

OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT # _____

**ATTACHMENT D
Open Solicitation #1155406
Oral Health-Services
Fee Schedule
Montgomery County Rates for FY2025**

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 CONTRACTOR'S HOURLY RATES		
	Profession	Dollar/Hour
	General Dentist	\$85.00
	Pediatric Dentist	\$125.00
	Periodontist	\$125.00
	Endodontist	\$125.00
	Oral Surgeon	\$175.00
	Dental Hygienist	\$58.00
	Addition to hourly rate if County requires chair side assistant	\$21.00

II. DENTAL FEES FOR PRIVATE DENTAL OFFICES		
Code	Description	Fee
	<u>Diagnostic</u>	
<u>D0120</u>	<u>Periodic oral evaluation - Established Patient</u>	<u>\$39</u>
<u>D0140</u>	<u>Limited Oral Evaluation</u>	<u>\$50</u>
<u>D0150</u>	<u>Comprehensive Oral Evaluation – New or Established Patient</u>	<u>\$56</u>
<u>D0180</u>	<u>Comprehensive Periodontal Evaluation – New Or Established Patient</u>	<u>\$60</u>
<u>D0411</u>	<u>HbA1c In-Office Point of Service Testing</u>	<u>\$29</u>
<u>D0412</u>	<u>Blood Glucose Level Test- In-Office using a Glucose Meter</u>	<u>\$29</u>
<u>D0460</u>	<u>Pulp Vitality Tests</u>	<u>\$10</u>
<u>D0601</u>	<u>Caries Risk Assessment and Documentation- low risk</u>	<u>\$10</u>
<u>D0602</u>	<u>Caries Risk Assessment and Documentation- medium risk</u>	<u>\$10</u>
<u>D0603</u>	<u>Caries Risk Assessment and Documentation- high risk</u>	<u>\$10</u>
	<u>Diagnostic Imaging</u>	
<u>D0270</u>	<u>Bitewing- Single Radiographic Image</u>	<u>\$15</u>
<u>D0272</u>	<u>Bitewings- Two Radiographic Images</u>	<u>\$35</u>
<u>D0273</u>	<u>Bitewings- Three Radiographic Images</u>	<u>\$39</u>
<u>D0274</u>	<u>Bitewings- Four Radiographic Images</u>	<u>\$48</u>
<u>D0210</u>	<u>Intraoral - Complete Series of Radiographic Images</u>	<u>\$101</u>
<u>D0220</u>	<u>Intraoral – Periapical First Radiographic Image</u>	<u>\$22</u>
<u>D0230</u>	<u>Intraoral – Periapical Each Additional Radiographic Image</u>	<u>\$17</u>
<u>D0330</u>	<u>Panoramic Radiographic Image</u>	<u>\$91</u>
	<u>Preventative Care</u>	
<u>D1110</u>	<u>Prophylaxis – Adult (Permanent Dentition)</u>	<u>\$74</u>
<u>D1206</u>	<u>Topical Application of Fluoride Varnish</u>	<u>\$18</u>
<u>D1310</u>	<u>Nutritional Counseling for Control of Dental Disease</u>	<u>\$42</u>
<u>D1320</u>	<u>Tobacco Counselling for the Control and Prevention of Oral Disease</u>	<u>\$42</u>
<u>D1330</u>	<u>Oral Hygiene Instructions</u>	<u>\$37</u>
<u>D1351</u>	<u>Sealant – Per Tooth</u>	<u>\$34</u>

OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT #

D1354	<u>Interim Caries Arresting Medicament application – per tooth</u>	<u>\$25</u>
D1510	<u>Space maintainer-Fixed, Unilateral</u>	<u>\$120.00</u>
D1516	<u>Space maintainer-Fixed Bilateral, Maxillary</u>	<u>\$210.00</u>
D1517	<u>Space maintainer – Fixed Bilateral, Mandibular</u>	<u>\$210.00</u>
D1520	<u>Space maintainer – Removable - Unilateral</u>	<u>\$100.00</u>
D1526	<u>Space maintainer- Removable – Bilateral, Maxillary</u>	<u>\$160.00</u>
D1527	<u>Space maintainer – Removable – Bilateral, mandibular</u>	<u>\$160.00</u>
D1553	<u>Re-cement or re-bond unilateral space maintainer-per quadrant</u>	<u>\$24.00</u>
D1556	<u>Removal of fixed unilateral space maintainer – per quadrant</u>	<u>\$25.00</u>
	<u>Basic Restorative Care</u>	
D2140	<u>Amalgam – One Surface, Permanent</u>	<u>\$72</u>
D2150	<u>Amalgam – Two Surfaces, Permanent</u>	<u>\$90</u>
D2160	<u>Amalgam – Three Surfaces, Permanent</u>	<u>\$106</u>
D2161	<u>Amalgam – Four or More Surfaces, Permanent</u>	<u>\$110</u>
D2330	<u>Resin-Based Composite - One Surface, Anterior</u>	<u>\$93</u>
D2331	<u>Resin-Based Composite – Two Surfaces, Anterior</u>	<u>\$118</u>
D2332	<u>Resin-Based Composite – Three Surfaces, Anterior</u>	<u>\$143</u>
D2335	<u>Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)</u>	<u>\$181</u>
D2391	<u>Resin-Based Composite – One Surface, Posterior</u>	<u>\$109</u>
D2392	<u>Resin-Based Composite – Two Surfaces, Posterior</u>	<u>\$132</u>
D2393	<u>Resin-Based Composite – Three Surfaces, Posterior</u>	<u>\$166</u>
D2394	<u>Resin-Based Composite – Four or More Surfaces, Posterior</u>	<u>\$205</u>
D2920	<u>Recement or re-bond crown</u>	<u>\$27</u>
D2930	<u>Prefabricated Stainless Steel Crown – Primary Tooth</u>	<u>\$180</u>
D2931	<u>Prefabricated Stainless Steel Crown- Permanent Tooth</u>	<u>\$200</u>
D2940	<u>Protective Restoration</u>	<u>\$50</u>
D2950	<u>Core Build-Up, Including, any pins required</u>	<u>\$150</u>
D2952	<u>Post and core in addition to crown, indirectly fabricated</u>	<u>\$300</u>
D2954	<u>Prefabricated post and core in addition to crown</u>	<u>\$200</u>
	<u>Fixed Prosthodontics (including routine post-op delivery care)</u>	
D2740	<u>Crown-porcelain/ceramic substrate</u>	<u>\$606</u>
D2752	<u>Crown-porcelain fused to noble metal</u>	<u>\$646</u>
	<u>Endodontic Care</u>	
D3110	<u>Pulp Cap Direct (including final restoration)</u>	<u>\$17</u>
D3120	<u>Pulp Cap Indirect (including final restoration)</u>	<u>\$37</u>
D3310	<u>Endodontic Therapy, Anterior Tooth (excluding final restoration)</u>	<u>\$345</u>
D3320	<u>Endodontic Therapy, Premolar Tooth (excluding final restoration)</u>	<u>\$420</u>
D3330	<u>Endodontic Therapy, Molar Tooth (excluding final restoration)</u>	<u>\$500</u>
	<u>Periodontic Care</u>	
D4341	<u>Periodontal Scaling and Root Planing- 4 or more teeth per quadrant</u>	<u>\$98</u>
D4342	<u>Periodontal Scaling and Root Planing- 1 to 3 teeth per quadrant</u>	<u>\$78</u>
D4210	<u>Gingivectomy or Gingivoplasty-Four or more contiguous teeth or tooth bounded spaces per quadrant</u>	<u>\$250.00</u>
D4211	<u>Gingivectomy or Gingivoplasty-One to three contiguous teeth or tooth bounded spaces per quadrant</u>	<u>\$150.00</u>
D4230	<u>Anatomical Crown Exposure-Crown Exposure-Four or more contiguous teeth or tooth per quadrant</u>	<u>\$250.00</u>
D4231	<u>Anatomical Crown Exposure-Crown Exposure-One to three contiguous teeth or</u>	<u>\$150.00</u>

OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT #

	<u>tooth per quadrant</u>	
D4240	<u>Gingival Flap Procedure, Including Root Planing- Four or more contagious teeth or tooth per quadrant</u>	<u>\$250.00</u>
D4241	<u>Gingival Flap Procedure, Including Root Planing- One to three contagious teeth or tooth per quadrant</u>	<u>\$150.00</u>
D4249	<u>Clinical Crown Lengthening – Hard Tissue</u>	<u>\$225.00</u>
D4260	<u>Osseus Surgery - Four or more contagious teeth or tooth per quadrant</u>	<u>\$550.00</u>
D4261	<u>Osseus Surgery – One to three contagious teeth or tooth per quadrant</u>	<u>\$350.00</u>
	<u>Removable Prosthodontic Service (including routine post-op delivery care)</u>	
D5110	<u>Complete Denture- Maxillary</u>	<u>\$1250</u>
D5120	<u>Complete Denture- Mandibular</u>	<u>\$1250</u>
D5211	<u>Maxillary Partial Denture- resin base (includes clasps, rests and teeth)</u>	<u>\$619</u>
D5212	<u>Mandibular Partial Denture- resin base (includes clasps, rests and teeth)</u>	<u>\$619</u>
D5213	<u>Maxillary Partial Denture- cast metal framework with resin base (includes clasps, rests and teeth)</u>	<u>\$1250</u>
D5214	<u>Mandibular Partial Denture- cast metal framework with resin base (includes clasps, rests and teeth)</u>	<u>\$1250</u>
D5410	<u>Adjust Complete Denture- Maxillary</u>	<u>\$50</u>
D5411	<u>Adjust Complete Denture- Mandibular</u>	<u>\$50</u>
D5421	<u>Adjust Partial Denture- Maxillary</u>	<u>\$50</u>
D5422	<u>Adjust Partial Denture- Mandibular</u>	<u>\$50</u>
D5511	<u>Repair Broken Complete Denture Base, Mandibular</u>	<u>\$150</u>
D5512	<u>Repair Broken Complete Denture Base, Maxillary</u>	<u>\$150</u>
D5520	<u>Replace Missing or Broken Teeth- Complete Denture each tooth</u>	<u>\$126</u>
D5621	<u>Repair Cast Partial Framework- Mandibular</u>	<u>\$124</u>
D5622	<u>Repair Cast Partial Framework- Maxillary</u>	<u>\$124</u>
D5630	<u>Repair or Replace Broken or Retentive Clasp materials-per tooth</u>	<u>\$160</u>
D5640	<u>Replace Broken Teeth per Tooth</u>	<u>\$134</u>
D5650	<u>Add Tooth to Existing Partial Denture</u>	<u>\$150</u>
D5660	<u>Add Clasp to Existing Partial Denture- per tooth</u>	<u>\$160</u>
D5730	<u>Reline Complete Maxillary Denture (Direct)</u>	<u>\$295</u>
D5731	<u>Reline Complete Mandibular Denture (Direct)</u>	<u>\$295</u>
D5740	<u>Reline Maxillary Partial Denture (Direct)</u>	<u>\$280</u>
D5741	<u>Reline Mandibular Partial Denture (Direct)</u>	<u>\$280</u>
D5750	<u>Reline Complete Maxillary Denture (Indirect)</u>	<u>\$375</u>
D5751	<u>Reline Complete Mandibular Denture (Indirect)</u>	<u>\$375</u>
D5760	<u>Reline Maxillary Partial Denture (Indirect)</u>	<u>\$360</u>
D5761	<u>Reline Mandibular Partial Denture (Indirect)</u>	<u>\$360</u>
D5850	<u>Tissue Conditioning, Maxillary</u>	<u>24</u>
D5851	<u>Tissue Conditioning, Mandibular</u>	<u>24</u>
	<u>Removable Prosthodontic Service (including routine post-op delivery care)</u>	
D5110	<u>Complete Denture- Maxillary</u>	<u>\$1250</u>
D5120	<u>Complete Denture- Mandibular</u>	<u>\$1250</u>
D5211	<u>Maxillary Partial Denture- resin base (includes clasps, rests and teeth)</u>	<u>\$619</u>
D5212	<u>Mandibular Partial Denture- resin base (includes clasps, rests and teeth)</u>	<u>\$619</u>
D5213	<u>Maxillary Partial Denture- cast metal framework with resin base (includes clasps, rests and teeth)</u>	<u>\$1250</u>
D5214	<u>Mandibular Partial Denture- cast metal framework with resin base (includes clasps, rests and teeth)</u>	<u>\$1250</u>
D5410	<u>Adjust Complete Denture- Maxillary</u>	<u>\$50</u>

OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT #

D5411	<u>Adjust Complete Denture- Mandibular</u>	<u>\$50</u>
D5421	<u>Adjust Partial Denture- Maxillary</u>	<u>\$50</u>
D5422	<u>Adjust Partial Denture- Mandibular</u>	<u>\$50</u>
	<u>Oral Surgery</u>	
D7140	<u>Extraction, Erupted Tooth or Exposed Root</u>	<u>\$134</u>
D7210	<u>Surgical Removal – Erupted Tooth, Removal of Bone/Sectioning of Tooth</u>	<u>\$150</u>
D7220	<u>Removal of Impacted Tooth- Soft Tissue</u>	<u>\$158</u>
D7230	<u>Removal of Impacted Tooth- Partial Bony</u>	<u>\$300</u>
D7240	<u>Removal of Impacted Tooth- Complete Bony</u>	<u>\$400</u>
D7250	<u>Removal of Residual Tooth Roots (cutting procedure)</u>	<u>\$150</u>
D7280	<u>Exposure of an Unerupted Tooth</u>	<u>\$369</u>
D7285	<u>Incisional Biopsy of Oral Tissue- hard (bone, tooth)</u>	<u>\$85</u>
D7286	<u>Incisional Biopsy of Oral Tissue- soft</u>	<u>\$150</u>
	<u>Miscellaneous</u>	
D9230	<u>Inhalation of Nitrous Oxide/Analgesia, Anxiolysis</u>	<u>\$20</u>
D9239	<u>Intravenous moderate (conscious) sedation/analgesia-first 15 minutes</u>	<u>\$59</u>
D9243	<u>Intravenous moderate (conscious) sedation/analgesia-each subsequent 15- minute increment</u>	<u>\$59</u>
D9248	<u>Non-intravenous conscious sedation</u>	<u>\$200</u>
D9110	<u>Palliative (Emergency) Treatment of Dental Pain- minor procedure</u>	<u>\$40</u>
D9310	<u>Consultation with Specialist (non-treating Dentist or Physician)</u>	<u>\$48</u>
D9986	<u>Missed Appointment</u>	<u>n/a</u>
D9987	<u>Cancelled Appointment</u>	<u>n/a</u>
DCOMP	<u>Treatment Complete</u>	<u>n/a</u>
D9990	<u>Certified translation or sign-language services per visit</u>	<u>\$20</u>
D9991	<u>Dental Case Management- addressing appointment compliance barriers</u>	<u>\$30</u>
D9992	<u>Dental Case Management- care coordination</u>	<u>\$30</u>
D9993	<u>Dental Case Management- motivational interviewing</u>	<u>\$30</u>
D9994	<u>Dental Case Management- patient education to improve oral health literacy</u>	<u>\$30</u>
D9995	<u>Teledentistry- synchronous; real-time encounter</u>	<u>\$50</u>
D9996	<u>Teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review</u>	<u>\$50</u>
D9997	<u>Dental Case Management- patients with special health care needs</u>	<u>\$30</u>

III. MOBILE DENTAL CLINIC		
CDT Codes	Description	Fee-for-service rates
00120	Periodic Oral Evaluation-Established Patient	\$40.00
D0140	Limited Oral Evaluation	\$59.00
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$65.00
D0180	Comprehensive Periodontal Evaluation – New or Established Patient	\$72.00
D0210	Intraoral Complete Series of Radiographic Images	\$109.00
00220	Intraoral-Periapical first of Radiographic Image	\$26.00
D0230	Intraoral-Periapical Each Additional Radiographic Image	\$17.00
D0240	Intraoral-Occlusal Radiographic Image	\$32.00
D0270	Bitewing Single Radiographic Image	\$21.00
D0272	Bitewings-Two Radiographic Images	\$36.00
D0273	Bitewings-Three Radiographic Images	\$36.00
D0274	Bitewings-Four Radiographic Images	\$52.00
D0330	Panoramic Radiographic Image	\$91.00

OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT #

D0460	Pulp Vitality Tests	\$46.00
D1110	Prophylaxis-Adult	\$81.00
D1120	Prophylaxis-Child	\$55.00
D1206	Topical Application Fluoride Varnish	\$40.00
D1208	Fluoride with Proply-Adult	\$29.00
D1330	Oral Hygiene Instructions	\$49.00
D1351	Sealant per tooth	\$47.00
D1354	Interim Caries Arresting Medicament application – per tooth	\$25.00
02140	Amalgam-One surface, Primary or permanent	\$112.00
02150	Amalgam-Two surfaces, primary or permanent	\$134.00
02160	Amalgam-Three surfaces primary or permanent	\$163.00
D2161	Amalgam- Four or more surfaces primary or permanent	\$194.00
D2330	Resin-Based Composite-one surface, anterior	\$124.00
02331	Resin-Based Composite-Two Surface anterior	\$165.00
D2332	Resin-Based Composite-Three surfaces, anterior	\$197.00
D2335	Resin-Based Composite-Four or more surfaces anterior or involving Incisal angle (anterior)	\$238.00
D2391	Resin-Based Composite -1 Surface, Posterior	\$137.00
D2392	Resin-Based Composite - 2 Surface, Posterior	\$201.00
D2393	Resin-Based Composite - 3-Surface, Posterior	\$257.00
D2394	Resin-Based Composite – 4 or more Surfaces, Posterior	\$292.00
D2740	Crown-porcelain/ceramic	\$1040.00
D2752	Crown-porcelain fused to noble metal	\$921.00
D2920	Recement or re-bond crown	\$87.00
D2931	Prefabricated Stainless Steel Crown- Permanent Tooth	\$216.00
02932	Prefabricated Resin Crown	\$269.00
D2940	Protective Restoration	\$92.00
D2950	Core Build Up, Inc. Pin	\$224.00
D2951	Pin Retention	\$56.00
D2954	Prefabricated post and core in addition to crown	\$224.00
03110	Pulp Cap Direct (including final restoration)	\$67.00
03120	Pulp Cap Indirect (including final restoration)	\$61.00
03220	Therapeutic Pulpotomy	\$158.00
D3310	Endodontic Therapy, Anterior Tooth (excluding final restoration)	\$661.00
D3320	Endodontic Therapy, Premolar Tooth (excluding final restoration)	\$697.00
D3330	Endodontic Therapy, Molar Tooth (excluding final restoration)	\$864.00
D4341	Periodontal Scaling and Root Planing, four or more teeth per Quadrant	\$234.00
D4342	Periodontal Scaling and Root Planing, Limited 1-3 teeth	\$149.00
D4355	Full Mouth Debridement to Enable a Comprehensive Evaluation and Diagnosis	\$144.00
D5110	Complete Denture- Maxillary	\$1,330.00
D5120	Complete Denture-Mandibular	\$1,330.00
D5211	Upper Partial Resin Base	\$1000.00
D5212	Lower Partial Resin Base	\$1000.00
05213	Maxillary Partial Denture-Cast Metal Frame-Resin base	\$1500.00
D5214	Mandibular Partial Denture-Cast Metal Frame-Resin Base	\$1,500.00
D5410	Adjust Complete Denture Maxillary	\$69.00
05411	Adjust Complete Denture Mandibular	\$69.00
D5421	Adjust Partial Denture-Maxillary	\$69.00
D5422	Adjust Partial Denture- Mandibular	\$69.00
D5511	Repair Broken Complete Denture Base, Mandibular	\$167.00

OPEN SOLICITATION# 1155406 FOR ORAL HEALTH SERVICES

FORM CONTRACT #

D5512	Repair Broken Complete Denture Base, Maxillary	\$167.00
D5520	Replace Missing or Broken Teeth Complete Denture Each Tooth	\$134.00
D5621	Repair Cast Partial Framework- Mandibular	\$132.00
D5622	Repair Cast Partial Framework- Maxillary	\$132.00
D5630	Repair or Replace Broken or Retentive Clasp materials-per tooth	\$207.00
D5640	Replace Broken Teeth per Tooth	\$156.00
D5650	Add Tooth to Existing Partial Denture	\$174.00
D5660	Add Clasp to Existing Partial Denture- per tooth	\$238.00
D5730	Reline Complete Maxillary Denture (Direct)	\$307.00
D5731	Reline Complete Mandibular Denture (Direct)	\$307.00
D5740	Reline Maxillary Partial Denture (Direct)	\$280.00
D5741	Reline Mandibular Partial Denture (Direct)	\$280.00
D5750	Reline Complete Maxillary Denture (Indirect)	\$405.00
D5751	Reline Complete Mandibular Denture (Indirect)	\$405.00
D5760	Reline Maxillary Partial Denture (Indirect)	\$393.00
D5761	Reline Mandibular Partial Denture (Indirect)	\$393.00
D5850	Tissue Conditioning, Maxillary	\$151.00
D5851	Tissue Conditioning, Mandibular	\$151.00
D9932	Cleaning and Inspection of Removable, Complete Denture Maxillary	\$55.00
D9933	Cleaning and Inspection of Removable, Complete Denture Mandibular	\$55.00
D9934	Cleaning and Inspection of Removable, Partial Denture Maxillary	\$55.00
D9935	Cleaning and Inspection of Removable, Partial Denture Mandibular	\$55.00
D9941	Fabrication of Athletic Mouthguard	\$150.00
D9943	Occlusal Guard Adjustment	\$95.00
D9944	Occlusal Guard- Hard Appliance Full Arch	\$300.00
D9945	Occlusal Guard- Soft Appliance- Full Arch	\$300.00
D9946	Occlusal Guard- Hard Appliance Partial Arch	\$300.00
D7140	Extraction, Erupted Tooth or Exposed Root	\$135.00
D7210	Surgical Removal – Erupted Tooth, Removal of Bone/Sectioning of Tooth	\$220.00
D7220	Removal of Impacted Tooth- Soft Tissue	\$250.00
D7230	Removal of Impacted Tooth- Partial Bony	\$300.00
D7240	Removal of Impacted Tooth- Complete Bony	\$400.00
D7250	Removal of Residual Tooth Roots (cutting procedure)	\$230.00
D7280	Exposure of an Unerupted Tooth	\$327.00
D7285	Incisional Biopsy of Oral Tissue- hard (bone, tooth)	\$93.50
D7286	Incisional Biopsy of Oral Tissue- soft	\$100.00
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant	\$200.00
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant	\$150.00
D7320	Alveoplasty not in conjunction with extractions- four or more teeth or tooth spaces per quadrant	\$240.00
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant	\$190.00
D9110	Palliative (Emergency) Treatment of Dental Pain- minor procedure	\$75.00
D9310	Consultation with Specialist (non-treating Dentist or Physician)	\$75.00
D9630	Drugs or medicaments dispensed in the office for home use	\$25.00
D9910	Application of Desensitizing Medicament	\$25.00