COUNTY OF ORANGE
HEALTH CARE AGENCY

MEDICAL SERVICES
MEDICAL SERVICES INITIATIVE

Excellence
Integrity
Service

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MSI DENTAL FEE MATRIX

UPDATED JUNE 2011

CODE	SERVICE	PRICE
D7140	Extraction of erupted tooth, or exposed root-[Incl. routine removal of tooth structure, minor smoothing of socket bone, and closure as necessary]	$41.00
D7210	Surgical removal of erupted tooth	$85.00
D7220	Removal of impacted tooth, soft tissue	$100.00
D7230	Removal of impacted tooth, partial bony	$135.00
D7240	Removal of impacted tooth, completely bony	$165.00
D7250	Surgical removal of residual tooth roots	$100.00
D7260	Oroantral fistula closure	$300.00
D7270	Reimplantation and/or stabilization of accidentally evulsed or displaced permanent tooth and/or alveolus	$175.00
D7280	Surgical access of unerupted tooth	$100.00
D7286	Biopsy of oral tissue [soft]	$30.00
D7310	Alveoloplasty per quadrant, in conjunction with extractions/4 or more teeth	$50.00
D7320	Alveoloplasty per quadrant, edentulous, 4 or more teeth [not in conjunction w/extractions]	$100.00
D7340	Vestibuloplasty with ridge extension, secondary epithelialization	$200.00
D7410	Excision of benign lesion, up to 1.25 cm	$100.00
D7440	Excision of malignant tumor-up to 1.25 cm	$325.00
D7450	Removal of benign odontogenic cyst or tumor up to 1.25 cm	$100.00
D7451	Removal of benign odontogenic cyst or tumor greater than 1.25 cm	$200.00
D7471	Removal of lateral exostosis (maxilla or mandible)	$100.00
D7485	Surgical reduction of osseous tuberosity	$75.00
D7510	Incision and drainage of abscess, intraoral soft tissue	$50.00
D7520	Incision and drainage of abscess, extraoral soft tissue	$75.00
D7530	Removal of foreign body, soft tissue	$60.00
D7540	Removal of reaction producing foreign body from bone (independenprocedure)	$130.00
D7550	Sequestrectomy/partial ostectomy for removal of non-vital bone	$100.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	$380.00
D7910	Suture of recent small wounds up to 5 cm	$75.00
D7960	Frenulectomy, or frenotomy/frenectomy, separate procedure	$200.00

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D7970	Excision of hyperplasic tissue (per arch)	$100.00
D7971	Excision pericoronal gingiva	$50.00
D7972	Surgical reduction of fibrous tuberosity	$50.00
D7980	Sialolithotomy, intraoral or extraorally	$235.00
D7982	Sialodochoplasty	$365.00
D7983	Closure of salivary fistula	$120.00
D0220	Intraoral periapical, single, first radiograph	$10.00
D0230	Intraoral periapical, each additional radiograph	$3.00
D0210	Intraoral, complete series	$45.00
D0240	Intraoral, occlusal radiograph	$10.00
D0250	Extraoral, single, head or lateral jaw	$22.00
D0260	Extraoral, each additional head or lateral jaw	$5.00
D0272	Bitewings, two radiographs	$10.00
D0274	Bitewings, four radiographs	$18.00
D0270	Bitewing, anterior, one radiograph	$5.00
D0330	Panographic-film, single radiograph	$25.00
D9430	Office visit during regular office hours, for treatment and/or observation of teeth or supporting structures	$20.00
D9440	Professional visit after regular office hours or to bedside	$35.00

MSI will maintain its $1,000 benefit per enrollee per enrollment year. Any services beyond the list above will be the patient's responsibility.