



**2018 Boston University Dental Health Centers
Summary Fee Schedule (BUHP Plan)**

<u>Proc.</u>	<u>Description</u>	<u>Fee</u>	<u>Benefit</u>	<u>Copay</u>
<u>Diagnostic</u>				
D0120	Periodic oral exam - every 6 months	\$43.00	\$43.00	\$0.00
D0140	Limited oral exam - problem focused - limit three per 6 months	\$85.00	\$85.00	\$0.00
D0150	Comprehensive oral evaluation - limit 3 in lifetime	\$88.00	\$88.00	\$0.00
D0210	Itraoral fms and bitewings - limit every 60 months	\$134.00	\$134.00	\$0.00
D0274	Bitewings - four films - every 6 months	\$77.00	\$77.00	\$0.00
D0330	Panorex- limit every 60 months	\$129.00	\$129.00	\$0.00
<u>Preventive</u>				
D1110	Adult prophylaxis -(cleaning)- limited every six months	\$108.00	\$108.00	\$0.00
D1120	Child prophylaxis - under 14years old	\$79.00	\$79.00	\$0.00
D1208	Top appl fl ex prophy-adult -under 14 years old	\$45.00	\$45.00	\$0.00
D1351	Dental sealants - per tooth under 14 years old	\$70.00	\$70.00	\$0.00
D2140	1 Surface amalgam	\$135.00	\$135.00	\$0.00
D2150	2 Surface amalgam	\$165.00	\$165.00	\$0.00
D2160	3 Surface amalgam	\$175.00	\$175.00	\$0.00
D2161	4+ Surface amalgam	\$211.00	\$211.00	\$0.00
D2330	1 Surface composite - anterior	\$155.00	\$155.00	\$0.00
D2331	2 Surface Composite -anterior	\$180.00	\$180.00	\$0.00
D2332	3 Surface Composite -anterior	\$216.00	\$216.00	\$0.00
D2335	Comp. 4+ surf.or involving icicsal angle ant.	\$270.00	\$270.00	\$0.00
<u>Endodontics - Root Canal Therapy</u>				
D3310	Anterior endodontics	\$927.00	\$556.20	\$370.80
D3320	Bicuspid endodontics	\$1,150.00	\$690.00	\$460.00
D3330	Molar endodontics	\$1,350.00	\$810.00	\$540.00
<u>Periodontics</u>				
D4210	Gingivectomy -quad.four or more teeth - One per quad. 36 months	\$567.00	\$340.20	\$226.80
D4240	Gingival flap,inc.root planning- four + teeth - One per quad. 36 mon	\$927.00	\$556.20	\$370.80
D4260	Oss surg four or more teeth per quad - One per quad. 36 months	\$1,390.00	\$834.00	\$556.00
D4261	Oss surg one to three per quad - One per quad. 36 months	\$1,107.00	\$664.20	\$442.80
D4263	Bone replacement graft- first site in quad - One per quad. 36 month	\$470.00	\$282.00	\$188.00
D4270	Pedicle soft tissue grafts - One per quad. 36 months	\$1,015.00	\$609.00	\$406.00
D4277	Fee soft tissue grafts - One per quad. 36 months	\$1,236.00	\$741.60	\$494.40
D4341	Perio scaling 4+ teeth per quadrant - One per quad. per 24 months	\$252.00	\$151.20	\$100.80
D4346	Perio scaling in presence of gingival inflammation	\$108.00	\$108.00	\$0.00
D4910	Periodontal prophylaxis - every 3 months	\$150.00	\$90.00	\$60.00
<u>Removable Prosthodontics</u>				
D5110	Full upper denture	\$1,545.00	\$927.00	\$618.00
D5120	Full lower denture	\$1,545.00	\$927.00	\$618.00
D5130	Immediate upper denture	\$1,648.00	\$988.80	\$659.20
D5140	Immediate lower denture	\$1,648.00	\$988.80	\$659.20
D5211	Upper partial resin base	\$979.00	\$587.40	\$391.60
D5212	Lower partial resin base	\$979.00	\$587.40	\$391.60
D5213	Upper partial cast metal/resin base	\$1,648.00	\$988.80	\$659.20
D5214	Lower partial cast metal/resin base	\$1,648.00	\$988.80	\$659.20
D5730	Reline complete upper denture - office	\$361.00	\$361.00	\$0.00

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<u>Fixed Prosthodontics</u>				
D2750	Crown-porcelain/high noble metal - over 16 years old	\$1,450.00	\$870.00	\$580.00
D2790	High noble full cast	\$1,400.00	\$840.00	\$560.00
D2952	Cast post and core	\$470.00	\$282.00	\$188.00
D2954	Pre fab post and core	\$360.00	\$216.00	\$144.00
D6010	Surgical Placement :Endosteal Implant	\$2,060.00	\$1,236.00	\$824.00
D6057	Custom abutment	\$850.00	\$510.00	\$340.00
D6066	Implant supported porcelain /metal crown	\$1,500.00	\$900.00	\$600.00
D6210	Pontic high noble metal	\$1,450.00	\$870.00	\$580.00
D6240	Pontic porcelain to high noble	\$1,450.00	\$870.00	\$580.00
D6610	Onlay-cast high noble two surfaces	\$1,225.00	\$735.00	\$490.00
D6750	Abutment-porc./high noble	\$1,450.00	\$870.00	\$580.00
D6790	Abutment high noble full cast	\$1,450.00	\$870.00	\$580.00
<u>Oral Surgery</u>				
D7140	Extraction, erupted tooth or exposed root	\$148.00	\$88.80	\$59.20
D7210	Surgical extraction	\$285.00	\$171.00	\$114.00
D7220	Soft tissue impaction	\$370.00	\$222.00	\$148.00
D7230	Partial bony impaction	\$487.00	\$292.20	\$194.80
D7240	Full bony impaction	\$665.00	\$399.00	\$266.00
D7250	residual root recovery surgical	\$297.00	\$178.20	\$118.80
D7960	Frenectomy	\$464.00	\$278.40	\$185.60
<u>Orthodontics*</u>				
D8040	Limited orthodontic treatment of Adult dentition	\$4,200.00	\$2,000.00	\$2,200.00
D8060	Interceptive orth.child	\$3,100.00	\$1,550.00	\$1,550.00
D8080	Comprehensive ortho treatment - child	\$5,700.00	\$2,000.00	\$3,700.00
D8090	Comprehensive orthodontic treatment-adult	\$6,000.00	\$2,000.00	\$4,000.00
D8210	Removable appliance therapy	\$2,300.00	\$1,150.00	\$1,150.00
*Lifetime Benefit for Orthodontic treatment equals \$2000				
<u>Adjunct</u>				
D9110	Existing patient emergency	\$125.00	\$75.00	\$50.00
D9223	General Anesthesia (each 15 minutes)	\$125.00	\$125.00	\$0.00
D9243	Analgesia, anxiolysis, inhalation of nitrous oxide	\$137.00	\$137.00	\$0.00
D9310	Consultation per session	\$98.00	\$98.00	\$0.00
D9940	Occlusal guards	\$450.00	\$270.00	\$180.00
D9951	Occlusal adj. limited - One per 24 months per quadrant	\$194.00	\$116.40	\$77.60
D9952	Occlusal adj. Complete -3 months after surgery	\$400.00	\$240.00	\$160.00

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