.50	\$772.50
D5120	Full lower denture	\$1,545.00	\$772.50	\$772.50
D5130	Immediate upper denture	\$1,648.00	\$824.00	\$824.00
D5140	Immediate lower denture	\$1,648.00	\$824.00	\$824.00
D5211	Upper partial resin base	\$979.00	\$489.50	\$489.50
D5212	Lower partial resin base	\$979.00	\$489.50	\$489.50
D5213	Upper partial cast metal/resin base	\$1,648.00	\$824.00	\$824.00
D5214	Lower partial cast metal/resin base	\$1,648.00	\$824.00	\$824.00
D5730	Reline complete upper denture - office	\$361.00	\$288.80	\$72.20

<u>Note:</u> All fees are subject to change at the discretion of the Boston University Henry M. Goldman School of Dental Medicine. Patients should speak with their provider at the time of treatment to confirm the current fees, as well as their co-pay portion, for their treatment.



## 2020 Boston University Dental Health Centers Summary Fee Schedule (DBFP Plan)

Proc.	<u>Description</u>	<u>Fee</u>	Benefit	Copay			
	Fixed Prosthodontics		•	•			
D2750	Crown-porcelain/high noble metal - over 16 years old	\$1,450.00 \$4,400.00	\$725.00	\$725.00			
D2790 D2952	High noble full cast Cast post and core	\$1,400.00 \$470.00	\$700.00	\$700.00			
D2952 D2954	Pre fab post and core	\$470.00 \$360.00	\$235.00 \$180.00	\$235.00 \$180.00			
D2934 D6010	Surgical Placement :Endosteal Implant	\$2,060.00	\$1,030.00	\$1,030.00			
D6057	Custom abutment	\$850.00	\$425.00	\$425.00			
D6066	Implant supported porcelain /metal crown	\$1,500.00	\$750.00	\$750.00			
D6210	Pontic high noble metal	\$1,450.00	\$725.00	\$725.00			
D6240	Pontic porcelain to high noble	\$1,450.00	\$725.00	\$725.00			
D6610	Onlay-cast high noble two surfaces	\$1,225.00	\$612.50	\$612.50			
D6750	Abutment-porc./high noble	\$1,450.00	\$725.00	\$725.00			
D6790	Abutment high noble full cast	\$1,450.00	\$725.00	\$725.00			
	Oral Surgery						
D7140	Extraction, errupted tooth or exposed root	\$148.00	\$74.00	\$74.00			
D7210	Surgical extraction	\$285.00	\$142.50	\$142.50			
D7220	Soft tissue impaction	\$370.00	\$185.00	\$185.00			
D7230	Partial bony impaction	\$487.00	\$243.50	\$243.50			
D7240	Full bony impaction	\$665.00	\$332.50	\$332.50			
D7250	residual root recovery surgical	\$297.00	\$148.50	\$148.50			
D7960	Frenectomy	\$464.00	\$232.00	\$232.00			
	Orthodontics*						
D8040	Limited orthodontic treatment of Adult dentition	\$4,200.00	\$2,000.00	\$2,200.00			
D8060	Interceptive orth.child	\$3,100.00	\$1,550.00	\$1,550.00			
D8080	Comprehensive ortho treatment - child	\$5,700.00	\$2,000.00	\$3,700.00			
D8090	Comprehensive orthodontic treatment-adult	\$6,000.00	\$2,000.00	\$4,000.00			
D8210	Removable appliance therapy	\$2,300.00	\$1,150.00	\$1,150.00			
*Lifetime Benefit for Orthodontic treatment equals \$2000							
	Adjunct						
D9110	Existing patient emergency	\$125.00	\$62.50	\$62.50			
D9223	General Anesthesia (each 15 minutes)	\$125.00	\$100.00	\$25.00			
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$125.00	\$62.50	\$62.50			
D9310	Consultation per session	\$98.00	\$98.00	\$0.00			
D9944	Occlusal guards, hard appliance, full arch	\$450.00	\$225.00	\$225.00			
D9951	Occlusal adj. limited - One per 24 months per quadrant	\$194.00	\$97.00	\$97.00			
D9952	Occlusal adj. Complete -3 months after surgery	\$400.00	\$200.00	\$200.00			

<u>Note:</u> All fees are subject to change at the discretion of the Boston University Henry M. Goldman School of Dental Medicine. Patients should speak with their provider at the time of treatment to confirm the current fees, as well as their co-pay portion, for their treatment.