



WDA Member - Specialist Effective Date: January 24, 2024

*Updated version (01.24.24) of the WDA Dental Savings Club fee schedule replaces any and all other previous fee schedules for WDA Members - Specialist Dentists in the network

Dental Codes	Description	Fee
D0120	Periodic Oral Exam	\$61
D0140	Limited Oral Evaluation - Problem Focused	\$97
D0145	Oral Evaluation, Patient Under Three	\$84
D0150	Comprehensive Oral Evaluation - New Or Established Patient	\$102
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	\$188
D0170	Re-Evaluation - Limited, Problem Focused	\$73
D0171	Re-Evaluation - Post Operative Office Visit	\$69
D0180	Comprehensive Periodontal Evaluation	\$120
D0190	Screening Of A Patient	\$59
D0191	Assessment Of A Patient	\$43
Diagnostic Imaging (Including Interpretation)		
D0210	Intraoral - Comprehensive Series Of Radiographic Images	\$169
D0220	Intraoral - Periapical First Radiographic Image	\$38
D0230	Intraoral - Periapical Each Additional Image	\$33
D0240	Intraoral - Occlusal Radiographic Image	\$47
D0250	Extraoral - 2D Projection Radiographic Image	\$68
D0251	Extra-Oral Posterior Dental Radiographic Image	\$61
D0270	Bitewing - Single Radiographic Image	\$36
D0272	Bitewings - Two Radiographic Images	\$56
D0273	Bitewings - Three Radiographic Images	\$64
D0274	Bitewings - Four Radiographic Images	\$77

Dental Codes	Description	Fee
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	\$112
D0310	Sialography	\$524
D0320	Temporomandibular Joint Arthrogram, Including Injection	\$925
D0322	Tomographic Survey	\$751
D0330	Panoramic Radiographic Image	\$145
D0340	2D Cephalometric Radiographic Image	\$159
D0350	Oral/Facial Photographic Images	\$67
D0351	3D Photographic Image This Procedure Is For Diagnostic Purposes. Not Applicable	\$84
D0364	Cone Beam - Less Than One Whole Jaw	\$273
D0365	Cone Beam - One Full Dental Arch - Mandible	\$403
D0366	Cone Beam - One Full Dental Arch - Maxilla	\$397
D0367	Cone Beam - Both Jaws	\$383
D0368	Cone Beam O Tmj Series	\$431
D0369	Maxillofacial Mri	\$244
D0370	Maxillofacial Ultrasound	\$140
D0380	Cone Beam - Less Than One Whole Jaw	\$252
D0381	Cone Beam - One Full Dental Arch - Mandible	\$407
D0382	Cone Beam - One Full Dental Arch - Maxilla	\$390
D0383	Cone Beam - Both Jaws	\$344
D0384	Cone Beam O Tmj Series	\$436
D0385	Maxillofacial Mri	\$2,679
D0386	Maxillofacial Ultrasound	\$670
D0393	Virtual Treatment Simulation Using 3D Image Volume Or Surface Scan	\$120

WDA Member - Specialist

Dental Codes	Description	Fee
Tests and Examinations		
D0414	Laboratory Processing Of Microbial Specimen	\$70
D0415	Collection Of Microorganisms For Culture And Sensitivity	\$51
D0416	Viral Culture	\$75
D0417	Viral Culture	\$68
D0418	Viral Culture	\$70
D0422	Collection And Preparation Of Genetic Sample	\$51
D0425	Caries Susceptibility Tests	\$44
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities	\$38
D0460	Pulp Vitality Tests	\$71
D0470	Diagnostic Casts	\$124
Oral Pathology Laboratory		
D0472	Accession Of Tissue, Gross Examination	\$96
D0473	Accession Of Tissue, Gross And Microscopic Examination	\$202
D0474	Accession Of Tissue, Gross And Microscopic Examination	\$227
D0475	Decalcification Procedure	\$122
D0476	Special Stains For Microorganisms	\$119
D0477	Special Stains, Not For Microorganisms	\$162
D0478	Immunohistochemical Stains	\$148
D0479	Tissue In-Situ Hybridization, Including Transmission	\$227
D0480	Accession Of Exfoliative Cytologic Smears, Microscopic Examination	\$140
D0481	Electron Microscopy	\$524
D0482	Direct Immunofluorescence	\$175
D0483	Indirect Immunofluorescence	\$175
D0484	Consultation On Slides Prepared Elsewhere	\$262
D0485	Consultation, Including Preparation Of Slides From Biopsy Material	\$361
D0486	Accession Of Transepithelial Cytologic Sample, Microscopic Examination	\$168

Dental Codes	Description	Fee
Tests and Examinations		
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	\$104
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	\$74
D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	\$79
D0604	Antigen Testing For A Public Health Related Pathogen, Including Coronavirus	\$68
D0605	Antibody Testing For A Public Health Related Pathogen, Including Coronavirus	\$51
D0701	Panoramic Radiographic Image – Image Capture Only	\$162
D0702	2-D Cephalometric Radiographic Image – Image Capture Only	\$183
D0703	2-D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra-Orally – Image	\$87
D0704	3D Photographic Image – Image Capture Only	\$87
D0705	Extra-Oral Posterior Dental Radiographic Image – Image Capture Only	\$61
D0706	Intraoral – Occlusal Radiographic Image – Image Capture Only	\$54
D0707	Intraoral – Periapical Radiographic Image – Image Capture Only	\$35
D0708	Intraoral – Bitewing Radiographic Image – Image Capture Only	\$35
D0709	Intraoral – Comprehensive Series Of Radiographic Images – Image Capture Only	\$175
Dental Prophylaxis		
D1110	Prophylaxis - Adult	\$105
D1120	Prophylaxis - Child	\$80
Flouride Treatments		
D1206	Topical Application Of Fluoride Varnish	\$49
D1208	Topical Application Of Fluoride	\$45

WDA Member - Specialist

Dental Codes	Description	Fee
Other Preventive Services		
D1310	Nutritional Counseling For Control Of Dental Disease	\$45
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	\$56
D1321	Counseling For The Control And Prevention Of Adverse Oral, Behavioral, And Syste	\$70
D1330	Oral Hygiene Instructions	\$59
D1351	Sealant - Per Tooth	\$65
D1352	Preventive Resin Restoration	\$102
D1353	Sealant Repair - Per Tooth	\$53
D1354	Interim Caries Arresting Medicament Application - Per Tooth	\$47
D1355	Caries Preventive Medicament Application – Per Tooth	\$54
Space Maintainers		
D1510	Space Maintainer – Fixed, Unilateral - Per Quadrant	\$404
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$518
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$545
D1520	Space Maintainer – Removable, Unilateral - Per Quadrant	\$403
D1526	Space Maintainer - Removable - Bilateral, Maxillary	\$622
D1527	Space Maintainer - Removable - Bilateral, Mandinular	\$622
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - Maxillary	\$79
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - Mandibular	\$79
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per Quadrant	\$54
D1556	Removal Of Fixed Unilateral Space Maintainer - Per Quadrant	\$51
D1557	Removal Of Fixed Bilateral Space Maintainer - Maxillary	\$76
D1558	Removal Of Fixed Bilateral Space Maintainer - Mandibular	\$76
D1575	Distal Shoe Space Maintainer – Fixed, – Unilateral - Per Quadrant	\$398

Dental Codes	Description	Fee
Amalgam Restorations, Includes Local Anesthetic		
D2140	Amalgam - One Surface, Primary Or Permanent	\$163
D2150	Amalgam - Two Surfaces, Primary Or Permanent	\$204
D2160	Amalgam – Three Surfaces, Primary Or Permanent	\$247
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	\$284
D2330	Resin-Based Composite - One Surface, Anterior	\$191
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$237
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$289
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	\$360
D2390	Resin-Based Composite Crown, Anterior	\$389
D2391	Resin-Based Composite - One Surface, Posterior	\$218
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$278
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$340
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	\$399
D2410	Gold Foil - 1 Surface	\$387
D2420	Gold Foil - 2 Surfaces	\$645
D2430	Gold Foil - 3 Surfaces	\$1,118
Inlays, Onlays and Crowns, Includes Local Anesthetic		
D2510	Inlay - Metallic - One Surface	\$1,024
D2520	Inlay - Metallic - Two Surfaces	\$1,161
D2530	Inlay - Metallic - Three Surfaces	\$1,339
D2542	Onlay - Metallic - Two Surfaces	\$1,313
D2543	Onlay - Metallic - Three Surfaces	\$1,373
D2544	Onlay - Metallic - Four Or More Surfaces	\$1,428
D2610	Inlay - Porcelain/Ceramic - One Surface	\$1,204
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$1,252
D2630	Inlay - Porcelain/Ceramic - Three Surfaces	\$1,354

WDA Member - Specialist

Dental Codes	Description	Fee
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$1,316
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$1,417
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	\$1,490
D2650	Inlay - Resin-Based Composite - One Surface	\$791
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$943
D2652	Inlay - Resin-Based Composite - Three Surfaces	\$991
D2662	Onlay - Resin-Based Composite - Two Surfaces	\$860
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$1,036
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces	\$1,061
D2710	Crown - Resin-Based Composite (Indirect)	\$611
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	\$611
D2720	Crown - Resin With High Noble Metal	\$1,505
D2721	Crown - Resin With Predominantly Base Metal	\$1,411
D2722	Crown - Resin With Noble Metal	\$1,442
D2740	Crown - Porcelain/Ceramic	\$1,336
D2750	Crown - Porcelain Fused To High Noble Metal	\$1,319
D2751	Crown - Porcelain Fused To Predominantly Base Metal	\$1,311
D2752	Crown - Porcelain Fused To Noble Metal	\$1,299
D2753	Crown - Porcelain Fused To Titanium And Titanium Alloys	\$1,412
D2780	Crown - 3/4 Cast High Noble Metal	\$1,463
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$1,376
D2782	Crown - 3/4 Cast Noble Metal	\$1,421
D2783	Crown - 3/4 Porcelain/Ceramic	\$1,428
D2790	Crown - Full Cast High Noble Metal	\$1,330
D2791	Crown - Full Cast Predominantly Base Metal	\$1,357

Dental Codes	Description	Fee
D2792	Crown - Full Cast Noble Metal	\$1,338
D2794	Crown - Titanium And Titanium Alloys	\$1,505
D2799	Provisional Crown	\$535
Other Restorative Services		
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	\$128
D2915	Re-Cement Or Re-Bond Cast Indirectly Fabricated Or Pre-Fabricated Post And Core	\$124
D2920	Re-Cement Or Re-Bond Crown	\$133
D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	\$181
D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	\$497
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	\$496
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$351
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$401
D2932	Prefabricated Resin Crown	\$413
D2933	Prefabricated Stainless Steel Crown With Resin Window	\$471
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$488
D2940	Protective Restoration	\$143
D2941	Interim Therapeutic Restoration - Primary Dentition	\$134
D2949	Restorative Foundation For An Indirect Restoration	\$131
D2950	Core Buildup, Including Any Pins When Required	\$328
D2951	Pin Retention - Per Tooth, In Addition To Restoration	\$74
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	\$504
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	\$258
D2954	Prefabricated Post And Core In Addition To Crown	\$413
D2955	Post Removal	\$318

WDA Member - Specialist

Dental Codes	Description	Fee
D2957	Each Additional Prefabricated Post - Same Tooth	\$206
D2960	Labial Veneer (Resin Laminate) - Direct	\$961
D2961	Labial Veneer (Resin Laminate) - Indirect	\$1,132
D2962	Labial Veneer (Porcelain Laminate) - Indirect	\$1,411
D2971	Additional Procedures To Customize A Crown To Fit Under An Existing Partial Dent	\$198
D2975	Coping	\$602
D2980	Crown Repair	\$263
D2981	Inlay Repair	\$241
D2982	Onlay Repair	\$241
D2983	Veneer Repair	\$241
D2990	Resin Infiltration Of Incipient Smooth Surface Lesions	\$90
Endodontics		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$96
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$87
D3220	Therapeutic Pulpotomy	\$227
D3221	Pulpal Debridement - Primary And Permanent Teeth	\$250
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth	\$222
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	\$231
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	\$284
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$953
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	\$1,099
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$1,362
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access	\$375
D3332	Incomplete Endodontic Therapy	\$585
D3333	Internal Root Repair Of Perforation Defects	\$310
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	\$1,193

Dental Codes	Description	Fee
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	\$1,418
D3348	Retreatment Of Previous Root Canal Therapy - Molar	\$1,602
D3351	Apexification / Recalcification - Initial Visit	\$514
D3352	Apexification / Recalcification - Interim	\$231
D3353	Apexification / Recalcification - Final Visit	\$710
D3355	Pulpal Regeneration - Initial Visit	\$514
D3356	Pulpal Regeneration - Interim Medication Replacement	\$231
D3410	Apicoectomy - Anterior	\$1,083
D3421	Apicoectomy - Premolar (First Root)	\$1,138
D3425	Apicoectomy - Molar (First Root)	\$1,300
D3426	Apicoectomy - Each Additional Root)	\$442
D3428	Bone Graft In Conjunction With Periradicular Surgery - Per Tooth, Single Site	\$1,238
D3429	Bone Graft In Conjunction With Periradicular Surgery - Each Additional Tooth	\$1,282
D3430	Retrograde Filling - Per Root	\$324
D3431	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration	\$1,579
D3432	Guided Tissue Generation - Resorbable Barrier, Per Site	\$1,357
D3450	Root Amputation - Per Root	\$665
D3460	Endodontic Endosseous Implant	\$2,483
D3470	Intentional Reimplantation (Including Necessary Splinting)	\$1,268
D3471	Surgical Repair Of Root Resorption - Anterior	\$1,579
D3472	Surgical Repair Of Root Resorption - Premolar	\$1,579
D3473	Surgical Repair Of Root Resorption - Molar	\$1,579
D3501	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorpti	\$922
D3502	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorpti	\$922

WDA Member - Specialist

Dental Codes	Description	Fee
D3503	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorpti	\$922
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam	\$185
D3911	Intraorafice Barrier	\$129
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$506
D3921	Decoronation Or Submergence Of An Erupted Tooth	\$506
D3950	Canal Preparation And Fitting Of Preformed Dowel Or Post	\$219
Periodontics		
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	\$667
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	\$312
D4212	Gingevectomy/Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	\$198
D4230	Anatomical Crown Exposure - Four Or More Contiguous Teeth Per Quadrant	\$944
D4231	Anatomical Crown Exposure - One To Three Teeth Per Quadrant	\$450
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	\$868
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	\$569
D4245	Apically Positioned Flap	\$629
D4249	Clinical Crown Lengthening - Hard Tissue	\$935
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	\$1,510
D4261	Osseous Surgery (Including Flap And Closure) - One To Three Teeth	\$1,137
D4263	Bone Replacement Graft - First Site In Quadrant	\$588
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	\$428
D4265	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration, Per Site	\$509

Dental Codes	Description	Fee
D4266	Guided Tissue Generation, Natural Teeth - Resorbable Barrier, Per Site	\$537
D4267	Guided Tissue Regeneration, Natural Teeth - Nonresorbable Barrier, Per Site (Inc	\$673
D4270	Pedicle Soft Tissue Graft Procedure	\$1,011
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	\$1,312
D4274	Distal Or Proximal Wedge Procedure	\$708
D4275	Non-Autogenous Connective Tissue Graft, First Tooth, Implant Or Tooth Position	\$1,073
D4276	Combined Connective Tissue And Pedical Graft, Per Tooth	\$1,386
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First	\$1,135
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional	\$412
D4283	Autogenous Connective Tissue Graft Procedures, Each Additional	\$942
D4285	Non-Autogenous Connective Tissue Graft, Each Additional	\$777
D4286	Removal Of Non-Resorbable Barrier	\$180
D4320	Provisional Splinting - Intracoronal	\$494
D4321	Provisional Splinting - Extracoronal	\$450
D4322	Splint – Intra-Coronal Natural Teeth Or Prosthetic Crowns	\$494
D4323	Splint – Extra-Coronal Natural Teeth Or Prosthetic Crowns	\$427
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	\$308
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	\$217
D4346	Scaling In Moderate Or Severe Gingival Inflammation	\$174
D4355	Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagno	\$217
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle	\$79

WDA Member - Specialist

Dental Codes	Description	Fee
D4910	Periodontal Maintenance	\$168
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Staff)	\$128
D4921	Gingival Irrigation With A Medicinal Agent - Per Quadrant	\$17
Prosthodontics		
D5110	Complete Denture - Maxillary	\$1,911
D5120	Complete Denture - Mandibular	\$1,858
D5130	Immediate Denture - Maxillary	\$1,796
D5140	Immediate Denture - Mandibular	\$1,708
D5211	Maxillary Partial Denture - Resin Base	\$1,520
D5212	Mandibular Partial Denture - Resin Base	\$1,766
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	\$2,077
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	\$2,053
D5221	Immediate Maxillary Partial Denture – Resin Base	\$1,696
D5222	Immediate Mandibular Partial Denture – Resin Base	\$1,900
D5223	Immediate Maxillary Partial Denture – Cast Metal Framework With Resin Base	\$2,272
D5224	Immediate Mandibular Partial Denture – Cast Metal Framework With Resin Base	\$2,272
D5225	Maxillary Partial Denture - Flexible Base (Including Any Retentive Clasp Mate)	\$1,716
D5226	Mandibular Partial Denture - Flexible Base (Including Any Retentive Clasp Mat)	\$1,840
D5227	Immediate Maxillary Partial Denture – Flexible Base (Including Any Clasps, Rests)	\$1,739
D5228	Immediate Mandibular Partial Denture – Flexible Base (Including Any Clasps, Rest)	\$2,014
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive)	\$1,215

Dental Codes	Description	Fee
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive)	\$1,215
D5284	Removable Unilateral Partial Denture - One Piece Flexible Base (Including Retent)	\$928
D5286	Removable Unilateral Partial Denture - One Piece Resin (Including Retentive Clas)	\$928
Adjustments and Repairs to Complete Dentures		
D5410	Adjust Complete Denture - Maxillary	\$102
D5411	Adjust Complete Denture - Mandibular	\$103
D5421	Adjust Partial Denture - Maxillary	\$103
D5422	Adjust Partial Denture - Mandibular	\$104
D5511	Repair Broken Complete Denture Base - Mandibular	\$207
D5512	Repair Broken Complete Denture Base - Maxillary	\$213
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	\$191
Repairs and Partial Dentures		
D5611	Repair Resin Partial Denture Base - Mandibular	\$224
D5612	Repair Resin Partial Denture Base - Maxillary	\$226
D5621	Repair Cast Partial Framework - Mandibular	\$241
D5622	Repair Cast Partial Framework - Maxillary	\$241
D5630	Repair Or Replace Broken Retentive / Clasp Materials - Per Tooth	\$293
D5640	Replace Broken Teeth - Per Tooth	\$202
D5650	Add Tooth To Existing Partial Denture	\$268
D5660	Add Clasp To Existing Partial Denture - Per Tooth	\$309
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	\$758
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	\$758
Denture Rebase and Reline		
D5710	Rebase Complete Maxillary Denture	\$766

WDA Member - Specialist

Dental Codes	Description	Fee
D5711	Rebase Complete Mandibular Denture	\$732
D5720	Rebase Maxillary Partial Denture	\$723
D5721	Rebase Mandibular Partial Denture	\$723
D5725	Rebase Hybrid Prosthesis	\$766
D5730	Reline Complete Maxillary Denture (Direct)	\$434
D5731	Reline Complete Mandibular Denture (Direct)	\$432
D5740	Reline Maxillary Partial Denture (Direct)	\$396
D5741	Reline Mandibular Partial Denture (Direct)	\$396
D5750	Reline Complete Maxillary Denture (Indirect)	\$572
D5751	Reline Complete Mandibular Denture (Indirect)	\$573
D5760	Reline Maxillary Partial Denture (Indirect)	\$568
D5761	Reline Mandibular Partial Denture (Indirect)	\$568
D5765	Soft Liner For Complete Or Partial Removable Denture – Indirect	\$577
D5810	Interim Complete Denture (Maxillary)	\$904
D5811	Interim Complete Denture (Mandibular)	\$984
D5820	Interim Partial Denture (Including Retentive Clasp Materials And Teeth) - Max	\$683
D5821	Interim Partial Denture (Including Retentive Clasp Materials And Teeth) - Man	\$739
D5850	Tissue Conditioning, Maxillary	\$183
D5851	Tissue Conditioning, Mandibular	\$182
D5862	Precision Attachment, By Report	\$605
D5863	Overdenture - Complete Maxillary	\$1,997
D5864	Overdenture - Partial Maxillary	\$2,634
D5865	Overdenture - Complete Mandibular	\$1,997
D5866	Overdenture - Partial Mandibular	\$2,737
D5867	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment	\$15

Dental Codes	Description	Fee
Maxillofacial Prosthetics		
D5911	Facial Moulage (Sectional)	\$450
D5912	Facial Moulage (Complete)	\$450
D5913	Nasal Prosthesis	\$9,469
D5914	Auricular Prosthesis	\$9,469
D5915	Orbital Prosthesis	\$12,814
D5916	Ocular Prosthesis	\$3,418
D5931	Obturator Prosthesis, Surgical	\$5,098
D5932	Obturator Prosthesis, Definitive	\$9,535
D5934	Mandibular Resection Prosthesis With Guide Flange	\$8,691
D5935	Mandibular Resection Prosthesis Without Guide Flange	\$7,562
D5936	Obturator Prosthesis, Interim	\$8,493
D5937	Trismus Appliance (Not For Tmd Treatment)	\$1,068
D5951	Feeding Aid	\$1,388
D5952	Speech Aid Prosthesis, Pediatric	\$4,506
D5953	Speech Aid Prosthesis, Adult	\$8,558
D5954	Palatal Augmentation Prosthesis	\$7,931
D5955	Palatal Lift Prosthesis, Definitive	\$7,335
D5982	Surgical Stent	\$626
D5983	Radiation Carrier	\$1,618
D5984	Radiation Shield	\$1,618
D5985	Radiation Cone Locator	\$1,618
D5986	Fluoride Gel Carrier	\$162
D5987	Commissure Splint	\$2,426
D5988	Surgical Splint	\$485
D5991	Vesiculobullous Disease Medicament Carrier	\$186
D5995	Periodontal Medicament Carrier With Peripheral Seal – Laboratory Processed – Max	\$890
D5996	Periodontal Medicament Carrier With Peripheral Seal – Laboratory Processed – Man	\$890
Implant Services		
D6010	Surgical Placement Of Implant Body: Endosteal Implant	\$2,292
D6011	Surgical Access To An Implant Body (Second Stage Implant Surgery)	\$182

WDA Member - Specialist

Dental Codes	Description	Fee
D6012	Surgical Placement Of Interim Implant Body For Transitional Prosthesis: Endosteal	\$2,834
D6013	Surgical Placement Of Mini Implant	\$2,789
D6040	Surgical Placement: Epostal Implant	\$10,320
D6050	Surgical Placement: Transosteal Implant	\$7,699
D6051	Interim Implant Abutment Placement. A Healing Cap Is Not An Interim Abutment.	\$515
D6055	Connecting Bar - Implant Supported Or Abutment Supported	\$901
D6056	Prefabricated Abutment - Includes Modification And Placement	\$784
D6057	Custom Fabricated Abutment - Includes Placement	\$1,051
D6058	Abutment Supported Porcelain/Ceramic Crown	\$1,572
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	\$1,606
D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	\$1,624
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	\$1,628
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$1,637
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$1,425
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$1,491
D6065	Implant Supported Porcelain/Ceramic Crown	\$1,833
D6066	Implant Supported Crown – Porcelain Fused To Metal Crown (Titanium, Titanium All	\$1,639
D6067	Implant Supported Metal Crown – (Titanium, Titanium Alloy, High Noble Metals All	\$1,605
D6068	Abutment Supported Retainer For Porcelain/Ceramic Fpd	\$1,641
D6069	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (High Noble Metal)	\$1,704

Dental Codes	Description	Fee
D6070	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Base Metal)	\$1,610
D6071	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Noble Metal)	\$1,643
D6072	Abutment Supported Retainer For Cast Metal Fpd (High Noble Metal)	\$1,663
D6073	Abutment Supported Retainer For Cast Metal Fpd (Base Metal)	\$1,519
D6074	Abutment Supported Retainer For Cast Metal Fpd (Noble Metal)	\$1,614
D6075	Implant Supported Retainer For Ceramic Fpd	\$1,699
D6076	Implant Supported Retainer For Porcelain Fused To Metal Fpd – Porcelain Fused To	\$1,655
D6077	Implant Supported Retainer For Cast Metal Fpd – High Noble Alloys	\$1,605
D6080	Implant Maintenance Procedures, Including Removal And Reinsertion Of Prosthesis	\$169
D6081	Scaling And Debridement	\$65
D6082	Implant Supported Crown - Porcelain Fused To Predominately Base Alloys	\$1,655
D6083	Implant Supported Crown - Porcelain Fused To Noble Alloys	\$1,655
D6084	Implant Supported Crown - Porcelain Fused To Titanium And Titanium Alloys	\$1,655
D6085	Provisional Implant Crown	\$495
D6086	Implant Supported Crown - Predominately Base Alloys	\$1,605
D6087	Implant Supported Crown - Noble Alloys	\$1,605
D6088	Implant Supported Crown - Titanium And Titanium Alloys	\$1,605
D6091	Replacement Of Semi-Precision Or Precision Attachment	\$519
D6092	Re-Cement Or Re-Bond Implant/ Abutment Supported Crown	\$138
D6093	Re-Cement Or Re-Bond Implant/ Abutment Supported Fixed Partial Denture	\$208
D6094	Abutment Supported Crown – (Titanium) And Titanium Alloys	\$1,352

WDA Member - Specialist

Dental Codes	Description	Fee
D6096	Remove Broken Implant Retaining Screw	\$55
D6097	Abutment Supported Crown - Porcelain Fused To Titanium And Titanium Alloys	\$1,655
D6098	Implant Supported Retainer - Porcelain Fused To Predominately Base Alloys	\$1,610
D6099	Implant Supported Retainer For Fpd - Porcelain Fused To Noble Alloys	\$1,643
D6100	Surgical Removal Of Implant Body Removal, By Report	\$675
D6101	Debridement Of A Peri-Implant Defect And Surface Cleaning	\$524
D6102	Debridement/Osseous Contouring Of Peri-Implant Defect; Includes Surface Cleaning	\$668
D6103	Bone Graft For Repair Of Peri-Implant Defect - Not Including Flap Entry/Closure	\$566
D6104	Bone Graft At Time Of Implant Placement	\$559
D6105	Removal Of Implant Body Not Requiring Bone Removal Or Flap Elevation	\$179
D6106	Guided Tissue Regeneration – Resorbable Barrier, Per Implant	\$573
D6107	Guided Tissue Regeneration – Non-Resorbable Barrier, Per Implant	\$737
D6110	Implant/Abutment Supported Removable Denture For Edentulous Maxillary Arch	\$2,239
D6111	Implant/Abutment Supported Removable Denture For Edentulous Mandibular Arch	\$2,239
D6112	Implant/Abutment Supported Removable Denture-Partially Edentulous Maxillary Arch	\$2,239
D6113	Implant/Abutment Supported Removable Denture-Partially Edentulous Mand. Arch	\$2,239
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Maxillary Arch	\$6,880
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Mandibular Arch	\$6,880

Dental Codes	Description	Fee
D6116	Implant/Abutment Supported Fixed Denture-Partially Edentulous Maxillary Arch	\$3,008
D6117	Implant/Abutment Supported Fixed Denture-Partially Edentulous Mandibular Arch	\$3,008
D6118	Implant / Abutment Supported Interim Fixed Denture For Edentulous Arch - Mandibu	\$2,040
D6119	Implant / Abutment Supported Interim Fixed Denture For Edentulous Arch - Maxilla	\$2,040
D6120	Implant Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys	\$1,610
D6121	Implant Supported Retainer For Metal Fpd - Predominately Base Alloys	\$1,519
D6122	Implant Supported Retainer For Metal Fpd - Noble Alloys	\$1,614
D6123	Implant Supported Retainer For Metal Fpd - Titanium And Titanium Alloys	\$1,519
D6190	Radiographic/Surgical Implant Index, By Report	\$415
D6191	Semi-Precision Abutment – Placement	\$1,112
D6192	Semi-Precision Attachment – Placement	\$567
D6194	Abutment Supported Retainer Crown For Fpd (Titanium) – Porcelain Fused To Titani	\$1,392
D6195	Abutment Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys	\$1,640
D6197	Replacement Of Restorative Material Used To Close An Access Opening Of A Screw-R	\$172
D6198	Remove Interim Implant Component	\$303
Prosthodontics, Fixed		
D6205	Pontic - Indirect Resin Based Composite	\$788
D6210	Pontic - Cast High Noble Metal	\$1,204
D6211	Pontic - Cast Predominantly Base Metal	\$1,129
D6212	Pontic - Cast Noble Metal	\$1,174

WDA Member - Specialist

Dental Codes	Description	Fee
D6214	Pontic – Titanium And Titanium Alloys	\$1,212
D6240	Pontic - Porcelain Fused To High Noble Metal	\$1,279
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	\$1,098
D6242	Pontic - Porcelain Fused To Noble Metal	\$1,222
D6243	Pontic - Porcelain Fused To Titanium And Titanium Alloys	\$1,098
D6245	Pontic - Porcelain/Ceramic	\$1,323
D6250	Pontic - Resin With High Noble Metal	\$1,174
D6251	Pontic - Resin With Predominantly Base Metal	\$1,083
D6252	Pontic - Resin With Noble Metal	\$1,118
D6253	Provisional Pontic	\$509
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	\$488
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	\$659
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	\$360
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$992
D6601	Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces	\$1,041
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	\$1,060
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	\$1,166
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$1,039
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	\$1,101
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$1,023
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	\$1,135
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$1,078
D6609	Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces	\$1,126
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$1,144

Dental Codes	Description	Fee
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	\$1,251
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$1,138
D6613	Retainer Onlay - Cast Predominantly Cast Base Metal, Three Or More Surfaces	\$1,189
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$1,113
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	\$1,157
D6624	Retainer Inlay - Titanium	\$1,060
D6634	Retainer Onlay - Titanium	\$1,113
D6710	Retainer Crown - Indirect Resin Based Composite	\$1,131
D6720	Retainer Crown - Resin With High Noble Metal	\$1,325
D6721	Retainer Crown - Resin With Predominantly Base Metal	\$1,257
D6722	Retainer Crown - Resin With Noble Metal	\$1,280
D6740	Retainer Crown - Porcelain/Ceramic	\$1,332
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	\$1,303
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	\$1,270
D6752	Retainer Crown - Porcelain Fused To Noble Metal	\$1,265
D6753	Retainer Crown - Porcelain Fused To Titanium And Titanium Alloys	\$1,266
D6780	Retainer Crown - 3/4 Cast High Noble Metal	\$1,280
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$1,280
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$1,189
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$1,318
D6784	Retainer Crown - 3/4 Titanium And Titanium Alloys	\$1,280
D6790	Retainer Crown - Full Cast High Noble Metal	\$1,310
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$1,242
D6792	Retainer Crown - Full Cast Noble Metal	\$1,288

WDA Member - Specialist

Dental Codes	Description	Fee
D6793	Provisional Retainer Crown	\$535
D6794	Retainer Crown – Titanium And Titanium Alloys	\$1,295
D6920	Connector Bar	\$273
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	\$185
D6940	Stress Breaker	\$360
D6950	Precision Attachment	\$694
D6985	Pediatric Partial Denture, Fixed	\$606
Oral and Maxillofacial Surgery		
D7111	Extraction, Coronal Remnants - Primarytooth	\$161
D7140	Extraction, Erupted Tooth Or Exposed Root	\$210
D7210	Extraction, Erupted Tooth	\$366
D7220	Removal Of Impacted Tooth - Soft Tissue	\$420
D7230	Removal Of Impacted Tooth - Partially Bony	\$580
D7240	Removal Of Impacted Tooth - Completely Bony	\$661
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	\$811
D7250	Removal Of Residual Tooth (Cutting Procedure)	\$397
D7251	Coronectomy - Intentional Partial Tooth Removal - Impacted Teeth Only	\$721
D7260	Oroantral Fistula Closure	\$2,204
D7261	Primary Closure Of Sinus Perforation	\$918
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	\$703
D7272	Tooth Transplantation (Includes Reimplantation)	\$918
D7280	Exposure Of An Unerupted Tooth	\$712
D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	\$321
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	\$277
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	\$1,232

Dental Codes	Description	Fee
D7286	Incisional Biopsy Of Oral Tissue - Soft	\$523
D7287	Exfoliative Cytological Sample Collection	\$220
D7288	Brush Biopsy - Transepithelial Sample Collection	\$220
D7290	Surgical Repositioning Of Teeth	\$551
D7292	Placement Of Temporary Anchorage Device [Screw Retained Plate] Requiring Flap	\$882
D7293	Placement Of Temporary Anchorage Device Requiring Flap	\$551
D7294	Placement Of Temporary Anchorage Device Without Flap	\$466
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant	\$5,250
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	\$369
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth	\$335
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	\$603
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth	\$505
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$2,526
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)	\$7,347
D7410	Excision Of Benign Lesion Up To 1.25 Cm	\$780
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	\$1,592
D7412	Excision Of Benign Lesion, Complicated	\$1,929
D7413	Excision Of Malignant Lesion Up To 1.25 Cm	\$1,286
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	\$1,929
D7415	Excision Of Malignant Lesion, Complicated	\$2,158
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	\$1,745
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	\$2,571

WDA Member - Specialist

Dental Codes	Description	Fee
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	\$1,001
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	\$1,580
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	\$1,055
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	\$1,506
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report	\$494
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	\$1,347
D7472	Removal Of Torus Palatinus	\$1,622
D7473	Removal Of Torus Mandibularis	\$1,444
D7485	Reduction Of Osseous Tuberosity	\$1,365
D7490	Radical Resection Of Maxilla Or Mandible	\$11,021
D7509	Marsupialization Of Odontogenic Cyst Surgical Decompression Of A Large Cystic Le	\$597
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	\$367
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated	\$573
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	\$1,881
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated	\$2,066
D7530	Removal Of Foreign Body From Mucosa	\$678
D7540	Removal Of Reaction Producing Foreign Bodies	\$751
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone	\$468
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	\$3,720
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	\$6,016
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	\$4,511
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	\$7,821

Dental Codes	Description	Fee
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	\$4,963
D7650	Malar And/Or Zygomatic Arch - Open Reduction	\$3,760
D7660	Malar And/Or Zygomatic Arch - Closed Reduction	\$2,217
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	\$1,730
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	\$3,260
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical	\$11,280
D7710	Maxilla - Open Reduction	\$7,070
D7720	Maxilla - Closed Reduction	\$4,963
D7730	Mandible - Open Reduction	\$10,227
D7740	Mandible - Closed Reduction	\$5,060
D7750	Malar And/Or Zygomatic Arch - Open Reduction	\$6,436
D7760	Malar And/Or Zygomatic Arch - Closed Reduction	\$2,583
D7770	Alveolus - Open Reduction Stabilization Of Teeth	\$3,499
D7771	Alveolus - Closed Reduction Stabilization Of Teeth	\$2,700
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches	\$15,040
D7810	Open Reduction Of Dislocation	\$6,616
D7820	Closed Reduction Of Dislocation	\$1,084
D7830	Manipulation Under Anesthesia	\$621
D7840	Condylectomy	\$9,019
D7850	Surgical Discectomy, With/Without Implant	\$7,788
D7852	Disc Repair	\$8,918
D7854	Synovectomy	\$9,202
D7856	Myotomy	\$6,530
D7858	Joint Reconstruction	\$18,612
D7860	Arthrotomy	\$7,933
D7865	Arthroplasty	\$12,784
D7870	Arthrocentesis	\$423
D7871	Non-Arthroscopic Lysis And Lavage	\$845

WDA Member - Specialist

Dental Codes	Description	Fee
D7872	Arthroscopy - Diagnosis, With Or Without Biopsy	\$4,509
D7873	Arthroscopy - Lavage And Lysis Of Adhesions	\$5,430
D7874	Arthroscopy - Disc Repositioning And Stabilization	\$7,788
D7875	Arthroscopy - Synovectomy	\$8,532
D7876	Arthroscopy - Discectomy	\$9,199
D7877	Arthroscopy - Debridement	\$8,119
D7880	Occlusal Orthotic Device, By Report	\$1,110
D7881	Occlusal Orthotic Device Adjustment	\$110
D7910	Suture Of Recent Small Wounds Up To 5 Cm	\$602
D7911	Complicated Suture - Up To 5 Cm	\$1,504
D7912	Complicated Suture - Greater Than 5 Cm	\$2,707
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)	\$4,436
D7921	Collection And Application Of Autologous Blood Concentrate Product	\$386
D7922	Placement Of Intra-Socket Biological Dressing To Aid In Homeostasis Or Clot Stab	\$90
D7941	Osteotomy - Mandibular Rami	\$11,296
D7943	Osteotomy - Mandibular Rami With Bone Graft: Includes Obtaining The Graft	\$10,378
D7944	Osteotomy - Segmented Or Sub-apical	\$9,248
D7945	Osteotomy - Body Of Mandible	\$12,307
D7946	Lefort I - (Maxilla - Total)	\$15,245
D7947	Lefort I - (Maxilla - Segmented)	\$12,821
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones) - Without Bone Graft	\$16,641
D7949	Lefort Ii Or Lefort Iii - With Bone Graft	\$21,674
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla	\$1,493
D7951	Sinus Augmentation With Bone Or Bone Substitutes Via A Lateral Open Approach	\$2,009

Dental Codes	Description	Fee
D7952	Sinus Augmentation Via A Vertical Approach	\$1,150
D7953	Bone Replacement Graft For Ridge Preservation - Per Site	\$525
D7956	Guided Tissue Regeneration, Edentulous Area – Resorbable Barrier, Per Site	\$643
D7957	Guided Tissue Regeneration, Edentulous Area – Non-Resorbable Barrier, Per Site	\$826
D7961	Buccal / Labial Frenectomy (Frenulectomy)	\$590
D7962	Lingual Frenectomy (Frenulectomy)	\$546
D7963	Frenuloplasty	\$850
D7970	Excision Of Hyperplastic Tissue - Per Arch	\$735
D7971	Excision Of Pericoronal Gingiva	\$269
D7972	Surgical Reduction Of Fibrous Tuberosity	\$1,029
D7980	Surgical Sialolithotomy	\$1,157
D7982	Sialodochoplasty	\$2,737
D7983	Closure Of Salivary Fistula	\$2,627
D7990	Emergency Tracheotomy	\$2,259
D7991	Coronoidectomy	\$5,510
D7997	Appliance Removal (Not By Dentist Who Placed Appliance)	\$423
D7998	Intraoral Placement Of A Fixation Device	\$1,837
Orthodontics		
D8010	Limited dental tx primary	10% off provider's billed rate
D8020	Limited dental tx transition	10% off provider's billed rate
D8030	Limited dental tx adolescent	10% off provider's billed rate
D8040	Limited dental tx adult	10% off provider's billed rate
D8050	Intercep dental tx primary	10% off provider's billed rate

WDA Member - Specialist

Dental Codes	Description	Fee
D8060	Intercep dental tx transitr	10% off provider's billed rate
D8070	Compre dental tx transition	10% off provider's billed rate
D8080	Compre dental tx adolescent	10% off provider's billed rate
D8090	Compre dental tx adult	10% off provider's billed rate
D8210	Orthodontic rem appliance tx	10% off provider's billed rate
D8220	Fixed appliance therapy habt	10% off provider's billed rate
D8680	Orthodontic retention	10% off provider's billed rate
D8695	Removal of fixed orthodontic appli- ance(s) - other than at conclusion of treatment	10% off provider's billed rate
D8696	Repair of orthodontic appliance - maxillary	10% off provider's billed rate
D8697	Repair of orthodontic appliance - mandibular	10% off provider's billed rate
D8698	Re-cement or re-bond fixed retain- er-maxillary	10% off provider's billed rate
D8699	Re-cement or re-bond fixed retain- er-mandibular	10% off provider's billed rate
D8701	Repair of fixed retainer, includes reattachment-maxillary	10% off provider's billed rate
D8702	Repair of fixed retainer, includes reattachment-mandbular	10% off provider's billed rate
D8703	Replacement of lost or broken retainer-maxillary	10% off provider's billed rate
D8704	Replacement of lost or broken retainer-mandibular	10% off provider's billed rate

Dental Codes	Description	Fee
Adjunctive General Services		
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit	\$139
D9120	Fixed Partial Denture Sectioning	\$220
D9210	Local Anesthesia Not In Conjunc- tion With Operative Or Surgical Procedures	\$51
D9211	Regional Block Anesthesia	\$59
D9212	Trigeminal Division Block Anesthe- sia	\$92
D9215	Local Anesthesia In Conjunction With Operative Or Surgical Proce- dures	\$46
D9219	Evaluation For Moderate Sedation, Deep Sedation Or General Anes- thesia	\$108
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$291
D9223	Deep Sedation / General Anesthe- sia - Each Subsequent 15 Minute Increment	\$273
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	\$88
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Min- utes	\$290
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subse- quent 15 Minute	\$246
D9248	Non-Intravenous Conscious Seda- tion	\$267
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	\$128
D9311	Consultation With A Medical Health Care Professional	\$305
D9410	House/Extended Care Facility Call	\$348
D9420	Hospital Or Ambulatory Surgical Center Call	\$409
D9430	Office Visit For Observation (During Regularly Scheduled Hours)	\$61
D9440	Office Visit - After Regularly Sched- uled Hours	\$188
D9450	Case Presentation, Subsequent To Detailed And Extensive Treatment Planning	\$96
D9610	Therapeutic Parenteral Drug, Sin- gle Administration	\$71

WDA Member - Specialist

Dental Codes	Description	Fee
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations	\$132
D9630	Drugs Or Medicaments - Dispensed For Home Use	\$33
D9910	Application Of Desensitizing Medicament	\$51
D9911	Application Of Desensitizing Resin For Cervical And/Or Root Surface, Per Tooth	\$70
D9912	Pre-Visit Patient Screening	\$65
D9920	Behavior Management, By Report	\$141
D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	\$164
D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	\$164
D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	\$164
D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	\$164
D9941	Fabrication Of Athletic Mouthguard	\$182
D9942	Repair And/Or Reline Occlusal Guard	\$229
D9943	Occlusal Guard Adjustment	\$112
D9944	Occlusal Guard	\$606
D9945	Occlusal Guard	\$208
D9946	Occlusal Guard	\$503

Dental Codes	Description	Fee
D9950	Occlusion Analysis - Mounted Case	\$332
D9951	Occlusal Adjustment - Limited	\$123
D9952	Occlusal Adjustment - Complete	\$759
D9953	Reline Custom Sleep Apnea Appliance (Indirect) Resurface Dentition Side Of Appli	\$628
D9970	Enamel Microabrasion	\$86
D9971	Odontoplasty, Per Tooth	\$86
D9972	External Bleaching - Per Arch - Performed In Office	\$336
D9973	External Bleaching - Per Tooth	\$63
D9974	Internal Bleaching - Per Tooth	\$332
D9975	External Bleaching - Per Arch - In Home	\$269
D9992	Dental Case Management - Care Coordinator	\$66
D9993	Dental Case Management - Motivational Interviewing	\$26
D9995	Teledentistry - Synchronous; Real-Time Encounter	\$305
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	\$229

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