

**2022 Boston University Dental Health
Centers Summary Fee Schedule (DBFP Plan)**



<u>Proc.</u>	<u>Description</u>	<u>Fee</u>	<u>Benefit</u>	<u>Copay</u>
<u>Diagnostic</u>				
D0120	Periodic oral exam - twice per calendar year	\$44.00	\$44.00	\$0.00
D0140	Limited oral exam - problem focused - as needed	\$86.00	\$86.00	\$0.00
D0150	Comprehensive oral evaluation - limit once per 60 months	\$90.00	\$90.00	\$0.00
D0210	Intraoral complete series & bitewings - limit every 60 months	\$135.00	\$135.00	\$0.00
D0274	Bitewings - four films - twice per calendar year	\$77.00	\$77.00	\$0.00
D0330	Panorex- limit every 60 months	\$129.00	\$129.00	\$0.00
<u>Preventive</u>				
D1110	Adult prophylaxis -(cleaning)- twice per calendar year Child	\$110.00	\$110.00	\$0.00
D1120	prophylaxis - under 14years old	\$80.00	\$80.00	\$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	3 Surface Composite -anterior	\$216.00	\$172.80	\$43.20
D2335	Comp. 4+ surf.or involving icical angle ant.	\$270.00	\$216.00	\$54.00
<u>Endodontics - Root Canal Therapy</u>				
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	\$927.00	\$463.50	\$463.50
D4260	month Oss surg four or more teeth per quad - One per quad. 36	\$1,390.00	\$695.00	\$695.00
D4261	months 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	\$255.00	\$127.50	\$127.50
D4346	Perio scaling in presence of gingival inflammation	\$108.00	\$108.00	\$0.00
D4910	Periodontal prophylaxis - every 3 months	\$152.00	\$76.00	\$76.00
<u>Removable Prosthodontics</u>				
D5110	Full upper denture	\$1,550.00	\$775.00	\$775.00
D5120	Full lower denture	\$1,550.00	\$775.00	\$775.00
D5130	Immediate upper denture	\$1,653.00	\$826.50	\$826.50
D5140	Immediate lower denture	\$1,653.00	\$826.50	\$826.50
D5211	Upper partial resin base	\$984.00	\$492.00	\$492.00
D5212	Lower partial resin base	\$984.00	\$492.00	\$492.00
D5213	Upper partial cast metal/resin base	\$1,653.00	\$826.50	\$826.50
D5214	Lower partial cast metal/resin base	\$1,653.00	\$826.50	\$826.50
D5730	Reline complete upper denture - office	\$361.00	\$288.80	\$72.20

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<u>Fixed Prosthodontics</u>				
D2750	Crown-porcelain/high noble metal - over 16 years old	\$1,455.00	\$727.50	\$727.50
D2790	High noble full cast	\$1,400.00	\$700.00	\$700.00
D2952	Cast post and core	\$470.00	\$235.00	\$235.00
D2954	Pre fab post and core	\$360.00	\$180.00	\$180.00
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
<u>Oral Surgery</u>				
D7140	Extraction, erupted 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
D7961/2	Frenectomy (lingual or buccal)	\$464.00	\$232.00	\$232.00
<u>Orthodontics*</u>				
D8010	Limited orthodontic treatment of primary dentition	\$3,100.00	\$1,550.00	\$1,550.00
D8040	Limited orthodontic treatment of adult dentation	\$4,200.00	\$2,000.00	\$2,200.00
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				
<u>Adjunct</u>				
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	\$194.00	\$97.00	\$97.00
D9952	quadrant Occlusal adj. Complete -3 months after surgery	\$400.00	\$200.00	\$200.00

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