

Bravo Health Private Fee-for-Service Dental Fee Schedule



Only the procedures listed below are covered

Procedure Code	Description	MD	TX
D0120	Periodic oral evaluation	\$29.08	\$29.44
D0140	Limited oral exam; problem focused	\$43.20	\$19.16
D0150	Comprehensive oral evaluation; new or established patient	\$51.50	\$36.04
D0210	Intraoral - complete series (including bitewings)	\$57.00	\$72.08
D0220	Intraoral - periapical first film	\$9.00	\$12.82
D0230	Intraoral - periapical each additional film	\$6.00	\$11.74
D0240	Intraoral - occlusal film	\$9.00	\$10.00
D0270	Bitewing - single film	\$9.00	\$5.00
D0272	Bitewings - two films	\$15.00	\$23.86
D0274	Bitewings - four films	\$22.00	\$35.32
D0330	Panoramic maxilla/mandible film	\$42.00	\$65.08
D1110	Prophylaxis - adult	\$58.15	\$56.00
D1120	Prophylaxis - child	\$42.37	\$37.50
D1203	Topical application of fluoride (prophylaxis not included) - child	\$21.60	\$15.00
D1204	Topical application of fluoride (prophylaxis not included) - adult	\$23.26	\$15.00
D1351	Sealant - per tooth	\$33.23	\$28.82
D1510	Space maintainer - fixed- unilateral	\$84.00	\$160.00
D1525	Space maintainer - removable- bilateral	\$96.00	\$106.25
D1550	Recementation of space maintainer	\$24.00	\$18.75
D2140	Amalgam - one surface, primary or permanent	\$70.00	\$65.72
D2150	Amalgam - two surfaces, primary or permanent	\$88.00	\$87.46
D2160	Amalgam - three surfaces, primary or permanent	\$104.00	\$111.42
D2330	Resin-based composite - one surface, anterior	\$84.00	\$79.34
D2331	Resin-based composite - two surfaces, anterior	\$102.00	\$105.14
D2332	Resin-based composite - three surfaces, anterior	\$125.00	\$137.28
D2391	Resin-based composite - one surface, posterior	\$93.00	\$84.08
D2392	Resin-based composite - two surfaces, posterior	\$120.00	\$110.20
D2393	Resin-based composite - three surfaces, posterior	\$150.00	\$101.18
D2394	Resin-based composite - four or more surfaces, posterior	\$56.00	\$75.06
D2920	Recement crown	\$25.00	\$20.00
D2930	Prefabricated stainless steel crown - primary tooth	\$154.00	\$156.06
D2931	Prefabricated stainless steel crown - permanent tooth	\$180.00	\$162.50
D2932	Prefabricated resin crown	\$75.00	\$68.75
D2934	Prefabricated esthetic coated stainless steel crown- primary tooth	\$0.00	\$156.06
D2940	Fillings (sedative)	\$18.00	\$36.58
D2951	Pin retention - per tooth in addition to restoration	\$12.00	\$12.50

Procedure Code	Description	MD	TX
D2954	Prefabricated post and core in addition to crown	\$70.00	\$75.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$60.00	\$87.96
D3221	Pupal debridement, primary and permanent teeth (not to be used by provider completing endodontic treatment)	\$0.00	\$0.00
D3310	Anterior (excluding final restoration)	\$230.00	\$355.98
D3320	Bicuspid (excluding final restoration)	\$280.00	\$412.50
D4341	Periodontal scaling and root planing- four or more contiguous teeth or bounded teeth spaces per quadrant	\$54.00	\$56.25
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$225.00	\$275.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$225.00	\$275.00
D7111	Extraction, coronal remnants, deciduous teeth	\$27.00	\$12.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$103.01	\$67.04
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$0.00	\$102.81
D7220	Removal of impacted tooth - soft tissue	\$64.00	\$157.50
D7230	Removal of impacted tooth - partially bony	\$90.00	\$180.00
D7240	Removal of impacted tooth - completely bony	\$100.00	\$300.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$52.00	\$92.50
D7280	Surgical access of an unerupted tooth	\$125.00	\$62.50
D7510	Incision and drainage of abscess - intraoral soft tissue	\$48.00	\$37.50
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedures	\$63.00	\$105.00
D7971	Excision of pericoronal gingiva	\$25.00	\$43.75
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$0.00	\$50.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition (includes initial/1 st quarter-periodic treatment visit (as part of contract)	\$1,035.00	\$775.00
D8660	Pre-orthodontic treatment visit	\$150.00	\$15.00
D8670	Periodic orthodontic treatment (as part of contract)	\$75.00	\$68.10
D9110	Palliative (emergency) treatment of dental pain-minor procedure	\$20.00	\$18.75
D9220	Deep sedation/general anesthesia, first 30 minutes	\$76.00	\$87.50
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$36.00	\$31.25
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$18.00	\$28.38
D9241	Intravenous conscious sedation/analgesia, first 30 minutes	\$44.00	\$121.88
D9242	Intravenous conscious sedation/analgesia, each additional 15 minutes	\$33.00	\$29.02
D9248	Non-intravenous conscious sedation	\$186.91	\$187.50
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$48.00	\$15.25
D9420	Hospital call	\$15.00	\$38.00
D9610	Therapeutic drug injection	\$15.00	\$18.75
D9630	Other drugs and/or medications	\$1.00	\$9.00
D9920	Behavior management	\$0.00	\$50.00