

General Dentist Fee Schedule

Dentists may add additional lab fees to discounted services with*

DIAGNOSTIC & PREVENTATIVE

Code	Fee
D0120 Periodic Oral Evaluation	15
D0140 Limited Oral Evaluation - Problem Focus	20
D0150 Comprehensive Oral Evaluation	25
D0210 Xrays – Complete Series	50
D0220 Xrays – Periapical – 1st Film	10
D0230 Xrays – Periapical – Each Additional	5
D0274 Bitewings – Four Films	20
D0330 Panoramic Film	55
D0470 Diagnostic Casts	30
D1110 *Prophylaxis – Adult Cleaning	45
D1120 *Prophylaxis – Child Cleaning	35
D1203 Fluoride	15
D1330 Oral Hygiene Instructions	5
D1351 Sealant – Per Tooth – No Age Limit	20

1 FREE CLEANING PER YEAR

*D1110, *D1120 (exam & x-ray can be charged in addition)

RESTORATIVE

Code	Fee
D2140 Amalgam – One Surface	45
D2150 Amalgam – Two Surfaces	65
D2160 Amalgam – Three Surfaces	75
D2161 Amalgam – Four Surfaces	95
D2330 Resin Based Composite – One Surface - Anterior	55
D2331 Resin Based Composite – Two Surfaces - Anterior	75
D2332 Resin Based Composite – Three Surfaces - Anterior	110
D2391 Resin Based Composite – One Surface - Posterior	75
D2392 Resin Based Composite – Two Surfaces - Posterior	100
D2393 Resin Based Composite – Three Surfaces - Posterior	135
D2394 Resin Based Composite – Four Surfaces - Posterior	165
D2750 * Crown – Porcelain Fused to High Noble Metal	750
D2752 * Crown – Porcelain Fused to Noble Metal	650
D2920 Recement Crown / Bridge	No Charge
D2950 Core Buildup – Including any Pins	100
D2951 Pin Retention - Per Tooth in Addition to Restoration	25
D2954 Prefabricated Post & Core	125
D2970 Provisional Crown	50

ENDODONTICS

Code	Fee
D3110 Pulpotomy (Excluding Final Restoration)	80
D3120 Pulp Cap Indirect	25
D3220 Therapeutic Pulpotomy (Excluding Final Restoration)	60
D3310 Root Canal – Anterior	375
D3320 Root Canal – Bicuspid	475
D3330 Root Canal – Molar	575

PERIODONTICS

Code	Fee
D4210 Gingivectomy Per Quad	450
D4211 Gingivectomy Per Tooth	200
D4341 Perio Scaling/Per Quadrant	70
D4381 Localized Delivery of Antimicrobial Agents Via a Controlled Release Vehicle into Diseased Crevicular Tissue - Per Tooth, By Report	50 Per Site
D4910 Perio Maintenance	90

PROSTHODONTICS - REMOVABLE

Code	Fee
D5110 *Complete Denture – Maxillary	700
D5120 *Complete Denture – Mandibular	700
D5130 *Immediate Denture – Maxillary	575
D5140 *Immediate Denture – Mandibular	575
D5213 *Maxillary Partial - Denture Bases (Including any Conventional Clasps, Rests or Teeth)	750
D5214 *Mandibular Partial - Denture Bases (Including any Conventional Clasps, Rests or Teeth)	750
D5410 Adjust Complete Denture – Maxillary	30
D5411 Adjust Complete Denture – Mandibular	30
D5520 *Replace Missing/Broken Teeth	50
D5630 *Repair/Replace Broken Clasp	70
D5650 *Add Tooth To Existing Partial Denture	65
D5660 *Add Clasp To Existing Partial Denture	70
D5730 *Reline Complete Maxillary Denture (Chairside)	150
D5731 *Reline Complete Mandibular Denture (Chairside)	150
D5740 *Reline Maxillary Partial Denture (Chairside)	150
D5741 *Reline Mandibular Partial Denture (Chairside)	150
D5750 *Reline Complete Maxillary Denture (Lab)	200
D5751 *Reline Complete Mandibular Denture (Lab)	200

PROSTHODONTICS - FIXED

Code	Fee
D6020 *Implant Abutment	575
D6010 Implant	825
D6059 *Implant Crown	900
D6190 Pre Surgical Index	175
D6242 *Pontic – Porcelain Fused to Noble Metal	550
D6752 *Abutment – Porcelain Fused to Noble Metal	550

ORAL SURGERY

Code	Fee
D7140 Ext Erupted Tooth/Exposed Root	75
D7210 Surgical Extraction	175
D7220 Removal Impacted Tooth – Soft Tissue	130
D7230 Removal Impacted Tooth – Partial Bony	170
D7240 Removal Impacted Tooth – Completely Bony	220
D7250 Surgical Removal of Residual Root	110
D7288 Brush Biopsy	175
D7310 Alveoloplasty in Conjunction w/Ext - Per Quad	105
D7320 Alveoloplasty Not in Conjunction w/Ext - Per Quad	150
D7510 Incision & Drainage of Abscess	80

Dental Specialist Fee Schedule

*Dentists may add additional lab fees to discounted services with**

ORAL SURGERY & PERIODONTICS

Code	Fee
D3410 Apico Anterior – First Root	400
D3421 Apico Bicuspid – First Root	500
D3430 Retrograde Filling – 1st Root	150
D4210 Gingivectomy – Per Quad	600
D4249 Crown Lengthening	550
D4260 Osseous Surgery - Per Quad	750
D4263 Bone Graft – Per Site	400
D4273 Root Coverage – Per Tooth	800
D4274 Distal Wedge – Per Site	500
D4321 *Splinting	400
D4341 Scaling & Root Planning - Per Quad	175
D4910 Perio Maintenance	100
D6010 Implant	1,250
D6020 *Implant Abutment	600
D6059 *Implant Crown	850
D7140 Simple Extraction	150
D7210 Surgical Extraction	185
D7220 Surgical Extraction – Soft Impaction	200
D7230 Surgical Extraction – Partial Bony	250
D7240 Surgical Extraction - Full Bony Impaction	275
D7250 Surgical Extraction – Root Tip	185
D7288 Brush Biopsy	200
D7310 Alveoloplasty in Conjunction w/Ext - Per Quad	155
D7320 Alveoloplasty Not in Conjunction w/Ext - Per Quad	200
D7410 Biopsy - Excision of Benign Lesion up to 1.25 cm	400
D7510 Incise And Drain Intraoral	200
D7951 Sinus Lift – Window	1,500
D7951 Sinus Lift – Osteotomy/Per Site	300
D7960 Frenectomy	375
D9310 Specialist Consultation	125

ENDODONTIST

Code	Fee
D3310 Root Canal – Anterior	600
D3320 Root Canal – Bicuspid	700
D3330 Root Canal – Molar	750
D3410 Apico Anterior – First Root	400
D3421 Apico Bicuspid – First Root	500
D3425 Apico Molar – First Root	600
D3426 Each Additional Root	200
D3430 Retrograde Filling – 1st Root	150

MISCELLANEOUS

Code	Fee
D2962 *Laminates / Veneers	750
D4321 *Splinting	400
D9110 Palliative Treatment Dental Pain - Minor Procedure	35
D9215 Local Anesthesia	10
D9940 *Niteguard	350
D9951 Occlusal Adjustment-Limited	50
In Office Whitening System (i.e. Zoom)	475

ORTHODONTICS

25% Discount / UCR Fees

PEDODONTICS

25% Discount / UCR Fees

*Any Service not listed on Discounted Fee Schedule,
please refer to office private fees.*

*Patients Pay at Time of Service
No Claims, No Waiting, No Limitations*

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