



WDA Member - Specialist Effective Date: January 1, 2024

*Updated version (10.30.24) 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

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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

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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 Systemic	\$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, Mandibular	\$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

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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

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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

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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

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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	10% off provider's billed rate
D5120	Complete Denture - Mandibular	10% off provider's billed rate
D5130	Immediate Denture - Maxillary	10% off provider's billed rate
D5140	Immediate Denture - Mandibular	10% off provider's billed rate
D5211	Maxillary Partial Denture - Resin Base	10% off provider's billed rate
D5212	Mandibular Partial Denture - Resin Base	10% off provider's billed rate
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	10% off provider's billed rate
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	10% off provider's billed rate
D5221	Immediate Maxillary Partial Denture - Resin Base	10% off provider's billed rate
D5222	Immediate Mandibular Partial Denture - Resin Base	10% off provider's billed rate
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Base	10% off provider's billed rate
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Base	10% off provider's billed rate
D5225	Maxillary Partial Denture - Flexible Base (Including Any Retentive Clasp Mate)	10% off provider's billed rate

Dental Codes	Description	Fee
D5226	Mandibular Partial Denture - Flexible Base (Including Any Retentive Clasp Mat)	10% off provider's billed rate
D5227	Immediate Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests)	10% off provider's billed rate
D5228	Immediate Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rest)	10% off provider's billed rate
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive)	10% off provider's billed rate
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive)	10% off provider's billed rate
D5284	Removable Unilateral Partial Denture - One Piece Flexible Base (Including Retent)	10% off provider's billed rate
D5286	Removable Unilateral Partial Denture - One Piece Resin (Including Retentive Clas)	10% off provider's billed rate
Adjustments and Repairs to Complete Dentures		
D5410	Adjust Complete Denture - Maxillary	10% off provider's billed rate
D5411	Adjust Complete Denture - Mandibular	10% off provider's billed rate
D5421	Adjust Partial Denture - Maxillary	10% off provider's billed rate
D5422	Adjust Partial Denture - Mandibular	10% off provider's billed rate
D5511	Repair Broken Complete Denture Base - Mandibular	10% off provider's billed rate
D5512	Repair Broken Complete Denture Base - Maxillary	10% off provider's billed rate
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	10% off provider's billed rate
Repairs and Partial Dentures		
D5611	Repair Resin Partial Denture Base - Mandibular	10% off provider's billed rate

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Dental Codes	Description	Fee
D5612	Repair Resin Partial Denture Base - Maxillary	10% off provider's billed rate
D5621	Repair Cast Partial Framework - Mandibular	10% off provider's billed rate
D5622	Repair Cast Partial Framework - Maxillary	10% off provider's billed rate
D5630	Repair Or Replace Broken Retentive / Clasp Materials - Per Tooth	10% off provider's billed rate
D5640	Replace Broken Teeth - Per Tooth	10% off provider's billed rate
D5650	Add Tooth To Existing Partial Denture	10% off provider's billed rate
D5660	Add Clasp To Existing Partial Denture - Per Tooth	10% off provider's billed rate
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	10% off provider's billed rate
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	10% off provider's billed rate
Denture Rebase and Reline		
D5710	Rebase Complete Maxillary Denture	10% off provider's billed rate
D5711	Rebase Complete Mandibular Denture	10% off provider's billed rate
D5720	Rebase Maxillary Partial Denture	10% off provider's billed rate
D5721	Rebase Mandibular Partial Denture	10% off provider's billed rate
D5725	Rebase Hybrid Prosthesis	10% off provider's billed rate
D5730	Reline Complete Maxillary Denture (Direct)	10% off provider's billed rate

Dental Codes	Description	Fee
D5731	Reline Complete Mandibular Denture (Direct)	10% off provider's billed rate
D5740	Reline Maxillary Partial Denture (Direct)	10% off provider's billed rate
D5741	Reline Mandibular Partial Denture (Direct)	10% off provider's billed rate
D5750	Reline Complete Maxillary Denture (Indirect)	10% off provider's billed rate
D5751	Reline Complete Mandibular Denture (Indirect)	10% off provider's billed rate
D5760	Reline Maxillary Partial Denture (Indirect)	10% off provider's billed rate
D5761	Reline Mandibular Partial Denture (Indirect)	10% off provider's billed rate
D5765	Soft Liner For Complete Or Partial Removable Denture - Indirect	10% off provider's billed rate
D5810	Interim Complete Denture (Maxillary)	10% off provider's billed rate
D5811	Interim Complete Denture (Mandibular)	10% off provider's billed rate
D5820	Interim Partial Denture (Including Retentive Clasp Materials And Teeth) - Max	10% off provider's billed rate
D5821	Interim Partial Denture (Including Retentive Clasp Materials And Teeth) - Man	10% off provider's billed rate
D5850	Tissue Conditioning, Maxillary	10% off provider's billed rate
D5851	Tissue Conditioning, Mandibular	10% off provider's billed rate
D5862	Precision Attachment, By Report	10% off provider's billed rate
D5863	Overdenture - Complete Maxillary	10% off provider's billed rate

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Dental Codes	Description	Fee
D5864	Overdenture - Partial Maxillary	10% off provider's billed rate
D5865	Overdenture - Complete Mandibular	10% off provider's billed rate
D5866	Overdenture - Partial Mandibular	10% off provider's billed rate
D5867	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment	10% off provider's billed rate
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

Dental Codes	Description	Fee
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
D6012	Surgical Placement Of Interim Implant Body For Transitional Prosthesis: Endosteal	\$2,834
D6013	Surgical Placement Of Mini Implant	\$2,789
D6040	Surgical Placement: Eposteal 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

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Dental Codes	Description	Fee
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
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

Dental Codes	Description	Fee
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
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

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Dental Codes	Description	Fee
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
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

Dental Codes	Description	Fee
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	10% off provider's billed rate
D6210	Pontic - Cast High Noble Metal	10% off provider's billed rate
D6211	Pontic - Cast Predominantly Base Metal	10% off provider's billed rate
D6212	Pontic - Cast Noble Metal	10% off provider's billed rate
D6214	Pontic - Titanium And Titanium Alloys	10% off provider's billed rate
D6240	Pontic - Porcelain Fused To High Noble Metal	10% off provider's billed rate
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	10% off provider's billed rate
D6242	Pontic - Porcelain Fused To Noble Metal	10% off provider's billed rate
D6243	Pontic - Porcelain Fused To Titanium And Titanium Alloys	10% off provider's billed rate
D6245	Pontic - Porcelain/Ceramic	10% off provider's billed rate
D6250	Pontic - Resin With High Noble Metal	10% off provider's billed rate
D6251	Pontic - Resin With Predominantly Base Metal	10% off provider's billed rate
D6252	Pontic - Resin With Noble Metal	10% off provider's billed rate

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Dental Codes	Description	Fee
D6253	Provisional Pontic	10% off provider's billed rate
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	10% off provider's billed rate
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	10% off provider's billed rate
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	10% off provider's billed rate
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	10% off provider's billed rate
D6601	Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces	10% off provider's billed rate
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	10% off provider's billed rate
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	10% off provider's billed rate
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	10% off provider's billed rate
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	10% off provider's billed rate
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	10% off provider's billed rate
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	10% off provider's billed rate
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	10% off provider's billed rate
D6609	Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces	10% off provider's billed rate
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	10% off provider's billed rate
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	10% off provider's billed rate

Dental Codes	Description	Fee
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	10% off provider's billed rate
D6613	Retainer Onlay - Cast Predominantly Cast Base Metal, Three Or More Surfaces	10% off provider's billed rate
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	10% off provider's billed rate
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	10% off provider's billed rate
D6624	Retainer Inlay - Titanium	10% off provider's billed rate
D6634	Retainer Onlay - Titanium	10% off provider's billed rate
D6710	Retainer Crown - Indirect Resin Based Composite	10% off provider's billed rate
D6720	Retainer Crown - Resin With High Noble Metal	10% off provider's billed rate
D6721	Retainer Crown - Resin With Predominantly Base Metal	10% off provider's billed rate
D6722	Retainer Crown - Resin With Noble Metal	10% off provider's billed rate
D6740	Retainer Crown - Porcelain/Ceramic	10% off provider's billed rate
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	10% off provider's billed rate
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	10% off provider's billed rate
D6752	Retainer Crown - Porcelain Fused To Noble Metal	10% off provider's billed rate
D6753	Retainer Crown - Porcelain Fused To Titanium And Titanium Alloys	10% off provider's billed rate
D6780	Retainer Crown - 3/4 Cast High Noble Metal	10% off provider's billed rate

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Dental Codes	Description	Fee
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	10% off provider's billed rate
D6782	Retainer Crown - 3/4 Cast Noble Metal	10% off provider's billed rate
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	10% off provider's billed rate
D6784	Retainer Crown - 3/4 Titanium And Titanium Alloys	10% off provider's billed rate
D6790	Retainer Crown - Full Cast High Noble Metal	10% off provider's billed rate
D6791	Retainer Crown - Full Cast Predominantly Base Metal	10% off provider's billed rate
D6792	Retainer Crown - Full Cast Noble Metal	10% off provider's billed rate
D6793	Provisional Retainer Crown	10% off provider's billed rate
D6794	Retainer Crown - Titanium And Titanium Alloys	10% off provider's billed rate
D6920	Connector Bar	10% off provider's billed rate
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	10% off provider's billed rate
D6940	Stress Breaker	10% off provider's billed rate
D6950	Precision Attachment	10% off provider's billed rate
D6985	Pediatric Partial Denture, Fixed	10% off provider's billed rate
Oral and Maxillofacial Surgery		
D7111	Extraction, Coronal Remnants - Primarytooth	\$161
D7140	Extraction, Erupted Tooth Or Exposed Root	\$210
D7210	Extraction, Erupted Tooth	\$366

Dental Codes	Description	Fee
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
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

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Dental Codes	Description	Fee
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
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

Dental Codes	Description	Fee
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 Ostectomy/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
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

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Dental Codes	Description	Fee
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
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

Dental Codes	Description	Fee
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
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

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Dental Codes	Description	Fee
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
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

Dental Codes	Description	Fee
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
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	\$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

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Dental Codes	Description	Fee
D9219	Evaluation For Moderate Sedation, Deep Sedation Or General Anesthesia	\$108
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$291
D9223	Deep Sedation / General Anesthesia - Each Subsequent 15 Minute Increment	\$273
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	\$88
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$290
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	\$246
D9248	Non-Intravenous Conscious Sedation	\$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 Scheduled Hours	\$188
D9450	Case Presentation, Subsequent To Detailed And Extensive Treatment Planning	\$96
D9610	Therapeutic Parenteral Drug, Single Administration	\$71
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

Dental Codes	Description	Fee
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
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

WDA Member - Specialist

Dental Codes	Description	Fee
D9993	Dental Case Management - Motivational Interviewing	\$26
D9995	Teledentistry - Synchronous; Real-Time Encounter	\$305

Dental Codes	Description	Fee
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	\$229

Version Updated: 10.30.24

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, or any insurance companies, representatives, etc. per the dental service agreement.