

Code	Description	Fee
120	Periodic Exam	\$90
140	Limited Oral Evaluation	\$121
150	Comprehensive Oral Evaluation	\$137
180	Comprehensive Perio Evaluation	\$110
210	Complete Series of Radiographs	\$197
220	Periapical Radiograph	\$30
272	Two Bite Wing Radiograph	\$45
274	Four Bite Wing Radiograph	\$65
330	Panoramic Radiograph	\$157
1110	Adult Prophylaxis	\$133
1120	Child Prophylaxis	\$100
2391	Resin Composite 1 Surface	\$234
2392	Resin Composite 2 Surface	\$312
2393	Resin Composite 3 Surface	\$380
2394	Resin Composite 4 Surface	\$447