

General Dentist

Fee Schedule



DIAGNOSTIC SERVICES

Code	Service	Fees
D0120	Periodic Oral Evaluation	\$30.00
D0140	Limited Oral Evaluation - Problem Focus	\$35.00
D0150	Comprehensive Oral Evaluation	\$40.00
D0180	Comprehensive Perio Evaluation	\$55.00
D0210	Xrays – Complete Series	\$55.00
D0220	Xrays – Periapical – 1st Film	\$15.00
D0230	Xrays – Periapical – each additional	\$10.00
D0274	Bitewings – Four Films	\$50.00
D0330	Panoramic Film	\$80.00
D0364	CT-SCAN - Limited	\$195.00
D0365	CT-SCAN - Mandible	\$295.00
D0366	CT-SCAN – Maxillary	\$295.00
D0431	Oral Cancer Screening	\$20.00
D0470	Diagnostic Casts	\$35.00

PREVENTATIVE SERVICES

Code	Service	Fees
D1110	Prophylaxis – Adult Cleaning (1 Service per Calendar Year Free)	\$65.00
D1120	Prophylaxis – Child Cleaning (1 Service per Calendar Year Free)	\$55.00
D1208	Topical Application of Fluoride - Excluding Varnish	\$15.00
D1351	Sealant – per tooth – no age limit	\$40.00

RESTORATIVE SERVICES

Code	Service	Fees
D2140	Amalgam – One Surface	\$75.00
D2150	Amalgam – Two Surfaces	\$125.00
D2160	Amalgam – Three Surfaces	\$150.00
D2161	Amalgam – Four Surfaces	\$175.00
D2330	Resin Based Composite – One Surface - Anterior	\$90.00
D2331	Resin Based Composite – Two Surfaces - Anterior	\$140.00
D2332	Resin Based Composite – Three Surfaces - Anterior	\$175.00
D2335	Resin Based Composite – Four Surfaces - Anterior	\$225.00
D2391	Resin Based Composite – One Surface - Posterior	\$90.00
D2392	Resin Based Composite – Two Surfaces - Posterior	\$150.00
D2393	Resin Based Composite – Three Surfaces - Posterior	\$175.00
D2620	Inlay - Porcelain - Two Surfaces	\$1,000.00
D2642	Onlay - Porcelain - Two Surfaces	\$1,000.00
D2740	Crown – Porcelain/Ceramic	\$1,000.00
D2750	Crown – Porcelain Fused to High Noble Metal	\$850.00
D2799	Provisional Crown	\$200.00
D2920	Recement Crown/Bridge	\$50.00
D2950	Core Buildup – including any pins	\$150.00
D2951	Pin Retention - per tooth in addition to restoration	\$75.00
D2954	Prefabricated Post & Core	\$275.00
D2955	Post Removal	\$250.00

ENDODONTIC SERVICES

Code	Service	Fees
D3110	Pulp Cap - Direct	\$80.00
D3120	Pulp Cap - Indirect	\$35.00
D3220	Therapeutic Pulpotomy	\$125.00
D3221	Pulpal Debridement,	\$125.00
D3310	Root Canal – Anterior	\$525.00
D3320	Root Canal – Bicuspid	\$625.00
D3330	Root Canal – Molar	\$725.00
D3346	Retreat Previous Root Canal – Anterior	\$600.00
D3910	Surgical Isolation of Tooth w/ Rubber Dam	\$150.00

General Dentist Fee Schedule Cont.

PERIODONTIC SERVICES

Code	Service	Fees
D4210	Gingivectomy - per quad	\$450.00
D4211	Gingivectomy - per tooth	\$200.00
D4249	Clinical Crown Length - Hard Tissue	\$500.00
D4260	Osseous Surgery - per quad	\$650.00
D4341	Perio Scaling & Root Planing - per quad	\$70.00
D4346	Scaling in Presence of Gingival Inflammation - full mouth	\$135.00
D4381	Localized Delivery of Antimicrobial Agents - per tooth	\$55.00
D4910	Perio Maintenance	\$95.00

PROSTHODONTIC SERVICES - REMOVABLE

Code	Service	Fees
D5110	Complete Denture – Maxillary	\$1,000.00
D5120	Complete Denture – Mandibular	\$1,000.00
D5130	Immediate Denture – Maxillary	\$750.00
D5140	Immediate Denture – Mandibular	\$750.00
D5213	Maxillary Partial - Cast Metal Framework w/Resin Base	\$1,050.00
D5214	Mandibular Partial - Cast Metal Framework w/Resin Base	\$1,050.00
D5410	Adjust Complete Denture – Maxillary	\$55.00
D5411	Adjust Complete Denture – Mandibular	\$55.00
D5520	Replace Missing/Broken Teeth	\$75.00
D5630	Repair/Replace Broken Clasp	\$95.00
D5650	Add Tooth to Existing Partial Denture	\$90.00
D5660	Add Clasp to Existing Partial Denture - per tooth	\$95.00
D5730	Reline Complete Maxillary Denture - Chairside	\$175.00
D5731	Reline Complete Mandibular Denture - Chairside	\$175.00
D5740	Reline Maxillary Partial Denture - Chairside	\$175.00
D5741	Reline Mandibular Partial Denture - Chairside	\$175.00
D5750	Reline Complete Maxillary Denture - Lab	\$300.00
D5751	Reline Complete Mandibular Denture - Lab	\$300.00

IMPLANT SERVICES

Code	Service	Fees
D6010	Surgical Placement of Implant - Endosteal	\$1,250.00
D6056	Prefab Abutment - Includes Placement	\$575.00
D6059	Abutment Supported Implant Crown - Porcelain Fused to High Noble Metal	\$1,050.00
D6190	Pre-Surgical Index	\$375.00

PROSTHODONTIC SERVICES - FIXED

Code	Service	Fees
D6240	Pontic – Porcelain Fused to Noble Metal	\$850.00
D6245	Pontic - Porcelain/Ceramic	\$1,000.00
D6740	Retainer Crown - Porcelain/Ceramic	\$1,000.00
D6750	Retainer Crown - Porcelain Fused to Noble Metal	\$850.00

ORAL SURGERY SERVICES

Code	Service	Fees
D7140	Simple Extraction	\$110.00
D7210	Surgical Extraction	\$175.00
D7220	Surgical Extraction – soft tissue	\$200.00
D7288	Brush Biopsy	\$135.00
D7510	Incision & Drainage of Abscess	\$175.00
D7960	Frenulectomy Procedure	\$325.00
D7971	Excision of Pericoronal Gingiva	\$325.00

ADJUNCTIVE SERVICES

Code	Service	Fees
D9110	Palliative Treatment Dental Pain - minor procedure	\$75.00
D9211	Regional Block Anesthesia	\$50.00
D9310	GP Consultation - per session	\$50.00
D9430	Office Visit for Observation	\$35.00
D9951	Occlusal Adjustment - limited	\$65.00
D9986	Missed Appointment/No Show	\$30.00

Specialist

Fee Schedule



ENDODONTIC SERVICES

Code	Service	Fees
D3310	Root Canal – Anterior	\$700.00
D3320	Root Canal – Bicuspid	\$800.00
D3330	Root Canal – Molar	\$900.00
D3410	Apicoectomy - Anterior	\$650.00
D3421	Apicoectomy - Bicuspid	\$700.00
D3425	Apicoectomy - Molar	\$800.00
D3426	Apicoectomy - each additional root	\$250.00
D3430	Retrograde Filling – per root	\$200.00

PERIODONTIC SERVICES

Code	Service	Fees
D4249	Clinical Crown Length - hard tissue	\$550.00
D4260	Osseous Surgery - per quad	\$750.00
D4263	Bone Replacement Graft - retained natural teeth, per site	\$400.00
D4267	Guided Tissue Regeneration - non-resorbable barrier, per site	\$400.00
D4274	Distal/Proximal Wedge Procedure	\$500.00
D4341	Perio Scaling & Root Planing - per quad	\$150.00
D4381	Localized Delivery of Antimicrobial Agents - per tooth	\$65.00

IMPLANT SERVICES

Code	Service	Fees
D6010	Surgical Placement of Implant- Endosteal	\$1,600.00
D6059	Abutment Supported Implant Crown - Porcelain Fused to High Noble Metal	\$1,050.00
D6100	Implant Removal - By Report	\$1,000.00
D6101	Debridement of Implant Defect	\$500.00
D6102	Debridement/Osseous Contouring of Implant Defect	\$500.00
D6103	Bone Graft for Repair of Implant Defect	\$500.00
D6104	Bone Graft at Time of Implant Placement	\$500.00

ORAL SURGERY SERVICES

Code	Service	Fees
D7140	Extraction - Simple	\$150.00
D7210	Extraction - Surgical	\$185.00
D7220	Extraction – Soft Tissue	\$225.00
D7230	Extraction - Partial Bony	\$325.00
D7240	Extraction - Full Bony Impaction	\$350.00
D7241	Extraction - Full Bony Impaction w/Complications	\$400.00
D7250	Extraction - Removal of Residual Tooth Roots	\$185.00
D7280	Exposure of Unerupted Tooth	\$500.00
D7283	Device Placement to Facilitate Eruption of Impacted Tooth	\$225.00
D7288	Brush Biopsy	\$150.00
D7310	Alveoloplasty in Conjunction w/Ext - per quad	\$250.00
D7410	Biopsy - Excision of Benign Lesion up to 1.25 cm	\$400.00
D7510	Incision & Drainage of Abscess	\$250.00
D7951	Sinus Augmentation with Bone - Lateral approach	\$2,000.00
D7960	Frenulectomy Procedure	\$375.00
D7971	Excision of Pericoronal Gingiva	\$375.00

SERVICES NOT LISTED
20% Discount

Payment is Due at Time of Service

Lab fees may be applied to any discounted services above.

Member Support: (888) 972-7160
Patient Eligibility: (888) 972-7160
Provider Specialist: (914) 292-3610
www.dentalplansdirect.com