

### Important points:

- There is a \$7 co-pay for each covered service visit at the UF College of Dentistry except for some denture therapy services which may require a \$50 co-pay.
- Health care services that are not listed here are considered “Non-Covered Oral Health Care Services.” For example, crowns are a Non-Covered Oral Health Care Service.
- CHOICES covers a maximum of \$1,000 per enrollee each calendar year. If patient is enrolled in CHOICES Disease Management, the maximum per calendar year is \$1,200.
- There is an additional \$1,000 maximum per calendar year for Denture Therapy Services.

CPT	Procedure	Service Limit	Fee
<b>Basic Care</b>			
0120	Periodic Exam	yearly	\$35
0140	Limited Exam	as needed	\$35
0150	Comprehensive Exam	2/year	\$105
NOTE: 0150 is a bundled fee to include 0460 pulp vitality testing (\$10) and 0470 diagnostic casts (\$25)			
0160	Detailed and Problem Focused Exam	as needed	\$50
0210	Full Mouth Series	1/3yrs	\$75
0220	X-ray (Single)	as needed	\$20
0230	X-ray (Each Additional)	as needed	\$12
0240	X-ray (Occlusal)	as needed	\$25
0270	X-ray (Bitewing)	as needed	\$18
0272	X-ray (2/3 Bitewing)	yearly	\$30
0274	X-ray (4 Bitewings)	yearly	\$40
0330	Panorex	2/year	\$65
0460	Pulp vitality test	as needed	\$10
0470	Diagnostic Casts	yearly	\$25
<b>Preventive Care</b>			
1110	Prophylaxis (Adult)	2/year	\$50
1204	Topical Fluoride (adult)	2/year	\$16
1206	Topical Fluoride Varnish	4/year	\$15
1330	Oral Hygiene Instruction	2/year	\$16
1351	Sealant – per tooth	as needed	\$20
1352	Preventive Restorative Resin (PRR)	as needed	\$38
2999	Sealant – each add'l tooth, same visit	as needed	\$10

1310	Nutritional Counseling	2/year	\$20
<b>Restorative Care</b>			
2140	Amalgam 1 surf. (perm)	as needed	\$60
2150	Amalgam 2 surf. (perm)	as needed	\$75
2160	Amalgam 3 surf. (perm)	as needed	\$90
2161	Amalgam 4 surf. (perm)	as needed	\$105
2330	Resin/Composite 1 surf. (perm)	as needed	\$70
2331	Resin/Composite 2 surf. (perm)	as needed	\$85
2332	Resin/Composite 3 surf. (perm)	as needed	\$101
2335	Resin/Composite 4+ surfs. (perm)	as needed	\$130
2391	Resin – one surface, posterior, permanent	as needed	\$75
2392	Resin – two surfaces, posterior – permanent	as needed	\$100
2393	Resin – three or more surfaces, posterior – permanent	as needed	\$120
2394	Resin-based composite – 4 or more surfaces, posterior permanent	as needed	\$145
2920	Re-cement Crown	as needed	\$40
6930	Re-cement Bridge	as needed	\$50
2940	Sedative Filling	as needed	\$30
2949	Core Buildup Chamber Retained	as needed	\$80
2950	Core Buildup	as needed	\$90
2951	Pin retention (excl. of restoration)	as needed	\$25
2954	Prefab. Post and Core	as needed	\$120
2960	Labial Veneer Resin - Chairside	as needed	\$150
3110	Pulp Cap	as needed	\$35
3120	Indirect Pulp Cap	as needed	\$35
6972	Prefab. Post and Core in addition to fixed partial denture retainer	as needed	\$175
<b>Endodontic Care</b>			
3310	Root Canal Therapy – anterior, single canal (excluding final restoration)	as needed	\$235
3320	Root Canal Therapy – bicuspid, single canal (excluding final restoration)	as needed	\$290
3330	Root Canal Therapy – molar (excluding final restoration)	as needed	\$375
3346	Retreatment – anterior	as needed	\$260
3347	Retreatment – premolar	as needed	\$290
3348	Retreatment – molar	as needed	\$375
3410	Apicoectomy - Anterior	as needed	\$525
3421	Apicoectomy - Bicuspid	as needed	\$625
3425	Apicoectomy - Molar	as needed	\$655
3426	Apicoectomy – Addl Roots	as needed	\$100
<b>Periodontal Care</b>			

4341	Scaling and Root Planing = 4+ teeth/quad.	≤4/year	\$75
4342	Scaling and Root Planing = ≤3 teeth/quad	≤4/year	\$55
4355	Full Debridement for Oral Exam	as needed	\$70
4380	Phase I Perio Evaluation	1/year	\$50
4910	Periodontal Maintenance (SPT)	≤4/year	\$55
<b>Oral Surgery Procedures</b>			
7140	Extraction (Single Tooth)	as needed	\$65
7210	Surgical Extraction of Erupted Tooth	as needed	\$65
7220	Removal of Impacted Tooth – soft tissue	as needed	\$75
7230	Removal of Impacted Tooth – partial bony	as needed	\$105
7240	Removal of Impacted Tooth – completely bony	as needed	\$140
7241	Removal of Impacted Tooth – completely bony with unusual surgical complications	as needed	\$380
7250	Surgical Removal of Residual Tooth Roots Cutting Procedure	as needed	\$190
7260	Oral Antral Fistula Closure	as needed	\$120
7285	Biopsy of Oral Tissue – hard	as needed	\$70
7286	Biopsy of Oral Tissue – soft	as needed	\$60
7310	Alveoplasty in Conjunction with Extractions – per quadrant	as needed	\$50
7311	Alveoplasty Incl Ext 1-3 teeth	as needed	\$50
7320	Alveoplasty not in Conjunction with Extractions – per quadrant	as needed	\$75
7321	Alveoplasty W/O Ext 1-3 teeth	as needed	\$75
7470	Removal of Exostosis	as needed	\$95
7471	Removal of Lateral Exostosis (max/mand)	as needed	\$410
7472	Removal of Torus Palatinus	as needed	\$60
7473	Removal of Torus Mandibularis	as needed	\$60
7510	Surgical Incision and Drainage	as needed	\$65
<b>Miscellaneous Procedures</b>			
9110	Palliative Emergency Treatment	as needed	\$35
9230	Analgesia – inhaled (nitrous oxide)	as needed	\$30
9241	IV Sedation	as needed	\$250
9242	IV Sedation each addl 15 minutes	as needed	\$95
9310	Consult Professional	as needed	\$80
9940	Occlusal Guard	yearly	\$220

## Denture Therapy Services

- Additional \$1,000 maximum per calendar year for Denture Therapy Services
- Some services require a \$50 copayment which is then subtracted from the \$1,000 maximum

Procedure	Code	Fee	Service Limit
<b>Denture Services</b>			
Complete Upper Denture \$50 payment	5110	\$390 *	every 5 years
Complete Lower Denture \$50 payment	5120	\$390 *	every 5 years
Immediate Upper Denture \$50 payment	5130	\$450 *	initial placement limit
Immediate Lower Denture \$50 payment	5140	\$450 *	initial placement limit
Overdenture – Complete \$50 payment	5860	\$400 *	every 5 years
Adjust Complete Denture - upper	5410	\$40	as needed
Adjust Complete Denture - lower	5411	\$40	as needed
Repair Broken Complete Denture Base	5510	\$90	as needed
Replace Missing or Broken teeth - complete denture (each tooth)	5520	\$75	as needed
Rebase Complete Upper Denture	5710	\$250	yearly
Rebase Complete Lower Denture	5711	\$250	yearly
Reline Upper Complete Denture (chairside)	5730	\$100	yearly
Reline Lower Complete Denture (chairside)	5731	\$100	yearly
Reline Upper Complete Denture (laboratory)	5750	\$170	yearly
Reline Lower Complete Denture (laboratory)	5751	\$170	yearly
Interim Complete Denture – upper \$50 payment	5810	\$200 *	Initial placement limit
Interim Complete Denture – lower \$50 payment	5811	\$200 *	Initial placement limit
Tissue Conditioning - upper	5850	\$75	yearly
Tissue Conditioning - lower	5851	\$75	yearly
<b>Partial Denture Services</b>			
Upper Partial - resin base (including clasps, rests and teeth) \$50 payment	5211	\$250 *	yearly
Lower Partial - resin base (including clasps, rests and teeth) \$50 payment	5212	\$250 *	yearly
Upper Partial - cast metal base with resin saddles (including clasps, rests and teeth) \$50.00 Payment	5213	\$500 *	every 5 years
Lower Partial – cast metal base with resin saddles (including clasps, rests and teeth) \$50 payment	5214	\$500 *	every 5 years
Unilateral Partial Denture – cast metal (including clasps and teeth) \$50 payment	5281	\$205 *	every 5 years
Interim Partial Denture – upper \$50 payment	5820	\$150 *	initial placement limit
Interim Partial Denture - lower \$50 payment	5821	\$150 *	initial placement limit
Overdenture – Partial \$50.00 Payment	5861	\$500 *	every 5 years
Flexible Removable Partial - upper \$50 payment	5225	\$400 *	every 5 years
Flexible Removable Partial – lower \$50 payment	5226	\$400 *	every 5 years
Adjust Partial Denture - upper	5421	\$40	as needed
Adjust Partial Denture - lower	5422	\$40	as needed
Repair Resin Saddle or Base	5610	\$110	as needed
Repair Cast Framework	5620	\$120	as needed
Repair or Replace Broken Clasp	5630	\$120	as needed
Replace Broken Tooth - partial denture per tooth	5640	\$70	as needed
Add Tooth to Existing Partial Denture	5650	\$120	as needed

Add Clasp to Existing Partial Denture	5660	\$120	as needed
Rebase Upper Partial Denture	5720	\$250	yearly
Rebase Lower Partial Denture	5721	\$250	yearly
Reline Upper Partial Denture (chairside)	5740	\$100	yearly
Reline Lower Partial Denture (chairside)	5741	\$100	yearly
Reline Upper Partial Denture (laboratory)	5760	\$165	yearly
Reline Lower Partial Denture (laboratory)	5761	\$165	yearly