

ADA Proc	Description	GP Oahu	Pedo Oahu	OS Oahu	Endo Oahu	Ortho Oahu
D0120	Periodic Oral Evaluation	29.12	29.54	29.12	29.12	29.12
D0140	Limited Oral Evaluation - Problem Focused	29.12	29.54	33.28	29.12	29.12
D0145	Oral Evaluation for a patient under 3 years of age	29.12	29.54	29.12	29.12	29.12
D0150	Comprehensive Oral Evaluation	29.12	29.54	29.12	29.12	29.12
D0210	Intraoral - Complete Series	58.24	58.24	58.24	58.24	58.24
D0220	Intraoral - Periapical First Radiographic Image	10.92	12.48	16.64	10.92	10.92
D0230	Intraoral - Periapical Each Additional Radiographic Image	6.76	9.15	13.52	6.76	6.76
D0240	Intraoral - Occlusal Radiographic Image	18.72	22.46	18.72	18.72	18.72
D0270	Bitewing - Single Radiographic Image	10.19	10.19	10.19	10.19	10.19
D0272	Bitewings - Two Radiographic Images	18.93	19.97	18.93	18.93	18.93
D0274	Bitewings - Four Radiographic Images	25.48	33.28	25.48	25.48	25.48
D0290	Posterior-Anterior, Lateral Skull/Facial Bone Radiographic Image	67.60	67.60	67.60	67.60	67.60
D0310	Sialography	67.60	67.60	67.60	67.60	67.60
D0330	Panoramic Radiographic Image	47.32	56.16	67.60	47.32	67.60
D0340	Cephalometric Radiographic Image	62.40	62.40	83.20	62.40	83.20
D0364	Cone Beam CT with limited field of view- less than one whole jaw*	-	-	139.60	-	-
D0365	Cone beam CT with field of view of one full dental arch- mandible*	-	-	139.60	-	-
D0366	Cone beam CT with field of view of one full dental arch – maxilla*	-	-	139.60	-	-
D0367	Cone Beam CT - Field of View of Both Jaws*	-	-	139.60	-	-
D0470	Diagnostic Casts	70.00	70.00	70.00	70.00	70.00
D1110	Prophylaxis - Adult	36.40	44.10	36.40	36.40	36.40
D1120	Prophylaxis - Child	26.00	30.37	26.00	26.00	26.00
D1206	Topical Application of Fluoride Varnish	4.16	4.16	4.16	4.16	4.16
D1208	Topical Application of Fluoride	4.16	4.16	4.16	4.16	4.16
D1351	Sealant - Per Permanent Molar	24.32	29.74	24.32	24.32	24.32
D1510	Space Maintainer - Fixed - Unilateral	115.44	144.77	115.44	115.44	115.44
D1515	Space Maintainer - Fixed - Bilateral	149.76	187.20	149.76	149.76	149.76
D1550	Re-cement/Re-bond of Space Maintainer	31.20	45.34	31.20	31.20	31.20
D1555	Removal of Fixed Space Maintainer	41.04	42.84	41.04	41.04	41.04
D2140	Amalgam - One Surface - Permanent	38.53	43.89	38.53	38.53	38.53
D2140	Amalgam - One Surface - Primary	38.53	43.89	38.53	38.53	38.53
D2150	Amalgam - Two Surfaces - Permanent	50.02	53.87	50.02	50.02	50.02
D2150	Amalgam - Two Surfaces - Primary	50.02	53.87	50.02	50.02	50.02
D2160	Amalgam - Three Surfaces - Permanent	60.63	65.73	60.63	60.63	60.63
D2160	Amalgam - Three Surfaces - Primary	60.63	65.73	60.63	60.63	60.63
D2161	Amalgam - Four or More Surfaces - Permanent	66.90	81.54	66.90	66.90	66.90
D2161	Amalgam - Four or More Surfaces - Primary	66.90	81.54	66.90	66.90	66.90

ADA Proc	Description	GP Oahu	Pedo Oahu	OS Oahu	Endo Oahu	Ortho Oahu
D2330	Resin - One Surface, Anterior - Permanent	42.95	49.34	42.95	42.95	42.95
D2330	Resin - One Surface, Anterior - Primary	34.36	41.77	34.36	34.36	34.36
D2331	Resin - Two Surfaces, Anterior - Permanent	65.73	75.88	65.73	65.73	65.73
D2331	Resin - Two Surfaces, Anterior - Primary	52.58	60.74	52.58	52.58	52.58
D2332	Resin - Three Surfaces, Anterior - Permanent	76.96	97.01	76.96	76.96	76.96
D2332	Resin - Three Surfaces, Anterior - Primary	61.57	81.37	61.57	61.57	61.57
D2335	Resin - Four or More Surfaces/Incisal Angle, Anterior - Permanent	85.80	117.31	85.80	85.80	85.80
D2335	Resin - Four or More Surfaces/Incisal Angle, Anterior - Primary	68.64	86.44	68.64	68.64	68.64
D2391	Resin - One Surface, Posterior - Permanent	38.53	43.89	38.53	38.53	38.53
D2391	Resin - One Surface, Posterior - Primary	38.53	43.89	38.53	38.53	38.53
D2392	Resin - Two Surfaces, Posterior - Permanent	50.02	53.87	50.02	50.02	50.02
D2392	Resin - Two Surfaces, Posterior - Primary	50.02	53.87	50.02	50.02	50.02
D2393	Resin - Three Surfaces, Posterior - Permanent	60.63	65.73	60.63	60.63	60.63
D2393	Resin - Three Surfaces, Posterior - Primary	60.63	65.73	60.63	60.63	60.63
D2394	Resin - Four or More Surfaces, Posterior - Permanent	66.90	81.54	66.90	66.90	66.90
D2394	Resin - Four or More Surfaces, Posterior - Primary	66.90	81.54	66.90	66.90	66.90
D2740	Crown - porcelain ceramic substrate	234.00	234.00	234.00	234.00	234.00
D2750	Crown - porcelain fused to high noble metal	234.00	234.00	234.00	234.00	234.00
D2752	Crown - Porcelain Fused to Noble Metal	234.00	234.00	234.00	234.00	234.00
D2790	Crown - Full cast high noble metal	234.00	234.00	234.00	234.00	234.00
D2792	Crown - Full Cast Noble Metal	234.00	234.00	234.00	234.00	234.00
D2910	Re-cement/Re-bond Partial Coverage Restoration	28.08	28.08	28.08	28.08	28.08
D2920	Re-cement/Re-bond Crown	28.08	28.08	28.08	28.08	28.08
D2930	Prefabricated Stainless Steel Crown - Primary	74.36	78.04	74.36	74.36	74.36
D2931	Prefabricated Stainless Steel Crown - Permanent	80.60	101.50	80.60	80.60	80.60
D2932	Prefabricated Resin Crown	46.80	46.80	46.80	46.80	46.80
D2933	Prefabricated stainless steel crown with resin window	74.36	78.04	74.36	74.36	74.36
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	74.36	78.04	74.36	74.36	74.36
D2950	Core Buildup, Including Any Pins	62.40	62.40	62.40	62.40	62.40
D2951	Pin Retention - Per Tooth, In Addition to Restoration	15.60	15.60	15.60	15.60	15.60
D2952	Post and Core In Addition to Crown, Indirectly Fabricated	96.72	96.72	96.72	96.72	96.72
D2954	Prefabricated Post and Core In Addition to Crown	74.88	74.88	74.88	74.88	74.88
D2970	Temporary Crown (Fractured tooth)	46.80	46.80	46.80	46.80	46.80
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	67.60	67.60	91.52	67.60	67.60
D3222	Partial Pulpotomy for Apexogenesis - Permanent	40.56	40.56	40.56	40.56	40.56
D3230	Pulpal therapy (resorbable filling)-anterior primary tooth (excluding final restoration)	71.44	89.89	71.44	89.89	71.44
D3240	Pulpal therapy (resorbable filling-posterior primary tooth (excluding final restoration)	87.93	110.63	87.93	110.63	87.93

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D3310	Endodontic Therapy - Anterior	260.00	260.00	260.00	473.20	260.00
D3320	Endodontic Therapy - Bicuspid	338.00	338.00	338.00	535.60	338.00
D3330	Endodontic Therapy - Molar	416.00	416.00	416.00	650.00	416.00
D3346	Retreatment of Previous Root Canal Therapy - Anterior	260.00	260.00	260.00	473.20	260.00
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	338.00	338.00	338.00	535.60	338.00
D3348	Retreatment of Previous Root Canal Therapy - Molar	416.00	416.00	416.00	650.00	416.00
D3351	Apexification/Recalcification - Initial Visit	80.29	80.29	80.29	80.29	80.29
D3352	Apexification/Recalcification - Interim Medication Replacement	36.40	74.96	36.40	36.40	36.40
D3353	Apexification/Recalcification - Final Visit	36.40	74.96	36.40	36.40	36.40
D3410	Apicoectomy - Anterior	224.88	224.88	224.88	224.88	224.88
D3421	Apicoectomy - Bicuspid	247.37	247.37	247.37	247.37	247.37
D3425	Apicoectomy - Molar	283.35	283.35	283.35	283.35	283.35
D4341	Periodontal Scaling/Root Planing (4 or More Teeth per Quad)	90.00	90.00	90.00	90.00	90.00
D4342	Periodontal Scaling/Root Planing (1-3 Teeth)	48.00	48.00	48.00	48.00	48.00
D4355	Full Mouth Debridement	56.00	56.00	56.00	56.00	56.00
D4910	Periodontal Maintenance	41.00	41.00	41.00	41.00	41.00
D5110	Complete Denture - Maxillary	500.00	500.00	500.00	500.00	500.00
D5120	Complete Denture - Mandibular	500.00	500.00	500.00	500.00	500.00
D5130	Immediate Denture - Maxillary	416.00	416.00	416.00	416.00	416.00
D5140	Immediate Denture - Mandibular	416.00	416.00	416.00	416.00	416.00
D5211	Maxillary Partial Denture - Resin Base	416.00	416.00	416.00	416.00	416.00
D5212	Mandibular Partial Denture - Resin Base	416.00	416.00	416.00	416.00	416.00
D5213	Maxillary Partial Denture - Cast Metal Base	500.00	500.00	500.00	500.00	500.00
D5214	Mandibular Partial Denture - Cast Metal Base	500.00	500.00	500.00	500.00	500.00
D5410	Adjust Complete Denture - Maxillary	41.81	41.81	41.81	41.81	41.81
D5411	Adjust Complete Denture - Mandibular	37.44	37.44	37.44	37.44	37.44
D5421	Adjust Partial Denture - Maxillary	28.08	28.08	28.08	28.08	28.08
D5422	Adjust Partial Denture - Mandibular	26.21	26.21	26.21	26.21	26.21
D5510	Repair Broken Complete Denture Base	43.68	43.68	43.68	43.68	43.68
D5520	Replace Missing/Broken tooth - Complete Denture	49.92	49.92	49.92	49.92	49.92
D5610	Repair Resin Denture Base	45.43	45.43	45.43	45.43	45.43
D5620	Repair Cast Framework	49.92	49.92	49.92	49.92	49.92
D5630	Repair/Replace Broken Clasp	49.92	49.92	49.92	49.92	49.92
D5640	Replace Broken Teeth - Per Tooth	43.68	43.68	43.68	43.68	43.68
D5650	Add Tooth to Existing Partial Denture	72.80	72.80	72.80	72.80	72.80
D5660	Add Clasp to Existing Partial Denture	42.01	42.01	42.01	42.01	42.01
D5710	Rebase Complete Maxillary Denture	135.20	135.20	135.20	135.20	135.20
D5711	Rebase Complete Mandibular Denture	135.20	135.20	135.20	135.20	135.20
D5720	Rebase Maxillary Partial Denture	90.95	90.95	90.95	90.95	90.95

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D5721	Rebase Mandibular Partial Denture	90.95	90.95	90.95	90.95	90.95
D5750	Reline Complete Maxillary Denture (Laboratory)	140.40	140.40	140.40	140.40	140.40
D5751	Reline Complete Mandibular Denture (Laboratory)	145.60	145.60	145.60	145.60	145.60
D5760	Reline Complete Maxillary Partial Denture (Laboratory)	116.48	116.48	116.48	116.48	116.48
D5761	Reline Complete Mandibular Partial Denture (Laboratory)	121.68	121.68	121.68	121.68	121.68
D7111	Extraction, coronal remnants-decidual tooth	50.70	54.00	54.00	50.70	50.70
D7140	Extraction, Erupted Tooth/Exposed Root - Permanent	67.60	67.60	67.60	67.60	67.60
D7140	Extraction, Erupted Tooth/Exposed Root - Primary	46.80	46.80	46.80	46.80	46.80
D7210	Surgical Removal of Erupted Tooth	145.60	145.60	171.60	145.60	145.60
D7220	Removal of Impacted Tooth - Soft Tissue	167.44	167.44	213.20	167.44	167.44
D7230	Removal of Impacted Tooth - Partially Bony	245.44	245.44	301.60	245.44	245.44
D7240	Removal of Impacted Tooth - Completely Bony	302.64	302.64	364.00	302.64	302.64
D7241	Removal of Impacted Tooth - Completely Bony, Complicated	302.64	302.64	364.00	302.64	302.64
D7250	Surgical Removal of Residual Tooth Roots	99.84	99.84	234.00	99.84	99.84
D7260	Oroanral Fistula Closure	99.84	99.84	312.00	99.84	99.84
D7270	Tooth Reimplantation/Stabilization of Erupted/Displaced Tooth	98.80	98.80	286.00	98.80	98.80
D7280	Surgical Access of an Unerupted Tooth	156.00	156.00	303.68	156.00	156.00
D7282	Mobilization of Erupted/Malpositioned Tooth to Aid Eruption	78.00	78.00	151.34	78.00	78.00
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	78.00	78.00	83.00	78.00	78.00
D7285	Biopsy of Oral Tissue - Hard (Bone, tooth)	78.00	78.00	195.52	78.00	78.00
D7286	Biopsy of Oral Tissue - Soft	78.00	78.00	195.52	78.00	78.00
D7310	Alveoloplasty with Extractions (4 or More Teeth per Quad)	93.60	93.60	197.60	93.60	93.60
D7311	Alveoloplasty with Extractions (1-3 Teeth)	36.40	36.40	124.80	36.40	36.40
D7320	Alveoloplasty without Extractions (4 or More Teeth per Quad)	78.00	78.00	241.28	78.00	78.00
D7321	Alveoloplasty without Extractions (1-3 Teeth)	31.20	31.20	156.00	31.20	31.20
D7410	Excision of Benign Lesion up to 1.25 cm	177.96	177.96	177.96	177.96	177.96
D7411	Excision of Benign Lesion greater than 1.25 cm	236.82	236.82	236.82	236.82	236.82
D7510	Incision and Drainage of Abscess, Intraoral	62.40	76.96	104.00	62.40	62.40
D7960	Frenulectomy	75.00	75.00	75.00	75.00	75.00
D7970	Excision of Hyperplastic Tissue - Per Arch	208.00	208.00	208.00	208.00	208.00
D7971	Excision of Pericoronal Gingiva	32.03	94.43	124.80	32.03	32.03
D8010	Limited orthodontic treatment of the primary dentition*	-	-	-	-	1,311.05
D8020	Limited orthodontic treatment of the transitional dentition*	-	-	-	-	1,311.05
D8050	Interceptive Orthodontic Treatment - Primary Dentition*	-	-	-	-	2,017.00
D8060	Interceptive Orthodontic Treatment - Transitional Dentition*	-	-	-	-	2,017.00

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D8070	Comprehensive Orthodontic Treatment - Transitional Dentition*	-	-	-	-	5,044.00
D8080	Comprehensive Orthodontic Treatment - Adolescent Dentition*	-	-	-	-	5,044.00
D8090	Comprehensive Orthodontic Treatment - Adult Dentition*	-	-	-	-	5,044.00
D8660	Pre-orthodontic Treatment Examination*	-	-	-	-	120.00
D9110	Palliative (Emergency) Treatment of Dental Pain	59.28	59.28	74.88	59.28	59.28
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	55.99	58.24	55.99	55.99	55.99
D9241	Intravenous Sedation/Analgesia - First 30 min	208.00	208.00	218.40	208.00	208.00
D9242	Intravenous Sedation/Analgesia - Each Additional 15 min	52.00	52.00	52.00	52.00	52.00
D9243	Intravenous moderate sedation/analgesia-each 15 minute increment	104.00	104.00	109.20	104.00	104.00
D9310	Consultation - Diagnostic Service*	-	66.56	66.56	66.56	66.56
D9420	Hospital/Ambulatory Surgical Center Call	66.56	66.56	66.56	66.56	66.56
D9440	Office Visit - After Regularly Scheduled Office Hours	60.00	60.00	60.00	60.00	60.00

***Note: The blanks indicate that only certain specialties are paid for the procedure. If a fee does not show for the dentist's specialty, he/she would have to request a special consideration from the dental director in order to be paid for the procedure.***