



The Wisconsin Dental Association (WDA) Dental Savings Club Fee Schedule includes the following dental codes, and six (6) special dental care bundles.

WDA Member - General Dentist 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 - General Dentists in the network

Dental Codes	Description	Fee
Clinical Oral Evaluation		
D0120	Periodic Oral Exam	\$52
D0140	Limited Oral Evaluation - Problem Focused	\$82
D0145	Oral Evaluation, Patient Under Three	\$72
D0150	Comprehensive Oral Evaluation - New Or Established Patient	\$87
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	\$160
D0170	Re-Evaluation - Limited, Problem Focused	\$62
D0171	Re-Evaluation - Post Operative Office Visit	\$59
D0180	Comprehensive Periodontal Evaluation	\$102
D0190	Screening Of A Patient	\$51
D0191	Assessment Of A Patient	\$37
Diagnostic Imaging (Including Interpretation)		
D0210	Intraoral - Comprehensive Series Of Radiographic Images	\$144
D0220	Intraoral - Periapical First Radiographic Image	\$32
D0230	Intraoral - Periapical Each Additional Image	\$28
D0240	Intraoral - Occlusal Radiographic Image	\$40
D0250	Extraoral - 2D Projection Radiographic Image	\$58
D0251	Extra-Oral Posterior Dental Radiographic Image	\$52
D0270	Bitewing - Single Radiographic Image	\$31
D0272	Bitewings - Two Radiographic Images	\$48
D0273	Bitewings - Three Radiographic Images	\$54

Dental Codes	Description	Fee
D0274	Bitewings - Four Radiographic Images	\$65
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	\$95
D0310	Sialography	\$445
D0320	Temporomandibular Joint Arthrogram, Including Injection	\$786
D0322	Tomographic Survey	\$638
D0330	Panoramic Radiographic Image	\$123
D0340	2D Cephalometric Radiographic Image	\$135
D0350	Oral/Facial Photographic Images	\$57
D0351	3D Photographic Image This Procedure Is For Diagnostic Purposes. Not Applicable	\$72
D0364	Cone Beam - Less Than One Whole Jaw	\$232
D0365	Cone Beam - One Full Dental Arch - Mandible	\$342
D0366	Cone Beam - One Full Dental Arch - Maxilla	\$337
D0367	Cone Beam - Both Jaws	\$326
D0368	Cone Beam O Tmj Series	\$367
D0369	Maxillofacial Mri	\$208
D0370	Maxillofacial Ultrasound	\$119
D0380	Cone Beam - Less Than One Whole Jaw	\$214
D0381	Cone Beam - One Full Dental Arch - Mandible	\$346
D0382	Cone Beam - One Full Dental Arch - Maxilla	\$332
D0383	Cone Beam - Both Jaws	\$292
D0384	Cone Beam O Tmj Series	\$371
D0385	Maxillofacial Mri	\$2,277
D0386	Maxillofacial Ultrasound	\$570

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Dental Codes	Description	Fee
D0393	Virtual Treatment Simulation Using 3D Image Volume Or Surface Scan	\$102
Tests and Examinations		
D0414	Laboratory Processing Of Microbial Specimen	\$59
D0415	Collection Of Microorganisms For Culture And Sensitivity	\$43
D0416	Viral Culture	\$64
D0417	Viral Culture	\$58
D0418	Viral Culture	\$59
D0422	Collection And Preparation Of Genetic Sample	\$43
D0425	Caries Susceptibility Tests	\$37
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities	\$32
D0460	Pulp Vitality Tests	\$60
D0470	Diagnostic Casts	\$106
Oral Pathology Laboratory		
D0472	Accession Of Tissue, Gross Examination	\$81
D0473	Accession Of Tissue, Gross And Microscopic Examination	\$172
D0474	Accession Of Tissue, Gross And Microscopic Examination	\$193
D0475	Decalcification Procedure	\$104
D0476	Special Stains For Microorganisms	\$101
D0477	Special Stains, Not For Microorganisms	\$138
D0478	Immunohistochemical Stains	\$126
D0479	Tissue In-Situ Hybridization, Including Transmission	\$193
D0480	Accession Of Exfoliative Cytologic Smears, Microscopic Examination	\$119
D0481	Electron Microscopy	\$445
D0482	Direct Immunofluorescence	\$148
D0483	Indirect Immunofluorescence	\$148
D0484	Consultation On Slides Prepared Elsewhere	\$223
D0485	Consultation, Including Preparation Of Slides From Biopsy Material	\$307
D0486	Accession Of Transepithelial Cytologic Sample, Microscopic Examination	\$142

Dental Codes	Description	Fee
Tests and Examinations		
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	\$88
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	\$63
D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	\$67
D0604	Antigen Testing For A Public Health Related Pathogen, Including Coronavirus	\$58
D0605	Antibody Testing For A Public Health Related Pathogen, Including Coronavirus	\$43
D0701	Panoramic Radiographic Image - Image Capture Only	\$138
D0702	2-D Cephalometric Radiographic Image - Image Capture Only	\$156
D0703	2-D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra-Orally - Image	\$74
D0704	3D Photographic Image - Image Capture Only	\$74
D0705	Extra-Oral Posterior Dental Radiographic Image - Image Capture Only	\$52
D0706	Intraoral - Occlusal Radiographic Image - Image Capture Only	\$46
D0707	Intraoral - Periapical Radiographic Image - Image Capture Only	\$30
D0708	Intraoral - Bitewing Radiographic Image - Image Capture Only	\$30
D0709	Intraoral - Comprehensive Series Of Radiographic Images - Image Capture Only	\$148
Dental Prophylaxis		
D1110	Prophylaxis - Adult	\$89
D1120	Prophylaxis - Child	\$68
Fluoride Treatments		
D1206	Topical Application Of Fluoride Varnish	\$42
D1208	Topical Application Of Fluoride	\$38
Other Preventive Services		
D1310	Nutritional Counseling For Control Of Dental Disease	\$38

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Dental Codes	Description	Fee
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	\$47
D1321	Counseling For The Control And Prevention Of Adverse Oral, Behavioral, And Systemic	\$60
D1330	Oral Hygiene Instructions	\$50
D1351	Sealant - Per Tooth	\$55
D1352	Preventive Resin Restoration	\$86
D1353	Sealant Repair - Per Tooth	\$45
D1354	Interim Caries Arresting Medicament Application - Per Tooth	\$40
D1355	Caries Preventive Medicament Application - Per Tooth	\$46
Space Maintainers		
D1510	Space Maintainer - Fixed, Unilateral - Per Quadrant	\$344
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$440
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$463
D1520	Space Maintainer - Removable, Unilateral - Per Quadrant	\$342
D1526	Space Maintainer - Removable - Bilateral, Maxillary	\$529
D1527	Space Maintainer - Removable - Bilateral, Mandibular	\$529
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - Maxillary	\$67
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - Mandibular	\$67
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per Quadrant	\$46
D1556	Removal Of Fixed Unilateral Space Maintainer - Per Quadrant	\$43
D1557	Removal Of Fixed Bilateral Space Maintainer - Maxillary	\$65
D1558	Removal Of Fixed Bilateral Space Maintainer - Mandibular	\$65
D1575	Distal Shoe Space Maintainer - Fixed, - Unilateral - Per Quadrant	\$339
Amalgam Restorations, Includes Local Anesthetic		
D2140	Amalgam - One Surface, Primary Or Permanent	\$138

Dental Codes	Description	Fee
D2150	Amalgam - Two Surfaces, Primary Or Permanent	\$173
D2160	Amalgam - Three Surfaces, Primary Or Permanent	\$210
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	\$241
D2330	Resin-Based Composite - One Surface, Anterior	\$163
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$202
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$245
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	\$306
D2390	Resin-Based Composite Crown, Anterior	\$331
D2391	Resin-Based Composite - One Surface, Posterior	\$186
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$236
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$289
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	\$339
D2410	Gold Foil - 1 Surface	\$329
D2420	Gold Foil - 2 Surfaces	\$548
D2430	Gold Foil - 3 Surfaces	\$950
Inlays, Onlays and Crowns, Includes Local Anesthetic		
D2510	Inlay - Metallic - One Surface	\$870
D2520	Inlay - Metallic - Two Surfaces	\$987
D2530	Inlay - Metallic - Three Surfaces	\$1,138
D2542	Onlay - Metallic - Two Surfaces	\$1,116
D2543	Onlay - Metallic - Three Surfaces	\$1,167
D2544	Onlay - Metallic - Four Or More Surfaces	\$1,214
D2610	Inlay - Porcelain/Ceramic - One Surface	\$1,024
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$1,065
D2630	Inlay - Porcelain/Ceramic - Three Surfaces	\$1,151
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$1,119

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Dental Codes	Description	Fee
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$1,205
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	\$1,266
D2650	Inlay - Resin-Based Composite - One Surface	\$673
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$801
D2652	Inlay - Resin-Based Composite - Three Surfaces	\$842
D2662	Onlay - Resin-Based Composite - Two Surfaces	\$731
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$881
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces	\$902
D2710	Crown - Resin-Based Composite (Indirect)	\$519
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	\$519
D2720	Crown - Resin With High Noble Metal	\$1,280
D2721	Crown - Resin With Predominantly Base Metal	\$1,199
D2722	Crown - Resin With Noble Metal	\$1,225
D2740	Crown - Porcelain/Ceramic	\$1,136
D2750	Crown - Porcelain Fused To High Noble Metal	\$1,121
D2751	Crown - Porcelain Fused To Predominantly Base Metal	\$1,114
D2752	Crown - Porcelain Fused To Noble Metal	\$1,104
D2753	Crown - Porcelain Fused To Titanium And Titanium Alloys	\$1,200
D2780	Crown - 3/4 Cast High Noble Metal	\$1,243
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$1,170
D2782	Crown - 3/4 Cast Noble Metal	\$1,208
D2783	Crown - 3/4 Porcelain/Ceramic	\$1,214
D2790	Crown - Full Cast High Noble Metal	\$1,130
D2791	Crown - Full Cast Predominantly Base Metal	\$1,154
D2792	Crown - Full Cast Noble Metal	\$1,137

Dental Codes	Description	Fee
D2794	Crown - Titanium And Titanium Alloys	\$1,280
D2799	Provisional Crown	\$454
Other Restorative Services		
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	\$109
D2915	Re-Cement Or Re-Bond Cast Indirectly Fabricated Or Pre-Fabricated Post And Core	\$105
D2920	Re-Cement Or Re-Bond Crown	\$113
D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	\$154
D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	\$423
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	\$421
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$299
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$341
D2932	Prefabricated Resin Crown	\$351
D2933	Prefabricated Stainless Steel Crown With Resin Window	\$401
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$414
D2940	Protective Restoration	\$121
D2941	Interim Therapeutic Restoration - Primary Dentition	\$114
D2949	Restorative Foundation For An Indirect Restoration	\$111
D2950	Core Buildup, Including Any Pins When Required	\$279
D2951	Pin Retention - Per Tooth, In Addition To Restoration	\$63
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	\$429
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	\$219
D2954	Prefabricated Post And Core In Addition To Crown	\$351
D2955	Post Removal	\$271
D2957	Each Additional Prefabricated Post - Same Tooth	\$175

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Dental Codes	Description	Fee
D2960	Labial Veneer (Resin Laminate) - Direct	\$817
D2961	Labial Veneer (Resin Laminate) - Indirect	\$962
D2962	Labial Veneer (Porcelain Laminate) - Indirect	\$1,199
D2971	Additional Procedures To Customize A Crown To Fit Under An Existing Partial Dent	\$168
D2975	Coping	\$512
D2980	Crown Repair	\$224
D2981	Inlay Repair	\$205
D2982	Onlay Repair	\$205
D2983	Veneer Repair	\$205
D2990	Resin Infiltration Of Incipient Smooth Surface Lesions	\$76
Endodontics		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$82
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$74
D3220	Therapeutic Pulpotomy	\$193
D3221	Pulpal Debridement - Primary And Permanent Teeth	\$213
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth	\$189
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	\$196
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	\$241
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$810
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	\$934
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$1,158
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access	\$319
D3332	Incomplete Endodontic Therapy	\$497
D3333	Internal Root Repair Of Perforation Defects	\$264
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	\$1,014
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	\$1,205

Dental Codes	Description	Fee
D3348	Retreatment Of Previous Root Canal Therapy - Molar	\$1,362
D3351	Apexification / Recalcification - Initial Visit	\$437
D3352	Apexification / Recalcification - Interim	\$196
D3353	Apexification / Recalcification - Final Visit	\$603
D3355	Pulpal Regeneration - Initial Visit	\$437
D3356	Pulpal Regeneration - Interim Medication Replacement	\$196
D3410	Apicoectomy - Anterior	\$921
D3421	Apicoectomy - Premolar (First Root)	\$967
D3425	Apicoectomy - Molar (First Root)	\$1,105
D3426	Apicoectomy - Each Additional Root)	\$376
D3428	Bone Graft In Conjunction With Periradicular Surgery - Per Tooth, Single Site	\$1,053
D3429	Bone Graft In Conjunction With Periradicular Surgery - Each Additional Tooth	\$1,090
D3430	Retrograde Filling - Per Root	\$276
D3431	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration	\$1,342
D3432	Guided Tissue Generation - Resorbable Barrier, Per Site	\$1,153
D3450	Root Amputation - Per Root	\$565
D3460	Endodontic Endosseous Implant	\$2,111
D3470	Intentional Reimplantation (Including Necessary Splinting)	\$1,078
D3471	Surgical Repair Of Root Resorption - Anterior	\$1,342
D3472	Surgical Repair Of Root Resorption - Premolar	\$1,342
D3473	Surgical Repair Of Root Resorption - Molar	\$1,342
D3501	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorpti	\$784
D3502	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorpti	\$784
D3503	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorpti	\$784

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Dental Codes	Description	Fee
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam	\$157
D3911	Intraorifice Barrier	\$109
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$430
D3921	Decoronation Or Submergence Of An Erupted Tooth	\$430
D3950	Canal Preparation And Fitting Of Preformed Dowel Or Post	\$186
Periodontics		
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	\$567
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	\$265
D4212	Gingivectomy/Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	\$168
D4230	Anatomical Crown Exposure - Four Or More Contiguous Teeth Per Quadrant	\$802
D4231	Anatomical Crown Exposure - One To Three Teeth Per Quadrant	\$382
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	\$738
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	\$483
D4245	Apically Positioned Flap	\$535
D4249	Clinical Crown Lengthening - Hard Tissue	\$794
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	\$1,284
D4261	Osseous Surgery (Including Flap And Closure) - One To Three Teeth	\$967
D4263	Bone Replacement Graft - First Site In Quadrant	\$499
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	\$364
D4265	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration, Per Site	\$433
D4266	Guided Tissue Generation, Natural Teeth - Resorbable Barrier, Per Site	\$457

Dental Codes	Description	Fee
D4267	Guided Tissue Regeneration, Natural Teeth - Nonresorbable Barrier, Per Site (Inc	\$572
D4270	Pedicle Soft Tissue Graft Procedure	\$860
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	\$1,115
D4274	Distal Or Proximal Wedge Procedure	\$602
D4275	Non-Autogenous Connective Tissue Graft, First Tooth, Implant Or Tooth Position	\$912
D4276	Combined Connective Tissue And Pedical Graft, Per Tooth	\$1,178
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First	\$965
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional	\$350
D4283	Autogenous Connective Tissue Graft Procedures, Each Additional	\$801
D4285	Non-Autogenous Connective Tissue Graft, Each Additional	\$661
D4286	Removal Of Non-Resorbable Barrier	\$153
D4320	Provisional Splinting - Intracoronal	\$420
D4321	Provisional Splinting - Extracoronal	\$382
D4322	Splint - Intra-Coronal Natural Teeth Or Prosthetic Crowns	\$420
D4323	Splint - Extra-Coronal Natural Teeth Or Prosthetic Crowns	\$363
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	\$262
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	\$185
D4346	Scaling In Moderate Or Severe Gingival Inflammation	\$148
D4355	Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagno	\$184
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle	\$67
D4910	Periodontal Maintenance	\$143

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Dental Codes	Description	Fee
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Staff)	\$108
D4921	Gingival Irrigation With A Medicinal Agent - Per Quadrant	\$15
Prosthodontics		
D5110	Complete Denture - Maxillary	\$1,624
D5120	Complete Denture - Mandibular	\$1,579
D5130	Immediate Denture - Maxillary	\$1,527
D5140	Immediate Denture - Mandibular	\$1,452
D5211	Maxillary Partial Denture - Resin Base	\$1,292
D5212	Mandibular Partial Denture - Resin Base	\$1,501
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	\$1,766
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	\$1,745
D5221	Immediate Maxillary Partial Denture - Resin Base	\$1,441
D5222	Immediate Mandibular Partial Denture - Resin Base	\$1,615
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Base	\$1,932
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Base	\$1,932
D5225	Maxillary Partial Denture - Flexible Base (Including Any Retentive Clasp Mate)	\$1,459
D5226	Mandibular Partial Denture - Flexible Base (Including Any Retentive Clasp Mat)	\$1,564
D5227	Immediate Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests)	\$1,478
D5228	Immediate Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rest)	\$1,712
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive)	\$1,033

Dental Codes	Description	Fee
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive)	\$1,033
D5284	Removable Unilateral Partial Denture - One Piece Flexible Base (Including Retent)	\$789
D5286	Removable Unilateral Partial Denture - One Piece Resin (Including Retentive Clas)	\$789
Adjustments and Repairs to Complete Dentures		
D5410	Adjust Complete Denture - Maxillary	\$86
D5411	Adjust Complete Denture - Mandibular	\$88
D5421	Adjust Partial Denture - Maxillary	\$87
D5422	Adjust Partial Denture - Mandibular	\$88
D5511	Repair Broken Complete Denture Base - Mandibular	\$176
D5512	Repair Broken Complete Denture Base - Maxillary	\$181
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	\$163
Repairs to Partial Dentures		
D5611	Repair Resin Partial Denture Base - Mandibular	\$190
D5612	Repair Resin Partial Denture Base - Maxillary	\$192
D5621	Repair Cast Partial Framework - Mandibular	\$205
D5622	Repair Cast Partial Framework - Maxillary	\$205
D5630	Repair Or Replace Broken Retentive / Clasp Materials - Per Tooth	\$249
D5640	Replace Broken Teeth - Per Tooth	\$172
D5650	Add Tooth To Existing Partial Denture	\$227
D5660	Add Clasp To Existing Partial Denture - Per Tooth	\$262
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	\$644
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	\$644
Denture Rebase and Reline		
D5710	Rebase Complete Maxillary Denture	\$651

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Dental Codes	Description	Fee
D5711	Rebase Complete Mandibular Denture	\$622
D5720	Rebase Maxillary Partial Denture	\$615
D5721	Rebase Mandibular Partial Denture	\$615
D5725	Rebase Hybrid Prosthesis	\$651
D5730	Reline Complete Maxillary Denture (Direct)	\$369
D5731	Reline Complete Mandibular Denture (Direct)	\$367
D5740	Reline Maxillary Partial Denture (Direct)	\$337
D5741	Reline Mandibular Partial Denture (Direct)	\$337
D5750	Reline Complete Maxillary Denture (Indirect)	\$487
D5751	Reline Complete Mandibular Denture (Indirect)	\$487
D5760	Reline Maxillary Partial Denture (Indirect)	\$483
D5761	Reline Mandibular Partial Denture (Indirect)	\$483
D5765	Soft Liner For Complete Or Partial Removable Denture - Indirect	\$490
D5810	Interim Complete Denture (Maxillary)	\$768
D5811	Interim Complete Denture (Mandibular)	\$837
D5820	Interim Partial Denture (Including Retentive Clasp Materials And Teeth) - Max	\$581
D5821	Interim Partial Denture (Including Retentive Clasp Materials And Teeth) - Man	\$628
D5850	Tissue Conditioning, Maxillary	\$156
D5851	Tissue Conditioning, Mandibular	\$155
D5862	Precision Attachment, By Report	\$515
D5863	Overdenture - Complete Maxillary	\$1,697
D5864	Overdenture - Partial Maxillary	\$2,239
D5865	Overdenture - Complete Mandibular	\$1,697
D5866	Overdenture - Partial Mandibular	\$2,327
D5867	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment	\$13

Dental Codes	Description	Fee
Maxillofacial Prosthetics		
D5911	Facial Moulage (Sectional)	\$382
D5912	Facial Moulage (Complete)	\$382
D5913	Nasal Prosthesis	\$8,048
D5914	Auricular Prosthesis	\$8,048
D5915	Orbital Prosthesis	\$10,892
D5916	Ocular Prosthesis	\$2,905
D5931	Obturator Prosthesis, Surgical	\$4,334
D5932	Obturator Prosthesis, Definitive	\$8,105
D5934	Mandibular Resection Prosthesis With Guide Flange	\$7,387
D5935	Mandibular Resection Prosthesis Without Guide Flange	\$6,428
D5936	Obturator Prosthesis, Interim	\$7,219
D5937	Trismus Appliance (Not For Tmd Treatment)	\$907
D5951	Feeding Aid	\$1,180
D5952	Speech Aid Prosthesis, Pediatric	\$3,830
D5953	Speech Aid Prosthesis, Adult	\$7,274
D5954	Palatal Augmentation Prosthesis	\$6,741
D5955	Palatal Lift Prosthesis, Definitive	\$6,235
D5982	Surgical Stent	\$532
D5983	Radiation Carrier	\$1,375
D5984	Radiation Shield	\$1,375
D5985	Radiation Cone Locator	\$1,375
D5986	Fluoride Gel Carrier	\$137
D5987	Commissure Splint	\$2,062
D5988	Surgical Splint	\$412
D5991	Vesiculobullous Disease Medicament Carrier	\$158
D5995	Periodontal Medicament Carrier With Peripheral Seal - Laboratory Processed - Max	\$756
D5996	Periodontal Medicament Carrier With Peripheral Seal - Laboratory Processed - Man	\$756
Implant Services		
D6010	Surgical Placement Of Implant Body: Endosteal Implant	\$1,949
D6011	Surgical Access To An Implant Body (Second Stage Implant Surgery)	\$155

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Dental Codes	Description	Fee
D6012	Surgical Placement Of Interim Implant Body For Transitional Prosthesis: Endosteal	\$2,409
D6013	Surgical Placement Of Mini Implant	\$2,371
D6040	Surgical Placement: Epostal Implant	\$8,772
D6050	Surgical Placement: Transosteal Implant	\$6,544
D6051	Interim Implant Abutment Placement. A Healing Cap Is Not An Interim Abutment.	\$438
D6055	Connecting Bar - Implant Supported Or Abutment Supported	\$766
D6056	Prefabricated Abutment - Includes Modification And Placement	\$667
D6057	Custom Fabricated Abutment - Includes Placement	\$893
D6058	Abutment Supported Porcelain/Ceramic Crown	\$1,336
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	\$1,365
D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	\$1,380
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	\$1,383
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$1,391
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$1,212
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$1,267
D6065	Implant Supported Porcelain/Ceramic Crown	\$1,558
D6066	Implant Supported Crown - Porcelain Fused To Metal Crown (Titanium, Titanium All	\$1,393
D6067	Implant Supported Metal Crown - (Titanium, Titanium Alloy, High Noble Metals All	\$1,365
D6068	Abutment Supported Retainer For Porcelain/Ceramic Fpd	\$1,395
D6069	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (High Noble Metal)	\$1,448

Dental Codes	Description	Fee
D6070	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Base Metal)	\$1,369
D6071	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Noble Metal)	\$1,397
D6072	Abutment Supported Retainer For Cast Metal Fpd (High Noble Metal)	\$1,413
D6073	Abutment Supported Retainer For Cast Metal Fpd (Base Metal)	\$1,291
D6074	Abutment Supported Retainer For Cast Metal Fpd (Noble Metal)	\$1,372
D6075	Implant Supported Retainer For Ceramic Fpd	\$1,444
D6076	Implant Supported Retainer For Porcelain Fused To Metal Fpd - Porcelain Fused To	\$1,407
D6077	Implant Supported Retainer For Cast Metal Fpd - High Noble Alloys	\$1,365
D6080	Implant Maintenance Procedures, Including Removal And Reinsertion Of Prosthesis	\$144
D6081	Scaling And Debridement	\$55
D6082	Implant Supported Crown - Porcelain Fused To Predominately Base Alloys	\$1,407
D6083	Implant Supported Crown - Porcelain Fused To Noble Alloys	\$1,407
D6084	Implant Supported Crown - Porcelain Fused To Titanium And Titanium Alloys	\$1,407
D6085	Provisional Implant Crown	\$421
D6086	Implant Supported Crown - Predominately Base Alloys	\$1,365
D6087	Implant Supported Crown - Noble Alloys	\$1,365
D6088	Implant Supported Crown - Titanium And Titanium Alloys	\$1,365
D6091	Replacement Of Semi-Precision Or Precision Attachment	\$441
D6092	Re-Cement Or Re-Bond Implant/ Abutment Supported Crown	\$117
D6093	Re-Cement Or Re-Bond Implant/ Abutment Supported Fixed Partial Denture	\$177
D6094	Abutment Supported Crown - (Titanium) And Titanium Alloys	\$1,149

WDA Member - General Dentist

Dental Codes	Description	Fee
D6096	Remove Broken Implant Retaining Screw	\$47
D6097	Abutment Supported Crown - Porcelain Fused To Titanium And Titanium Alloys	\$1,407
D6098	Implant Supported Retainer - Porcelain Fused To Predominately Base Alloys	\$1,369
D6099	Implant Supported Retainer For Fpd - Porcelain Fused To Noble Alloys	\$1,397
D6100	Surgical Removal Of Implant Body Removal, By Report	\$574
D6101	Debridement Of A Peri-Implant Defect And Surface Cleaning	\$446
D6102	Debridement/Osseous Contouring Of Peri-Implant Defect; Includes Surface Cleaning	\$568
D6103	Bone Graft For Repair Of Peri-Implant Defect - Not Including Flap Entry/Closure	\$481
D6104	Bone Graft At Time Of Implant Placement	\$475
D6105	Removal Of Implant Body Not Requiring Bone Removal Or Flap Elevation	\$152
D6106	Guided Tissue Regeneration - Resorbable Barrier, Per Implant	\$487
D6107	Guided Tissue Regeneration - Non-Resorbable Barrier, Per Implant	\$627
D6110	Implant/Abutment Supported Removable Denture For Edentulous Maxillary Arch	\$1,903
D6111	Implant/Abutment Supported Removable Denture For Edentulous Mandibular Arch	\$1,903
D6112	Implant/Abutment Supported Removable Denture-Partially Edentulous Maxillary Arch	\$1,903
D6113	Implant/Abutment Supported Removable Denture-Partially Edentulous Mand. Arch	\$1,903
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Maxillary Arch	\$5,848
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Mandibular Arch	\$5,848

Dental Codes	Description	Fee
D6116	Implant/Abutment Supported Fixed Denture-Partially Edentulous Maxillary Arch	\$2,557
D6117	Implant/Abutment Supported Fixed Denture-Partially Edentulous Mandibular Arch	\$2,557
D6118	Implant / Abutment Supported Interim Fixed Denture For Edentulous Arch - Mandibu	\$1,734
D6119	Implant / Abutment Supported Interim Fixed Denture For Edentulous Arch - Maxilla	\$1,734
D6120	Implant Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys	\$1,369
D6121	Implant Supported Retainer For Metal Fpd - Predominately Base Alloys	\$1,291
D6122	Implant Supported Retainer For Metal Fpd - Noble Alloys	\$1,372
D6123	Implant Supported Retainer For Metal Fpd - Titanium And Titanium Alloys	\$1,291
D6190	Radiographic/Surgical Implant Index, By Report	\$353
D6191	Semi-Precision Abutment - Placement	\$945
D6192	Semi-Precision Attachment - Placement	\$482
D6194	Abutment Supported Retainer Crown For Fpd (Titanium) - Porcelain Fused To Titani	\$1,183
D6195	Abutment Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys	\$1,394
D6197	Replacement Of Restorative Material Used To Close An Access Opening Of A Screw-R	\$146
D6198	Remove Interim Implant Component	\$258
Prosthodontics, Fixed		
D6205	Pontic - Indirect Resin Based Composite	\$670
D6210	Pontic - Cast High Noble Metal	\$1,024
D6211	Pontic - Cast Predominantly Base Metal	\$959
D6212	Pontic - Cast Noble Metal	\$998

WDA Member - General Dentist

Dental Codes	Description	Fee
D6214	Pontic - Titanium And Titanium Alloys	\$1,030
D6240	Pontic - Porcelain Fused To High Noble Metal	\$1,087
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	\$934
D6242	Pontic - Porcelain Fused To Noble Metal	\$1,039
D6243	Pontic - Porcelain Fused To Titanium And Titanium Alloys	\$934
D6245	Pontic - Porcelain/Ceramic	\$1,125
D6250	Pontic - Resin With High Noble Metal	\$998
D6251	Pontic - Resin With Predominantly Base Metal	\$921
D6252	Pontic - Resin With Noble Metal	\$950
D6253	Provisional Pontic	\$432
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	\$415
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	\$560
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	\$306
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$843
D6601	Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces	\$885
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	\$901
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	\$991
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$883
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	\$936
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$869
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	\$964
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$917
D6609	Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces	\$957

Dental Codes	Description	Fee
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$972
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	\$1,064
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$967
D6613	Retainer Onlay - Cast Predominantly Cast Base Metal, Three Or More Surfaces	\$1,011
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$946
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	\$984
D6624	Retainer Inlay - Titanium	\$901
D6634	Retainer Onlay - Titanium	\$946
D6710	Retainer Crown - Indirect Resin Based Composite	\$962
D6720	Retainer Crown - Resin With High Noble Metal	\$1,127
D6721	Retainer Crown - Resin With Predominantly Base Metal	\$1,069
D6722	Retainer Crown - Resin With Noble Metal	\$1,088
D6740	Retainer Crown - Porcelain/Ceramic	\$1,133
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	\$1,107
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	\$1,079
D6752	Retainer Crown - Porcelain Fused To Noble Metal	\$1,075
D6753	Retainer Crown - Porcelain Fused To Titanium And Titanium Alloys	\$1,076
D6780	Retainer Crown - 3/4 Cast High Noble Metal	\$1,088
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$1,088
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$1,011
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$1,120
D6784	Retainer Crown - 3/4 Titanium And Titanium Alloys	\$1,088
D6790	Retainer Crown - Full Cast High Noble Metal	\$1,114

WDA Member - General Dentist

Dental Codes	Description	Fee
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$1,056
D6792	Retainer Crown - Full Cast Noble Metal	\$1,094
D6793	Provisional Retainer Crown	\$454
D6794	Retainer Crown - Titanium And Titanium Alloys	\$1,101
D6920	Connector Bar	\$232
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	\$158
D6940	Stress Breaker	\$306
D6950	Precision Attachment	\$590
D6985	Pediatric Partial Denture, Fixed	\$515
Oral and maxillofacial Surgery		
D7111	Extraction, Coronal Remnants - Primarytooth	\$137
D7140	Extraction, Erupted Tooth Or Exposed Root	\$179
D7210	Extraction, Erupted Tooth	\$311
D7220	Removal Of Impacted Tooth - Soft Tissue	\$357
D7230	Removal Of Impacted Tooth - Partially Bony	\$493
D7240	Removal Of Impacted Tooth - Completely Bony	\$562
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	\$690
D7250	Removal Of Residual Tooth (Cutting Procedure)	\$337
D7251	Coronectomy - Intentional Partial Tooth Removal - Impacted Teeth Only	\$613
D7260	Oroantral Fistula Closure	\$1,874
D7261	Primary Closure Of Sinus Perforation	\$781
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	\$598
D7272	Tooth Transplantation (Includes Reimplantation)	\$781
D7280	Exposure Of An Unerupted Tooth	\$605
D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	\$273

Dental Codes	Description	Fee
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	\$236
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	\$1,047
D7286	Incisional Biopsy Of Oral Tissue - Soft	\$445
D7287	Exfoliative Cytological Sample Collection	\$187
D7288	Brush Biopsy - Transepithelial Sample Collection	\$187
D7290	Surgical Repositioning Of Teeth	\$468
D7292	Placement Of Temporary Anchorage Device [Screw Retained Plate] Requiring Flap	\$749
D7293	Placement Of Temporary Anchorage Device Requiring Flap	\$468
D7294	Placement Of Temporary Anchorage Device Without Flap	\$396
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant	\$4,463
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	\$314
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth	\$285
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	\$513
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth	\$429
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$2,147
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)	\$6,245
D7410	Excision Of Benign Lesion Up To 1.25 Cm	\$663
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	\$1,353
D7412	Excision Of Benign Lesion, Complicated	\$1,639
D7413	Excision Of Malignant Lesion Up To 1.25 Cm	\$1,093
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	\$1,639
D7415	Excision Of Malignant Lesion, Complicated	\$1,835

WDA Member - General Dentist

Dental Codes	Description	Fee
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	\$1,483
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	\$2,186
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	\$851
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	\$1,343
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	\$897
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	\$1,280
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report	\$420
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	\$1,145
D7472	Removal Of Torus Palatinus	\$1,379
D7473	Removal Of Torus Mandibularis	\$1,227
D7485	Reduction Of Osseous Tuberosity	\$1,160
D7490	Radical Resection Of Maxilla Or Mandible	\$9,368
D7509	Marsupialization Of Odontogenic Cyst Surgical Decompression Of A Large Cystic Le	\$507
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	\$312
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated	\$487
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	\$1,599
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated	\$1,756
D7530	Removal Of Foreign Body From Mucosa	\$576
D7540	Removal Of Reaction Producing Foreign Bodies	\$638
D7550	Partial Ostectomy/Sequestrectomy For Removal Of Non-Vital Bone	\$398
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	\$3,162

Dental Codes	Description	Fee
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	\$5,113
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	\$3,834
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	\$6,648
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	\$4,219
D7650	Malar And/Or Zygomatic Arch - Open Reduction	\$3,196
D7660	Malar And/Or Zygomatic Arch - Closed Reduction	\$1,884
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	\$1,471
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	\$2,771
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical	\$9,588
D7710	Maxilla - Open Reduction	\$6,009
D7720	Maxilla - Closed Reduction	\$4,219
D7730	Mandible - Open Reduction	\$8,693
D7740	Mandible - Closed Reduction	\$4,301
D7750	Malar And/Or Zygomatic Arch - Open Reduction	\$5,471
D7760	Malar And/Or Zygomatic Arch - Closed Reduction	\$2,195
D7770	Alveolus - Open Reduction Stabilization Of Teeth	\$2,974
D7771	Alveolus - Closed Reduction Stabilization Of Teeth	\$2,295
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches	\$12,784
D7810	Open Reduction Of Dislocation	\$5,624
D7820	Closed Reduction Of Dislocation	\$921
D7830	Manipulation Under Anesthesia	\$528
D7840	Condylectomy	\$7,666
D7850	Surgical Discetomy, With/Without Implant	\$6,620
D7852	Disc Repair	\$7,580
D7854	Synovectomy	\$7,822
D7856	Myotomy	\$5,550

WDA Member - General Dentist

Dental Codes	Description	Fee
D7858	Joint Reconstruction	\$15,820
D7860	Arthrotomy	\$6,743
D7865	Arthroplasty	\$10,867
D7870	Arthrocentesis	\$359
D7871	Non-Arthroscopic Lysis And Lavage	\$718
D7872	Arthroscopy - Diagnosis, With Or Without Biopsy	\$3,833
D7873	Arthroscopy - Lavage And Lysis Of Adhesions	\$4,615
D7874	Arthroscopy - Disc Repositioning And Stabilization	\$6,620
D7875	Arthroscopy - Synovectomy	\$7,252
D7876	Arthroscopy - Discectomy	\$7,819
D7877	Arthroscopy - Debridement	\$6,901
D7880	Occlusal Orthotic Device, By Report	\$944
D7881	Occlusal Orthotic Device Adjustment	\$94
D7910	Suture Of Recent Small Wounds Up To 5 Cm	\$512
D7911	Complicated Suture - Up To 5 Cm	\$1,279
D7912	Complicated Suture - Greater Than 5 Cm	\$2,301
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)	\$3,770
D7921	Collection And Application Of Autologous Blood Concentrate Product	\$328
D7922	Placement Of Intra-Socket Biological Dressing To Aid In Homeostasis Or Clot Stab	\$76
D7941	Osteotomy - Mandibular Rami	\$9,602
D7943	Osteotomy - Mandibular Rami With Bone Graft: Includes Obtaining The Graft	\$8,821
D7944	Osteotomy - Segmented Or Sub-apical	\$7,861
D7945	Osteotomy - Body Of Mandible	\$10,461
D7946	Lefort I - (Maxilla - Total)	\$12,959
D7947	Lefort I - (Maxilla - Segmented)	\$10,898
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones) - Without Bone Graft	\$14,145

Dental Codes	Description	Fee
D7949	Lefort Ii Or Lefort Iii - With Bone Graft	\$18,423
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla	\$1,269
D7951	Sinus Augmentation With Bone Or Bone Substitutes Via A Lateral Open Approach	\$1,707
D7952	Sinus Augmentation Via A Vertical Approach	\$977
D7953	Bone Replacement Graft For Ridge Preservation - Per Site	\$446
D7956	Guided Tissue Regeneration, Edentulous Area - Resorbable Barrier, Per Site	\$546
D7957	Guided Tissue Regeneration, Edentulous Area - Non-Resorbable Barrier, Per Site	\$702
D7961	Buccal / Labial Frenectomy (Frenulectomy)	\$501
D7962	Lingual Frenectomy (Frenulectomy)	\$464
D7963	Frenuloplasty	\$723
D7970	Excision Of Hyperplastic Tissue - Per Arch	\$625
D7971	Excision Of Pericoronal Gingiva	\$229
D7972	Surgical Reduction Of Fibrous Tuberosity	\$874
D7980	Surgical Sialolithotomy	\$984
D7982	Sialodochoplasty	\$2,326
D7983	Closure Of Salivary Fistula	\$2,233
D7990	Emergency Tracheotomy	\$1,920
D7991	Coronoidectomy	\$4,684
D7997	Appliance Removal (Not By Dentist Who Placed Appliance)	\$359
D7998	Intraoral Placement Of A Fixation Device	\$1,561
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

WDA Member - General Dentist

Dental Codes	Description	Fee
D8040	Limited dental tx adult	10% off provider's billed rate
D8050	Intercep dental tx primary	10% off provider's billed rate
D8060	Intercep dental tx transitn	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-mandlbular	10% off provider's billed rate

Dental Codes	Description	Fee
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
Adjunctive General Services		
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit	\$118
D9120	Fixed Partial Denture Sectioning	\$187
D9210	Local Anesthesia Not In Conjunc- tion With Operative Or Surgical Procedures	\$43
D9211	Regional Block Anesthesia	\$50
D9212	Trigeminal Division Block Anesthe- sia	\$78
D9215	Local Anesthesia In Conjunction With Operative Or Surgical Proce- dures	\$39
D9219	Evaluation For Moderate Sedation, Deep Sedation Or General Anes- thesia	\$92
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$248
D9223	Deep Sedation / General Anesthe- sia - Each Subsequent 15 Minute Increment	\$232
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	\$75
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Min- utes	\$247
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subse- quent 15 Minute	\$209
D9248	Non-Intravenous Conscious Seda- tion	\$227
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	\$109
D9311	Consultation With A Medical Health Care Professional	\$259
D9410	House/Extended Care Facility Call	\$296
D9420	Hospital Or Ambulatory Surgical Center Call	\$348
D9430	Office Visit For Observation (During Regularly Scheduled Hours)	\$52

WDA Member - General Dentist

Dental Codes	Description	Fee
D9440	Office Visit - After Regularly Scheduled Hours	\$160
D9450	Case Presentation, Subsequent To Detailed And Extensive Treatment Planning	\$81
D9610	Therapeutic Parenteral Drug, Single Administration	\$60
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations	\$112
D9630	Drugs Or Medicaments - Dispensed For Home Use	\$28
D9910	Application Of Desensitizing Medicament	\$44
D9911	Application Of Desensitizing Resin For Cervical And/Or Root Surface, Per Tooth	\$60
D9912	Pre-Visit Patient Screening	\$55
D9920	Behavior Management, By Report	\$119
D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	\$139
D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	\$139
D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	\$139
D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	\$139
D9941	Fabrication Of Athletic Mouthguard	\$155
D9942	Repair And/Or Reline Occlusal Guard	\$194

Dental Codes	Description	Fee
D9943	Occlusal Guard Adjustment	\$95
D9944	Occlusal Guard	\$515
D9945	Occlusal Guard	\$177
D9946	Occlusal Guard	\$428
D9950	Occlusion Analysis - Mounted Case	\$282
D9951	Occlusal Adjustment - Limited	\$104
D9952	Occlusal Adjustment - Complete	\$645
D9953	Reline Custom Sleep Apnea Appliance (Indirect) Resurface Dentition Side Of Appli	\$534
D9970	Enamel Microabrasion	\$73
D9971	Odontoplasty, Per Tooth	\$73
D9972	External Bleaching - Per Arch - Performed In Office	\$285
D9973	External Bleaching - Per Tooth	\$53
D9974	Internal Bleaching - Per Tooth	\$282
D9975	External Bleaching - Per Arch - In Home	\$229
D9992	Dental Case Management - Care Coordinator	\$56
D9993	Dental Case Management - Motivational Interviewing	\$22
D9995	Teledentistry - Synchronous; Real-Time Encounter	\$259
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	\$194

Special Dental Care Bundles

In the WDA Dental Savings Club dental practice directory, the WDSC will highlight dental practices (and dentists) who agree to offer the special dental care bundles to members of the WDA Dental Savings Club.

NEW PATIENT* CONSULTATION

<u>Dental Care</u>	<u>Dental Codes</u>
X-Rays	D0210 / D0330
Oral Health Exam	D0150
Oral Hygiene Instructions	D1330

Member Price \$125

NEW PATIENT* X-RAYS, EXAM & CLEANING

<u>Dental Care</u>	<u>Dental Codes</u>
X-Rays	D0210 / D0330*
Oral Health Exam	D0150
Cleaning	D1110
Oral Hygiene Instructions	D1330

Member Price \$185

ADULT - X-RAYS, EXAM & CLEANING

<u>Dental Care</u>	<u>Dental Codes</u>
X-Rays	D0274*
Oral Health Exam	D0120
Cleaning	D1110
Oral Hygiene Instructions	D1330

Member Price \$165

ADULT - EXAM & CLEANING + FLUORIDE

<u>Dental Care</u>	<u>Dental Codes</u>
Oral Health Exam	D0210
Cleaning	D1110
Fluoride	D1206
Oral Hygiene Instructions	D1330

Member Price \$135

CHILD* - X-RAYS, EXAM & CLEANING

<u>Dental Care</u>	<u>Dental Codes</u>
X-Rays	D0274*
Oral Health Exam	D0120
Cleaning	D1120
Oral Hygiene Instructions	D1330

Member Price \$145

CHILD* - EXAM & CLEANING + FLUORIDE

<u>Dental Care</u>	<u>Dental Codes</u>
Oral Health Exam	D0210
Cleaning	D1120
Fluoride	D1206
Oral Hygiene Instructions	D1330

Member Price \$120

*New patients are defined as members who have not received care from the selected dental practice. Child is defined as under the age of fourteen (14). X-Ray type and number are determined as deemed appropriate by each dentist. If additional services are received with the six special dental care bundles, the additional services will be billed at the WDA fee schedule rate.

Dental practices can join the network and opt-out of offering the special dental care bundles. To opt-out of the special dental care bundles, the dental practice simply sends an email to daniel.dee@wdaclub.com, with Special Dental Care Bundles Opt-out in the subject line, and the dental practice (company) name and locations in the body of the email.

The WDA Dental Savings Club fee schedule is CONFIDENTIAL, and should not be shared in any way in any format with any other dental practices, dentists, hygienists, assistants, dental industry professionals, insurance companies, representatives, or any company, business or association etc. per the dental access agreement.