



Randolph County Health Department

FY19 Fee Schedule (New Rates are Effective July 1, 2018 to June 30, 2019)

The Health Department fee schedule is subject to change each fiscal year.

Board of Health approved:

5/14/2018

Board of County Commissioners approved:

6/18/2018

HEALTH DEPARTMENT		DENTAL FEES
CDT Code	Description	Current Fee
D0120	PERIODIC ORAL EVALUATION	50.00
D0140	LIMIT ORAL EVAL PROBLEM FOCUS	70.00
D0145	ORAL EVALUATION PT < 3YRS	61.00
D0150	COMPREHENSIVE ORAL EVALUATION	82.00
D0170	Re-Evaluation, Limited-Problem Focused	42.00
D0220	INTRAORAL PERIAPICAL FIRST F	28.00
D0230	INTRAORAL PERIAPICAL EA ADD	22.00
D0270	DENTAL BITEWING SINGLE FILM	24.00
D0272	DENTAL BITEWINGS TWO FILMS	42.00
D0273	BITEWINGS-THREE RADIOGRAPHIC IMAGES	48.00
D0274	DENTAL BITEWINGS FOUR FILMS	55.00
D0330	DENTAL PANORAMIC FILM	110.00
D0470	DIAGNOSTIC CASTS	60.00
D1110	DENTAL PROPHYLAXIS ADULT	70.00
D1120	DENTAL PROPHYLAXIS CHILD	55.00
D1206	TOPICAL FLUORIDE VARNISH	35.00
D1208	TOPICAL FLUOR (UNDER AGE 21)	35.00
D1351	DENTAL SEALANT PER TOOTH	53.00
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION-PER TOOTH	23.00
D1510	SPACE MAINTAINER FIXED UNILAT	280.00
D1515	FIXED BILAT SPACE MAINTAINER	380.00
D1575	DISTAL SHOE SPACE MAINTAINER	280.00
D2140	AMALGAM ONE SURFACE PERMANENT	110.00
D2150	AMALGAM TWO SURFACES PERMANENT	140.00
D2160	AMALGAM THREE SURFACES PERMANENT	170.00
D2161	AMALGAM 4 OR > SURFACES PERM	200.00
D2330	RESIN 1 SURFACE - ANT	120.00
D2331	RESIN 2 SURFACES - ANT	130.00
D2332	RESIN 3 SURFACES - ANT	190.00
D2335	RESIN 4+ SURF OR W INCISAL ANT	220.00
D2390	RESIN-BASED COMPOSITE CROWN ANT	220.00
D2391	RESIN-BASED COMPOSITE-1 SURF PSTR	150.00
D2392	RESIN-BASED COMPOSITE-2 SURF PSTR	180.00
D2393	RESIN-BASED COMPOSITE-3 SURF PSTR	235.00
D2394	RESIN-BASED COMPOSITE-4+ SURF PSTR	250.00
D2920	DENTAL RECEMENT CROWN	53.00
D2930	PREFAB STAINLESS STEEL CROWN PRI	250.00
D2931	PREFAB STAINLESS STEEL CROWN PE	250.00
D2933	PREBAC STAINLESS STEEL CROWN RESIN WNDW	250.00



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CDT Code	Description	Current Fee
D2934	PREFAB ESTHETIC COATED STAINLESS STEEL CRN	250.00
D2940	PROTECTIVE RESTORATION	76.00
D2951	TOOTH PIN RETENTION	20.20
D3110	PULP CAP DIRECT	40.00
D3120	PULP CAP INDIRECT	30.00
D3220	THERAPEUTIC PULPOTOMY	150.00
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS	120.00
D3230	PULPAL THERAPY - ANTERIOR, PRIMARY TOOTH	200.00
D3240	PULPAL THERAPY - POSTERIOR, PRIMARY TOOTH	275.00
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH	400.00
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH	475.00
D4341	PERIODONTAL SCALING & ROOT PLANING 4+ TEETH	105.00
D4342	PERIODONTAL SCALING & ROOT PLANING 1-3 TEETH	85.00
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SERVERE GINGIVAL INFLAAMMATION	80.00
D4355	FULL MOUTH DEBRIDEMENT	125.00
D4910	PERIODONTAL MAINTENANCE	85.00
D7111	EXTRACTION CORONAL REMNANTS	75.00
D7140	EXTRACTION ERUPTED TOOTH/EXR	140.00
D7210	SURG REM ERPTD TOOTH/BONE W/ MUCOP	200.00
D7270	TOOTH REIMPLANTATION	250.00
D7510	I&D ABSCESS INTRAORAL SOFT TISSUE	154.00
D7520	I & D ABSCESS EXTRAORAL	747.00
D7971	EXCISION OF PERICORONAL GINGIVA	200.00
D9110	PALLIATIVE TX DENTAL PAIN - MINOR PROC	60.00
D9230	NITROUS OXIDE SEDATION	60.00
D9310	DENTAL CONSULTATION	35.00
MOV	Dental Minimum Office Visit Self Pay	30.00
S7140	Extraction of Supernumerary Tooth	140.00
SPMOV	Special Procedures Minimum Office Visit	100.00