

CDT Code	Procedure Name	Office Fee	Clerti Plan Fee
D0120	periodic oral evaluation - established patient	\$105	\$0
D0140	limited oral evaluation - problem focused	\$150	\$0
D0150	comprehensive oral evaluation - new or established patient	\$125	\$0
D0210	intraoral - complete series of radiographic images	\$175	\$0
D0220	intraoral - periapical first radiographic image	\$35	\$0
D0230	intraoral - periapical each additional radiographic image	\$20	\$0
D0270	bitewing - single radiographic image	\$35	\$0
D0272	bitewings - two radiographic images	\$55	\$0
D0274	bitewings - four radiographic images	\$65	\$0
D0330	panoramic radiographic image	\$85	\$0
D1110	prophylaxis - adult	\$205	\$0
D1120	prophylaxis - child	\$185	\$0
D1206	topical application of fluoride varnish	\$65	\$0
D1208	topical application of fluoride – excluding varnish	\$55	\$0
D2330	resin-based composite - one surface, anterior	\$295	\$236
D2331	resin-based composite - two surfaces, anterior	\$350	\$280
D2332	resin-based composite - three surfaces, anterior	\$385	\$308
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$475	\$380
D2391	resin-based composite - one surface, posterior	\$325	\$260
D2392	resin-based composite - two surfaces, posterior	\$395	\$316
D2393	resin-based composite - three surfaces, posterior	\$425	\$340
D2394	resin-based composite - four or more surfaces, posterior	\$485	\$388
D2610	inlay - porcelain/ceramic - one surface	\$550	\$440
D2620	inlay - porcelain/ceramic - two surfaces	\$850	\$680
D2630	inlay - porcelain/ceramic - three or more surfaces	\$950	\$760
D2642	onlay - porcelain/ceramic - two surfaces	\$1,650	\$1,320
D2643	onlay - porcelain/ceramic - three surfaces	\$1,850	\$1,480
D2644	onlay - porcelain/ceramic - four or more surfaces	\$1,900	\$1,520
D2712	crown - ¾ resin-based composite (indirect)	\$1,850	\$1,480
D2740	crown - porcelain/ceramic	\$1,950	\$1,560
D2750	crown - porcelain fused to high noble metal	\$2,300	\$1,840
D2790	crown - full cast high noble metal	\$2,850	\$2,280
D2954	prefabricated post and core in addition to crown	\$490	\$392
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$1,250	\$1,000
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$1,400	\$1,120
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$1,850	\$1,480
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$275	\$220
D4342	periodontal scaling and root planing - one to three teeth per quadrant	\$225	\$180
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$205	\$164
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$210	\$168
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue,	\$125	\$100
D6057	custom fabricated abutment – includes placement	\$2,100	\$1,680
D6058	abutment supported porcelain/ceramic crown	\$1,300	\$1,040
D4910	periodontal maintenance	\$205	\$0
D8090	comprehensive orthodontic treatment of the adult dentition	\$5,750	\$4,600
D9944	occlusal guard – hard appliance, full arch	\$795	\$636
D9945	occlusal guard – soft appliance, full arch	\$795	\$636
D9978	in office whitening in addition to kit	\$795	\$636