

Open Solicitation #1027387
Oral Health Services
Approved Fee Schedule
Montgomery County Rates for FY 2016

Contractors providing dental services in one or more of the County's facilities or other public and non-public sites and providing oral health presentations or consultations will be paid based on invoices using the following pay scale:

I. DENTAL CONTRACTORS' HOURLY RATES		
	Profession	Dollar/Hour
	General Dentist	\$67.00
	Pediatric Dentist	\$70.00
	Oral Surgeon	\$70.00
	HIV Disease Specialty / Dentist	\$77.00
	HIV Disease Specialty / Dental Hygienist	\$50.00
	Dental Hygienist	\$45.00
	Addition to hourly rate if County requires chair side assistant	\$20.00

II. DENTAL FEES FOR PRIVATE DENTAL OFFICES		
PREVENTIVE		
CDT Codes	Description	Fee-for-service rates
D1510	Space maintainer-unilateral	\$120.00
D1515	Space maintainer-bilateral	\$210.00
RESTORATIVE		
CDT Codes	Description	Fee-for-service rates
D2950	Core buildup	\$150.00
D2954	Post and core	\$200.00
D2930	Stainless steel crown	\$200.00
D2751	PFM crown	\$600.00
ENDODONTICS		
CDT Codes	Description	Fee-for-service rates
D3310	Root canal-anterior tooth	\$345.00
D3320	Root canal-bicuspid	\$420.00
D3330	Root canal-molar	\$500.00
PERIODONTICS		
CDT Codes	Description	Fee-for-service rates
D4249	Crown lengthening	\$225.00

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PROSTHETICS		
CDT Codes	Description	Fee-for-service rates
D5110	Complete upper dentures (including all lab fees)	\$1250.00
D5120	Complete lower dentures	\$1250.00
D5213	Upper cast partial denture	\$1250.00
D5214	Lower cast partial denture	\$1250.00
D5510	Denture repair	\$150.00
D5650	Add a tooth	\$170.00
D5660	Add/repair a clasp	\$190.00
D5410	Denture adjustment u o l	\$50.00
D5421	Partial adjustment u o l	\$50.00
D5730	Reline dentare-office	\$280.00
D5750	Reline dentare-lab	\$360.00
ORAL SURGERY		
CDT Codes	Description	Fee-for-service rates
D7210	Extraction- surgical	\$150.00
D7220	Soft tissue impaction	\$150.00
D7230	Partial bony impaction	\$300.00
D7240	Full bony impaction	\$400.00
D7250	Removal residual roots	\$150.00
D7286	Excisional biopsy	\$150.00
D7310	Alveoloplasty- quadrant	\$200.00
D7311	Alveoloplasty- 1to 3 teeth	\$150.00
D7473	Removal mand torus	\$450.00
D7960	Frenectomy	\$100.00
ANESTHESIA		
CDT Codes	Description	Fee-for-service rates
D9230	Local anesthesia	\$50.00
D9248	IV sedation- 30 mins	\$200.00

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III. MOBILE DENTAL CLINIC		
CDT Codes	Description	Fee-for-service rates
D0120	Periodic Oral Evaluation	\$50.00
D0140	Limited Oral Evaluation	\$43.20
D0150	Comprehensive Oral Evaluation	\$51.50
D0210	Intraoral Complete Series	\$97.00
D0220	Intraoral-Periapical first film	\$21.00
D0230	Intraoral-Periapical Each Additional film	\$18.00
D0240	Intraoral-Occlusal film	\$32.00
D0270	Bitewing-Single Film	\$21.00
D0272	Bitewings-Two films	\$18.75
D0274	Bitewings-Four films	\$27.50
D0330	Panoramic Film	\$86.00
D0460	Pulp Vitality Tests	\$12.50
D1110	Prophylaxis-Adult	\$75.00
D1120	Prophylaxis-Pediatric	\$42.37
D1203	Topical Application Fluoride w/o Prophy-Child	\$21.60
D1204	Topical Application Fluoride w/o Prophy-Adult	\$35.00
D1205	Fluoride with Prophy-Adult	\$62.50
D1351	Sealant per tooth	\$33.23
D2140	Amalgam-One surface, primary or permanent	\$77.00
D2150	Amalgam-Two surfaces, primary or permanent	\$96.80
D2160	Amalgam-Three surfaces, primary or permanent	\$114.40
D2161	Amalgam- Four or more surfaces primary or permanent	\$105.00
D2330	Resin-Based Composite-one surface, anterior	\$92.40
D2331	Resin-Based Composite-Two Surface, anterior	\$112.20
D2332	Resin-Based Composite-Three surfaces, anterior	\$137.50
D2335	Resin-Based Composite-Four or more surfaces, anterior	\$166.10
D2391	Resin 1 Surface Posterior	\$102.30
D2392	Resin 2 Surface Posterior	\$132.00
D2393	Resin 3 Surface Posterior	\$165.00
D2394	Resin 4+ Surfaces Posterior	\$125.00
D2752	PFM	\$600.00
D2920	Recement Crown	\$40.00
D2930	SS Crown	\$169.40
D2932	Resin Crown	\$82.50
D2940	Sedative Filling	\$40.00
D2950	Core Build Up, inc. Pin	\$125.00

D2951	Pin Retention	\$20.00
D2952	Post and Core	\$150.00
D3110	Pulp Cap Direct	\$20.00
D3120	Pulp Cap Indirect	\$16.50
D3220	Therapeutic Pulpotomy	\$72.00
D3310	Root Canal Anterior	\$625.00
D3320	Root Canal Premolar	\$725.00
D3330	Root Canal Molar	\$825.00
D4341	Periodontal Scaling and Root Planing, four or more teeth per quadrant	\$200.00
D4342	Periodontal Scaling and Root Planing Limited 1-3 teeth	\$35.00
D4355	Full Mouth Debridement	\$37.40
D5110	Complete Denture- Maxillary	\$1,251.00
D5120	Complete Denture-Mandibular	\$1,255.00
D5211	Upper Partial Resin Base	\$939.00
D5212	Lower Partial Resin Base	\$939.00
D5213	Maxillary Partial Denture-Cast Metal Frame-Resin base	\$750.00
D5214	Mandibular Partial Denture-Cast Metal Frame-Resin Base	\$1,310.00
D5410	Adjust Complete Denture Maxillary	\$30.00
D5411	Adjust Complete Denture Mandibular	\$30.00
D5421	Adjust Partial Denture-Maxillary	\$40.00
D5422	Adjust Partial Denture- Mandibular	\$40.00
D5510	Repair Broken Complete Denture Base	\$157.00
D5520	Replace Missing or Broken Teeth Complete Denture Each Tooth	\$134.00
D5630	Replace or repair broken clasp	\$199.00
D5730	Reline Complete Maxillary Denture-Chairside	\$289.00
D5740	Reline Maxillary Partial Denture-Chairside	\$288.00
D5750	Reline Complete Maxillary Denture-Laboratory	\$367.00
D5760	Reline Upper Lower Partial Denture	\$366.00
D5850	Tissue Conditioning, Maxillary	\$70.00
D7140	Extraction 1 Simple erupted tooth or ex. Root	\$135.00
D7210	Surgical Removal of Erupted Tooth	\$200.00
D7220	Removal of Impacted Tooth-Soft Tissue	\$125.00
D7250	Surgical Removal of Residual Tooth Roots	\$100.00
D7280	Surgical Access of an Unerupted Tooth	\$230.00
D7285	Biopsy of Oral Tissue-Hard	\$93.50
D7286	Biopsy of Oral Tissue-Soft	\$100.00
D7310	Alveoplasty with Extractions, per Quadrant	\$100.00
D9110	Palliative Treatment of Dental Pain, Emergency	\$40.00
D9310	Consultation	\$52.80
D9630	Other Drugs and/or Medicaments	\$11.00
D9910	Application of Desensitizing Medicament	\$11.00
D9930	Treatment of Complications-Post Surgical	\$53.90
D9940	Occlusal Guard	\$225.00
D9951	Occlusal Guard Adjustment Limited	\$95.00

For Mobile Dental Services on site at Homeless Shelters only, a provider may add an additional 5% to the above dental rates to cover the intensive case coordination with the Health Care for the Homeless staff.