

**GREENE COUNTY HEALTH CARE, INC
OPERATIONAL POLICY IM 0330
ATTACHMENT "B"**

TIER I

DIAGNOSTIC		FULL CHARGE
D0001	POST-OP/SUTURE REMOVAL	35.00
D0120	PERIODIC ORAL EVALUATION	67.00
D0140	LIMIT ORAL EVAL PROBLM FOCUS	35.00
D0145	ORAL EVAL UNDER 3 YEARS OLD	45.00
D0150	COMPREHENSIVE ORAL EVALUATION	101.00
D0210	INTRAORAL-FULL SERIES	101.00
D0220	INTRAORAL - PERIAPICAL FIRST FILM	20.00
D0230	INTRAORAL - PERIAPICAL EA ADD FILM	15.00
D0240	INTRAORAL-OCCLUSAL	13.00
D0270	BITEWING - SINGLE FILM	13.00
D0272	BITEWINGS - TWO FILMS	27.00
D0274	BITEWINGS - FOUR FILMS	54.00
D0330	PANORAMIC FILM	67.00
D0340	CEPHALOMETRIC FILM	67.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
30.00	31.00	32.00	33.00
INCLUDED IN NOMINAL \$30 FEE	16.75	33.50	50.25
	8.75	17.50	26.25
	11.25	22.50	33.75
30.00	31.00	50.50	75.75
INCLUDED IN NOMINAL \$30 FEE	31.00	50.50	75.75
	5.00	10.00	15.00
	3.75	7.50	11.25
	3.25	6.50	9.75
	3.25	6.50	9.75
	6.75	13.50	20.25
	13.50	27.00	40.50
16.75	33.50	50.25	
16.75	33.50	50.25	

PREVENTIVE		FULL CHARGE
D1110	DENTAL PROPHYLAXIS ADULT	80.00
D1120	DENTAL PROPHYLAXIS CHILD	60.00
D1206	TOPICAL FLUOR VARNISH-THERAPEUTIC	35.00
D1351	DENTAL SEALANT PER TOOTH	34.00
D1550	RECEMENT SPACE MAINTAINER	40.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
INCLUDED IN NOMINAL \$30 FEE	31.00	40.00	60.00
	31.00	32.00	45.00
	8.75	17.50	26.25
5.00	8.50	17.00	25.50
30.00	31.00	32.00	33.00

RESTORATIVE		FULL CHARGE
D2140	AMALGAM ONE SURFACE PERMANENT	101.00
D2150	AMALGAM TWO SURFACES PERMANENT	134.00
D2160	AMALGAM THREE SURFACES PERMANENT	201.00
D2161	AMALGAM 4 OR > SURFACES PERMANENT	268.00
D2330	RESIN ONE SURFACE-ANTERIOR	168.00
D2331	RESIN TWO SURFACES-ANTERIOR	201.00
D2332	RESIN THREE SURFACES-ANTERIOR	268.00
D2335	RESIN 4/> SURF OR W INCIS AN	336.00
D2391	POST 1 SRFC RESINBASED CMPST	168.00
D2392	POST 2 SRFC RESINBASED CMPST	201.00
D2393	POST 3 SRFC RESINBASED CMPST	302.00
D2394	POST >=4SRFC RESINBASED CMPST	336.00
D2920	DENTAL RECEMENT CROWN	101.00
D2930	PREFAB STNLSS STEEL CRWN PRIMARY	201.00
D2931	PREFAB STNLSS STEEL CROWN PERMANENT	275.00
D2940	DENTAL SEDATIVE FILLING	34.00
D2951	TOOTH PIN RETENTION	50.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
30.00	31.00	50.50	75.75
30.00	33.50	67.00	100.50
30.00	50.25	100.50	150.75
30.00	67.00	134.00	201.00
30.00	42.00	84.00	126.00
30.00	50.25	100.50	150.75
30.00	67.00	134.00	201.00
30.00	84.00	168.00	252.00
30.00	42.00	84.00	126.00
30.00	50.25	100.50	150.75
30.00	75.50	151.00	226.50
30.00	84.00	168.00	252.00
30.00	31.00	50.50	75.75
30.00	50.25	100.50	150.75
30.00	68.75	137.50	206.25
30.00	31.00	32.00	33.00
30.00	31.00	32.00	37.50

ENDODONTICS		FULL CHARGE
D3220	THERAPEUTIC PULPOTOMY	134.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
30.00	33.50	67.00	100.50

PERIODONTICS		FULL CHARGE
D4240	GINGIVAL FLAP PROC W/PLANING	403.00
D4241	GINGIVAL FLAP PROC W/ROOT PLANING 1-3	302.00
D4341	PERIODONTAL SCALING & ROOT	201.00
D4342	PERIODONTAL SCALING 1-3TEETH	150.00
D4355	FULL MOUTH DEBRIDEMENT	170.00
D4260	OSSEOUS SURGERY PER QUADRANT	800.00
D4261	OSSEOUS SURGERY 3 TEETH PER QUADRANT	700.00
D4910	PERIO MAINTENANCE PROCEDURES	100.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
30.00	100.75	201.50	302.25
30.00	75.50	151.00	226.50
30.00	50.25	100.50	150.75
30.00	37.50	75.00	112.50
30.00	42.50	85.00	127.50
30.00	200.00	400.00	600.00
30.00	175.00	350.00	525.00
30.00	31.00	50.00	75.00

PROSTHODONTICS-REMOVABLE		FULL CHARGE
D5410	ADJUST DENTURE-MAX	50.00
D5411	ADJUST COMPLETE DENTURE-MAND	50.00
D5421	ADJUST PARTIAL DENTURE-MAX	55.00
D5422	ADJUST PARTIAL DENTURE-MAND	55.00
D5730	DENTURE RELN CMLPT MAXIL CH	220.00
D5731	DENTURE RELN CMLPT MAND CHR	220.00
D5740	DENTURE RELN PART MAXIL CHR	220.00
D5741	DENTURE RELN PART MAND CHR	220.00
D5850	TISSUE CONDITION-MAX	170.00
D5851	TISSUE CONDITION-MAND	170.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
30.00	31.00	32.00	37.50
30.00	31.00	32.00	37.50
30.00	31.00	32.00	41.25
30.00	31.00	32.00	41.25
30.00	55.00	110.00	165.00
30.00	55.00	110.00	165.00
30.00	55.00	110.00	165.00
30.00	55.00	110.00	165.00
30.00	42.50	85.00	127.50
30.00	42.50	85.00	127.50

IMPLANT SERVICES	FULL CHARGE	
D6930	RECEMENT BRIDGE	75.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
30.00	31.00	37.50	56.25

ORAL AND MAXILLOFACIAL SURGERY		FULL CHARGE
D7140	EXTRACTION ERUPTED TOOTH/EXR	134.00
D7210	SURGICAL EXTRACTION	302.00
D7220	SURGICAL EXTRACTION-IMPACTED SOFT TISS	240.00
D7230	SURGICAL EXTRACTION-IMPACTED PARTIAL BONEY	403.00
D7240	SURGICAL EXTRACTION-IMPACTED COMPLETE BONEY	320.00
D7270	TOOTH REIMPLANTATION	604.00
D7285	BIOPSY-ORAL HARD TISSUE	302.00
D7286	BIOPSY-ORAL SOFT TISSUE	201.00
D7310	ALVEOLOPLASTY W/ EXTRACTION	250.00
D7311	ALVEOLOPLASTY W/EXTRACT 1-3	220.00
D7320	ALVEOLOPLASTY W/O EXTRACTION	270.00
D7321	ALVEOLOPLASTY NOT W/EXTRACTS	250.00
D7450	REMOVAL ODONTOGENIC CYST	300.00
D7460	REMOVAL NON-ODONTOGENIC CYST	300.00
D7471	REMOVAL OF EXOSTOSIS-MAX	450.00
D7472	REMOVAL OF TORUS PALATINUS	450.00
D7473	REMOVAL OF TORUS MANDIBULARIS	450.00
D7510	INCISION & DRAINAGE-INTRAORAL	180.00
D7520	INCISION & DRAINAGE-EXTRAORAL	350.00
D7530	REMOVAL OF FOREIGN BODY, SKIN OR TISSUE	300.00
D7910	SUTURE OF RECENT WOUND TO 5 CM	250.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
30.00	33.50	67.00	100.50
30.00	75.50	151.00	226.50
30.00	60.00	120.00	180.00
30.00	100.75	201.50	302.25
30.00	80.00	160.00	240.00
30.00	151.00	302.00	453.00
30.00	75.50	151.00	226.50
30.00	50.25	100.50	150.75
30.00	62.50	125.00	187.50
30.00	55.00	110.00	165.00
30.00	67.50	135.00	202.50
30.00	62.50	125.00	187.50
30.00	75.00	150.00	225.00
30.00	75.00	150.00	225.00
30.00	112.50	225.00	337.50
30.00	112.50	225.00	337.50
30.00	112.50	225.00	337.50
30.00	45.00	90.00	135.00
30.00	87.50	175.00	262.50
30.00	75.00	150.00	225.00
30.00	62.50	125.00	187.50

ADJUNCTIVE GENERAL SERVICES		FULL CHARGE
D9110	PALLIATIVE EMERGENCY TREATMENT	134.00
D9210	LOCAL ANASTH W/O TREATMENT	50.00
D9230	ANALGESIA	120.00
D9248	SEDATION (NON-IV)	100.00
D9310	CONSULT	134.00
D9440	OFFICE VISIT AFTER REGULAR HOURS	120.00
D9910	DESENSITIZING TREATMENT	50.00
D9930	POST-OPERATIVE COMPLICATIONS	50.00
D9950	OCCCLUSION ANALYSIS	100.00
D9951	OCCCLUSAL ADJUSTMENT-LIMITED	50.00
D9970	ENAMEL MICROABRASION	75.00
D9999	VITAL BLEACH PER ARCH	150.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
30.00	33.50	67.00	100.50
30.00	31.00	32.00	37.50
30.00	31.00	60.00	90.00
30.00	31.00	50.00	75.00
30.00	33.50	67.00	100.50
30.00	31.00	60.00	90.00
30.00	31.00	32.00	37.50
30.00	31.00	32.00	37.50
30.00	31.00	50.00	75.00
30.00	31.00	32.00	37.50
30.00	31.00	37.50	56.25
30.00	37.50	75.00	112.50

TIER II

PREVENTIVE		FULL CHARGE
D1510	SPACE MAINTAINER FXD UNILATERAL	300.00
D1515	FIXED BILAT SPACE MAINTAINER	415.00
D1520	REMOVE UNILAT SPACE MAINTAINER	380.00
D1525	REMOVE BILAT SPACE MAINTAINER	470.00
RESTORATIVE		FULL CHARGE
D2740	CROWN PORCELAIN/CERAMIC SUBS	1,200.00
D2750	CROWN PORCELAIN W/ H NOBLE M	1,200.00
D2751	CROWN PORCELAIN FUSED BASE	1,200.00
D2752	CROWN PORCELAIN W/ NOBLE MET	1,200.00
D2950	CORE BUILD-UP INCL ANY PINS	250.00
D2954	PREFAB POST/CORE + CROWN	260.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
105.00	140.00	175.00	225.00
150.50	201.00	251.00	311.25
125.00	167.00	209.00	285.00
150.50	201.00	251.00	352.50
SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
400.00	533.00	666.00	900.00
400.00	533.00	666.00	900.00
400.00	533.00	666.00	900.00
400.00	533.00	666.00	900.00
140.00	156.00	172.00	187.50
180.00	185.00	190.00	195.00

ENDODONTICS		FULL CHARGE
D3310	ANTERIOR	604.00
D3320	ROOT CANAL THERAPY 2 CANALS	805.00
D3330	ROOT CANAL THERAPY 3 CANALS	1,208.00
D3410	APICOECT/ANTERIOR	500.00
D3421	APICOECT/PREMOLAR	600.00
D3425	APICOECT/MOLAR	700.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
205.00	288.00	371.00	453.00
225.00	351.00	477.00	603.75
310.00	509.00	708.00	906.00
190.00	252.00	314.00	375.00
190.00	277.00	364.00	450.00
190.00	302.00	414.00	525.00

PROSTHODONTICS-REMOVABLE		FULL CHARGE
D5110	DENTURES COMPLETE MAXILLARY	1,200.00
D5120	DENTURES COMPLETE MANDIBLE	1,200.00
D5130	DENTURES IMMEDIAT MAXILLARY	1,200.00
D5140	DENTURES IMMEDIAT MANDIBLE	1,200.00
D5211	DENTURES MAXILL PART RESIN	1,000.00
D5212	DENTURES MAND PART RESIN	1,000.00
D5213	DENTURES MAXILL PART METAL	1,400.00
D5214	DENTURES MANDIBL PART METAL	1,400.00
D5510	REPAIR DENTURE BASE	150.00
D5520	REPLACE TOOTH-COMP DENTAL	150.00
D5610	REPAIR RESIN SADDLE OR BASE	150.00
D5620	REP PART DENTURE CAST FRAME	200.00
D5630	REP PARTIAL DENTURE CLASP	200.00
D5640	REPLACE PART DENTURE TEETH	200.00
D5650	ADD TOOTH TO EXISTING PARTIAL	200.00
D5660	ADD CLASP TO PARTIAL	200.00
D5710	REBASE COMPLETE DENTURE	450.00
D5750	DENTURE RELN COMPLETE-MAXILLARY	350.00
D5751	DENTURE RELN COMPLETE-MANDIBULAR	350.00
D5760	PARTIAL RELN COMPLETE-MANDIBULAR	350.00
D5761	PARTIAL RELN COMPLETE-MAXILLARY	350.00
D5810	INTERIM MAXILLARY COMPLETE DENTURE	800.00
D5811	INTERIM MANDIBULAR COMPLETE DENTURE	800.00
D5820	INTERIM MAXILLARY PARTIAL DENTURE	500.00
D5821	INTERIM MANDIBULAR PARTIAL DENTURE	500.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
760.00	807.00	854.00	900.00
760.00	807.00	854.00	900.00
760.00	807.00	854.00	900.00
760.00	807.00	854.00	900.00
731.00	737.00	743.00	750.00
731.00	737.00	743.00	750.00
811.00	891.00	971.00	1,050.00
811.00	891.00	971.00	1,050.00
105.00	108.00	111.00	112.50
105.00	108.00	111.00	112.50
105.00	108.00	111.00	112.50
110.00	123.00	136.00	150.00
110.00	123.00	136.00	150.00
105.00	120.00	135.00	150.00
105.00	120.00	135.00	150.00
110.00	123.00	136.00	150.00
275.00	296.00	317.00	337.50
150.00	200.00	250.00	262.50
150.00	200.00	250.00	262.50
150.00	200.00	250.00	262.50
150.00	200.00	250.00	262.50
400.00	467.00	534.00	600.00
400.00	467.00	534.00	600.00
300.00	325.00	350.00	375.00
300.00	325.00	350.00	375.00

IMPLANT SERVICES		FULL CHARGE
D6212	PONTIC-FULL CAST NOBLE METAL	1,200.00
D6245	PONTIC-PORCELAIN/CERAMIC-LAVA	1,200.00
D6740	CROWN-PORCELAIN/CERAMIC-LAVA	1,200.00
D6752	RETAINER-PORC TO NOBLE METAL	1,300.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
555.00	670.00	785.00	900.00
555.00	670.00	785.00	900.00
555.00	670.00	785.00	900.00
545.00	688.00	831.00	975.00

ORAL AND MAXILLOFACIAL SURGERY		FULL CHARGE
D7960	FRENULECTOMY	400.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
284.00	289.00	294.00	300.00

ORTHODONTICS		FULL CHARGE
D8020	LIMITED ORTHODONTIC TREATMENT	1,000.00
D8070	COMP TRANSITIONAL ORTHODONTIC TREAT	5,000.00
D8090	COMP ADULT ORTHONDONTIC TREATMENT	6,000.00
D8210	REMOVABLE ORTHO APPLIANCE	400.00
D8690	ORTHODONTIC TREATMENT	5,000.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
500.00	583.00	666.00	750.00
2,305.00	2,787.00	3,269.00	3,750.00
2,305.00	3,037.00	3,769.00	4,500.00
210.00	240.00	270.00	300.00
2,305.00	2,787.00	3,269.00	3,750.00

ADJUNCTIVE GENERAL SERVICES		FULL CHARGE
D9940	DENTAL OCCLUSAL GUARD	403.00

SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
200.00	234.00	268.00	302.25