RELATIVE VALUE UNITS BY DENTAL PROCEDURE

CODE	DENTAL PROCEDURE	RVU
	DIAGNOSIS	
D0120	Periodic Oral Evaluation-age 10 and under	1
D0120	Periodic Oral Evaluation-greater than age 10	1.5
D0140	Limited Oral Evaluation. Problem Focused	0.5
D0150	Comprehensive Oral Evaluation-age 10 and under	1.5
D0150	Comprehensive Oral Evaluation-greater than age 10	3
D0160	Detail and Extensive Oral Evaluation-age 10 and under	1.5
D0160	Detail and Extensive Oral Evaluation-over age 10	3
D0180	Comprehensive Periodontal Evaluation-age 10 and under	1.5
D0180	Comprehensive Periodontal Evaluation-over age 10	3
D0210	Intraoral - Complete Series	1.5
D0220	Intraoral - Periapical First Film	0.2
D0230	Intraoral - Periapical Additional Film	0.2
D0240	Intraoral - Occlusal	0.2
D0250	Extraoral - First Film	0.2
D0260	Extraoral - Each Additional Film	0.2
D0270	Bitewing - Single Film	0.2
D0272	Bitewing - Two Films	0.4
D0274	Bitewing - Four Films	0.8
D0330	Panoramic Film	1
D0340	Cephalometric Film	1
D0350	Oral/facial Images	3
D0470	Diagnostic Casts	1
	PREVENTIVE	
D1110	Prophylaxis - Adult	2.5
D1120	Prophylaxis - Child	1.5
D1203	Topical Fluoride - Child	1
D1204	Topical Fluoride - Adult	1
D1310	Nutritional Counsel. for the Control Dent Disease	2
D1320	Tobacco Counseling	2
D1330	Sealant - per Tooth	0.5
D1351	Sealant	0.5
D1510	Space Maintenance - fixed - unilateral	3
D1515	Space Maintenance - fixed - bilateral	4.5
D1520	Space Maintainer - removable - unilateral	4.5
D1525	Space Maintainer - removable - bilateral	4.5
D1550	Re-cementation	1

RESTORATIVE

D2140	Amalgam 1 Surface - Perm.	1.5
D2150	Amalgam 2 Surface - Perm.	2
D2160	Amalgam 3 Surface - Perm.	3
D2161	Amalgam 4 Surface - Perm.	4
D2330	Composite 1 Surface - Ant.	2.5
D2331	Composite 2 Surface - Ant.	3
D2332	Composite 3 Surface - Ant.	4
D2335	Composite 4 Surface - Ant.	5
D2390	Resin Crown	4
D2391	Composite 1 Surf. Post	2.5
D2392	Composite 2 Surf. Post	3
D2393	Composte 3 Surf. Post	4.5
D2394	Composte 4 Surf. Post	5
D2920	Recement Crown	1.5
D2930	Stainless Steel Crown - Primary Tooth	3
D2931	Prefabricated Stainless Steel Crown - Perm. Tooth	3
D2940	Sedative Filling	0.5
D2960	Labial Veneer	5

ENDODONTICS

D3110	Pulp Cap (Direct)	0
D3120	Pulp Cap (Indirect)	0
D3220	Pulpotomy	2
D3230	Pulp Therapy Ant Tooth (Primary)	2
D3240	Pulp Therapy Post Tooth (Primary)	2
D3310	Root Canal Therapy - Anterior Tooth	9
D3320	Root Canal Therapy - Bicuspid	12
D3330	Root Canal Therapy - Molar	18
D3331	Treatment of Root Canal Obstruction	0
D3332	Incomplete Endodontic Therapy	0
D3333	Internal Root Repair of Perforation Defects	0
D3346	Retreatment of Previous Root Canal - Ant.	9
D3347	Retreatment of Previous Root Canal - Bicuspid	12
D3348	Retreatment of Previous Root Canal - molar	18
D3351	Apexification/recalcification - initial visit	3
D3352	Apexification/recalcification - interim visit	3
D3353	Apexification/recalcification - final visit	3
D3410	Apicoectomy/periradicular Surgery - anterior	6
D3421	Apicoectomy/periradicular Surgery - bicuspid	6
D3425	Apicoectomy/periradicular Surgery - molar	6
D3426	Apicoectomy/periradicular Surg. - additional root	3
D3430	Retrograde Filling - per root	6
D3450	Root Amputation - per root	5
D3470	Intentional Implantation	8
D3920	Hemisection	5

PERIODONTICS

D4210	Gingivectomy or Gingivoplasty - per quadrant	4.5
D4211	Gingivectomy or Gingivoplasty - one to three tooth	3
D4240	Gingival Flap Procedure - per quadrant	6
D4241	Gingival Flap Procedure - one to three teeth	4.5
D4245	Apically Positioned Flap	6
D4249	Clinical Crown Lengthening - hard tissure	6
D4260	Osseous Surgery - per quadrant	8
D4266	Guided Tissue Regeneration	8
D4270	Pedicle Soft Tissue Graft Procedure	6
D4271	Free Soft Tissue Graft Procedure	6
D4320	Provisional splinting - intracoronal	3
D4321	Provisional splinting - extracoronal	2.5
D4341	Periodontal Scaling and Root Scaling -per quadrant	3
D4355	Full Mouth Debridement	4.5
D4910	Periodontal Maintenance	3

ORAL SURGERY

D7111	Extraction of Coronal Remnant -- Primary Tooth	2
D7140	Extraction, Erupted Tooth or Exposed Root	2
D7210	Surgical Extraction - Erupted	4.5
D7220	Surgical Extraction- Soft Tissue Impaction	4.5
D7230	Removal of Impacted Tooth - partially bony	6
D7240	Removal of Impacted Tooth - bony	8
D7250	Surgical Extraction - Residual Roots	3
D7261	Primary Closure of Sinus Perforation	6
D7270	Tooth Reimplant. and/or Stabil.	9
D7280	Surgical Access of an Unerupted Tooth	9
D7281	Surgical Exposure of Impacted or Unerupted Tooth	9
D7282	Mobilization of Erupted Or Malpositioned Tooth	6
D7285	Biopsy of Oral Tissue - hard	4.5
D7286	Biopsy of Oral Tissue - soft	3
D7410	Excision of Benign Lesion <= 1.25 cm	4.5
D7411	Excision of Benign Lesion > 1.25 cm	6
D7510	Incision and Drainage of Abscess	2
D7960	Frenectomy	4.5

PALLIATIVE

D9110	Palliative Treatment of Dental Pain	2
D9310	Consultation	2
D9430	Office Visit	0
D9920	Behavior mgmt.	0
D9940	Occlusal Guard	6
D9941	Fabrication of Athletic Mouth Guard	3
D9999	Sealants Completed	0