General Dentist

Fee Schedule

DIAGNOSTIC SERVICES

Code	Service	Fees
D0120	Periodic Oral Evaluation	$60.00
D0140	Limited Oral Evaluation - Problem Focus	$60.00
D0150	Comprehensive Oral Evaluation	$60.00
D0180	Comprehensive Perio Evaluation	$60.00
D0210	Xrays – Complete Series	$105.00
D0220	Xrays – Periapical – 1st Film	$25.00
D0230	Xrays – Periapical – each additional	$25.00
D0274	Bitewings – Four Films	$60.00
D0330	Panoramic Film	$130.00
D0364	CT-SCAN - Limited	$220.00
D0365	CT-SCAN - Mandible	$320.00
D0366	CT-SCAN – Maxillary	$320.00
D0431	Oral Cancer Screening	$45.00
D0470	Diagnostic Casts	$125.00

PREVENTATIVE SERVICES

Code	Service	Fees
D1110	Prophylaxis – Adult Cleaning (1 Service per Plan Year Free)	$110.00
D1120	Prophylaxis – Child Cleaning (1 Service per Plan Year Free)	$85.00
D1208	Topical Application of Fluoride - Excluding Varnish	$30.00
D1351	Sealant – per tooth – no age limit	$55.00

RESTORATIVE SERVICES

Code	Service	Fees
D2140	Amalgam – One Surface	$110.00
D2150	Amalgam – Two Surfaces	$165.00
D2160	Amalgam – Three Surfaces	$195.00
D2161	Amalgam – Four Surfaces	$220.00
D2330	Resin Based Composite – One Surface - Anterior	$160.00
D2331	Resin Based Composite – Two Surfaces - Anterior	$240.00
D2332	Resin Based Composite – Three Surfaces - Anterior	$290.00
D2335	Resin Based Composite – Four Surfaces - Anterior	$290.00
D2391	Resin Based Composite – One Surface - Posterior	$185.00
D2392	Resin Based Composite – Two Surfaces - Posterior	$265.00
D2393	Resin Based Composite – Three Surfaces - Posterior	$290.00
D2620	Inlay - Porcelain - Two Surfaces	$690.00
D2642	Onlay - Porcelain - Two Surfaces	$690.00
D2740	Crown – Porcelain/Ceramic	$1,300.00
D2750	Crown – Porcelain Fused to High Noble Metal	$1,300.00
D2799	Provisional Crown	$290.00
D2920	Recement Crown/Bridge	$110.00
D2950	Core Buildup – including any pins	$265.00
D2951	Pin Retention - per tooth in addition to restoration	$150.00
D2954	Prefabricated Post & Core	$425.00
D2955	Post Removal	$300.00

General Dentist

Fee Schedule

ENDODONTIC SERVICES

Code	Service	Fees
D3110	Pulp Cap - Direct	$110.00
D3120	Pulp Cap - Indirect	$85.00
D3220	Therapeutic Pulpotomy	$220.00
D3221	Pulpal Debridement	$220.00
D3310	Root Canal – Anterior	$800.00
D3320	Root Canal – Bicuspid	$900.00
D3330	Root Canal – Molar	$1,000.00
D3346	Retreat Previous Root Canal – Anterior	$900.00
D3910	Surgical Isolation of Tooth w/ Rubber Dam	$165.00

PERIODONTIC SERVICES

Code	Service	Fees
D4210	Gingivectomy - per quad	$660.00
D4211	Gingivectomy - per tooth	$350.00
D4249	Clinical Crown Length - Hard Tissue	$600.00
D4260	Osseous Surgery - per quad	$840.00
D4341	Perio Scaling & Root Planing - per quad	$90.00
D4346	Perio Scaling - Gingival Inflamation - Full	$165.00
D4381	Localized Delivery of Antimicrobial Agents - per tooth	$70.00
D4910	Perio Maintenance	$160.00
D4921	Gingival Irrigation / Per Quad	$60.00

PROSTHODONTIC SERVICES - REMOVABLE

Code	Service	Fees
D5110	Complete Denture – Maxillary	$1,825.00
D5120	Complete Denture – Mandibular	$1,825.00
D5130	Immediate Denture – Maxillary	$1,300.00
D5140	Immediate Denture – Mandibular	$1,300.00
D5213	Maxillary Partial - Cast Metal Framework w/Resin Base	$1,825.00
D5214	Mandibular Partial - Cast Metal Framework w/Resin Base	$1,825.00
D5410	Adjust Complete Denture – Maxillary	$85.00
D5411	Adjust Complete Denture – Mandibular	$85.00
D5520	Replace Missing/Broken Teeth	$195.00
D5630	Repair/Replace Broken Clasp	$210.00
D5650	Add Tooth to Existing Partial Denture	$210.00
D5660	Add Clasp to Existing Partial Denture - per tooth	$220.00
D5730	Reline Complete Maxillary Denture - Chairside	$375.00
D5731	Reline Complete Mandibular Denture - Chairside	$375.00
D5740	Reline Maxillary Partial Denture - Chairside	$375.00
D5741	Reline Mandibular Partial Denture - Chairside	$375.00
D5750	Reline Complete Maxillary Denture - Lab	$475.00
D5751	Reline Complete Mandibular Denture - Lab	$475.00

General Dentist

Fee Schedule

IMPLANT SERVICES

Code	Service	Fees
D6010	SurgicalPlacement of Implant - Endosteal	$2,100.00
D6056	Prefab Abutment - Includes Placement	$775.00
D6059	Abutment Supported Implant Crown - Porcelain Fused to High Noble Metal	$1,525.00

PROSTHODONTIC SERVICES - FIXED

Code	Service	Fees
D6240	Pontic – Porcelain Fused to Noble Metal	$1,300.0
D6245	Pontic - Porcelain/Ceramic	0
D6740	Retainer Crown - Porcelain/Ceramic	$1,400.0
D6750	Retainer Crown - Porcelain Fused to Noble Metal	0
		$1,400.0
		0
		$1,300.0

ORAL SURGERY SERVICES

Code	Service	Fees
D7140	Simple Extraction	0 $225.00
D7210	Surgical Extraction	$300.00
D7220	Surgical Extraction – soft tissue	$350.00
D7288	Brush Biopsy	$210.00
D7960	Frenulectomy Procedure	$350.00
D7971	Excision of Pericoronal Gingiva	$350.00

ADJUNCTIVE SERVICES

Code	Service	Fees
D9110	Palliative Treatment Dental Pain - minor procedure	$130.00
D9211	Regional Block Anesthesia	$55.00
D9310	GP Consultation - per session	$100.00
D9430	Office Visit for Observation	$80.00
D9951	Occlusal Adjustment - limited	$75.00
D9986	Missed Appointment/No Show	$75.00

Payment is Due at Time of Service

Lab fees may be applied to any discounted services above.

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Specialist

Fee Schedule

DIAGNOSTIC SERVICES

Code	Service	Fees
D0150	Comprehensive Oral Eval Np/Estb Pt	$110.00
D0180	Comprehensive Perio Evaluation Np/Estb Pt	$130.00
D0330	Panoramic Film	$130.00
D0364	CT-Scan Limited - Less than 1 Jaw	$220.00
D0365	CT-Scan Limited - Mandible	$320.00
D0366	CT-Scan Limited - Maxilla	$320.00

ENDODONTIC SERVICES

Code	Service	Fees
D3310	Root Canal – Anterior	$1,100.00
D3320	Root Canal – Bicuspid	$1,190.00
D3330	Root Canal – Molar	$1,275.00
D3410	Apicoectomy - Anterior	$1,550.00
D3421	Apicoectomy - Bicuspid	$1,300.00
D3425	Apicoectomy - Molar	$1,550.00
D3426	Apicoectomy - each additional root	$890.00
D3430	Retrograde Filling – per root	$440.00
D3910	Surg Isolation of Tooth with Rubber Dam	$175.00

PERIODONTIC SERVICES

Code	Service	Fees
D4210	Gingivectomy - 4+ Per Quad	$775.00
D4211	Gingivectomy - 1-3 Contig Tooth/Quad	$550.00
D4249	Clinical Crown Length - hard tissue	$775.00
D4260	Osseous Surgery - Per quad	$1,050.00
D4263	Bone Replacement Graft - retained natural teeth, per site	$870.00
D4267	Guided Tissue Regeneration - non-resorbable barrier, per site	$900.00
D4274	Distal/Proximal Wedge Procedure	$1,100.00
D4341	Perio Scaling & Root Planing - 4+ Per Quad	$300.00
D4346	Perio Scaling - Gingival Inflamation - Full Mouth	$200.00
D4381	Localized Delivery of Antimicrobial Agents - per tooth	$85.00
D4910	Periodontal Maintenance	$220.00
D4921	Gingival Irrigation / Per Quad	$110.00

IMPLANT SERVICES

Code	Service	Fees
D6010	SurgicalPlacement of Implant- Endosteal	$2,250.00
D6059	Abutment Supported Implant Crown - Porcelain Fused to High Noble Metal	$1,550.00
D6100	Implant Removal - By Report	$1,575.00
D6101	Debridement of Implant Defect	$800.00
D6102	Debridement/Osseous Contouring of Implant Defect	$1,050.00
D6103	Bone Graft for Repair of Implant Defect	$800.00
D6104	Bone Graft at Time of Implant Placement	$800.00
D6199	Implant Surgical Stent	$595.00

Specialist

Fee Schedule

DentalDirect

ORAL SURGERY SERVICES

Code	Service	Fees
D7140	Extraction - Simple	$250.00
D7210	Extraction - Surgical	$325.00
D7220	Extraction – Soft Tissue	$375.00
D7230	Extraction - Partial Bony	$510.00
D7250	Extraction - Removal of Residual Tooth Roots	$370.00
D7280	Exposure of Unerupted Tooth	$750.00
D7283	Device Placement to Facilitate Eruption of Impacted Tooth	$420.00
D7285	Biopsy of Oral Tissue - Hard	
D7286	Biopsy of Oral Tissue - Soft	
D7288	Brush Biopsy	$210.00
D7410	Biopsy - Excision of Benign Lesion up to 1.25 cm	$595.00
D7510	Incision & Drainage of Abscess	$380.00
D7951	Lateral Sinus Augmentation	
D7952	Vertical Sinus Augmentation	
D7953	Bone Replacement Graft - per site	
D7956	Guided Tissue Regeneration - per site	
D7960	Frenulectomy Procedure	$475.00
D7971	Excision of Pericoronal Gingiva	$415.00

ADJUNCTIVE SERVICES

Code	Service	Fees
D9110	Emerg Tx, Palliative	$160.00

Payment is Due at Time of Service

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