

# GENERAL DENTIST FEE SCHEDULE

Effective through 12/31/2021

| DIAGNOSTIC SERVICES   |  |             |          |  |             |
|---|--|-------------|----------|--|-------------|
| ADA Code  | ADA Description  | Member Cost | ADA Code | ADA Description  | Member Cost |
| <b>Clinical Oral Evaluations</b>  |  |             |          |  |             |
| D0120   | Periodic Oral Evaluation – Established Patient   | 0           | D0140    | Limited Oral Evaluation – Problem Focused  | 18          |
| D0145   | Oral Evaluation for a Patient under Three Years of Age and Counseling with Primary Caregiver   | 40          | D0150    | Comprehensive Oral Evaluation – New or Established Patient                                       | 0           |
| D0160   | Detailed and Extensive Oral Evaluation – Problem Focused, by Report  | 42          | D0170    | Re-Evaluation – Limited, Problem Focused (Established Patient, Not Post-Operative Visit)         | 23          |
| D0171   | Re-Evaluation – Post-Operative Office Visit  | 21          | D0180    | Comprehensive Periodontal Evaluation – New or Established Patient                                | 30          |
| D0199   | Infection Control  | 11          | D0999    | Routine Office Visit   | 0           |
| D9110   | Palliative (Emergency) Treatment of Dental Pain – Minor Procedure  | 26          | D9430    | Office Visit for Observation (during Regularly Scheduled Hours) – No Other Services Performed    | 30          |
| D9440   | Office Visit – after Regularly Scheduled Hours   | 75          |          |  |             |
| <b>Diagnostic Imaging</b>   |  |             |          |  |             |
| D0210   | Intraoral – Complete Series of Radiographic Images   | 30          | D0220    | Intraoral – Periapical First Radiographic Image  | 7           |
| D0230   | Intraoral – Periapical Each Additional Radiographic Image  | 7           | D0240    | Intraoral – Occlusal Radiographic Image  | 7           |
| D0250   | Extra-Oral – 2D Projection Radiographic Image Created Using a Stationary Radiation Source  | 7           | D0270    | Bitewing – Single Radiographic Image   | 6           |
|   |  |             | D0272    | Bitewings – Two Radiographic Images  | 12          |
| D0273   | Bitewings – Three Radiographic Images  | 16          | D0274    | Bitewings – Four Radiographic Images   | 20          |
| D0277   | Vertical Bitewings – 7 to 8 Radiographic Images  | 24          | D0290    | Posterior, Anterior or Lateral Skull and Facial Bone Survey Radiographic Image                   | 31          |
| D0310   | Sialography  | 88          |          |  |             |
| D0321   | Other Temporomandibular Joint Radiographic Images, by Report   | 88          | D0330    | Panoramic Radiographic Image   | 48          |
| D0340   | 2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis  | 55          | D0350    | 2D Oral/Facial Photographic Image Obtained Intra-Orally or Extra-Orally                          | 24          |
| D0364   | Cone Beam CT Capture and Interpretation with Limited Field of View – Less than One Whole Jaw   | 268         | D0365    | Cone Beam CT Capture and Interpretation with Field of View of One Full Dental Arch – Mandible    | 279         |
| D0366   | Cone Beam CT Capture and Interpretation with Field of View of One Full Dental Arch – Maxilla, with or without Cranium  | 273         | D0367    | Cone Beam CT Capture and Interpretation with Field of View of Both Jaws; with or without Cranium | 301         |
| D0368   | Cone Beam CT Capture and Interpretation for TMJ Series including Two or More Exposures   |             |          |  | 268         |
| <b>Tests and Examinations</b>   |  |             |          |  |             |
| D0431   | Adjunctive Pre-Diagnostic Test that Aids in Detection of Mucosal Abnormalities including Premalignant and Malignant Lesions, not to include Cytology or Biopsy | 12          | D0460    | Pulp Vitality Tests  | 0           |
|   |  |             | D0470    | Diagnostic Casts   | 48          |
| <b>PREVENTIVE</b>   |  |             |          |  |             |
| <b>Dental Prophylaxis &amp; Topical Fluoride Treatment (Office Procedure)</b> |  |             |          |  |             |
| D1110   | Prophylaxis – Adult (first visit in 12-month period)   | 16          | D1120    | Prophylaxis – Child (once every 6 months)  | 16          |
| D1110   | Prophylaxis – Adult (second or more visits in 12-month period)   | 20          | D1120    | Prophylaxis – Child (second or more visits in 12-month period)                                   | 20          |
| D1999   | Additional Prophylaxis (for Perio Maintenance)   | 45          | D1206    | Topical Application of Fluoride Varnish  | 0           |
| <b>Other Preventive Services</b>  |  |             |          |  |             |
| D1330   | Oral Hygiene Instructions  | 0           | D1351    | Sealant – per Tooth  | 11          |
| D1353   | Sealant Repair – per Tooth   | 9           |          | Periodontal Screening and Scoring  | 11          |
| <b>Space Maintenance (Passive Appliances)</b>                                 |  |             |          |  |             |
| D1510   | Space Maintainer – Fixed - Unilateral  | 155         | D1515    | Space Maintainer – Fixed - Bilateral   | 242         |

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| D1520  | Space Maintainer – Removable - Unilateral              | 212         | D1525    | Space Maintainer – Removable - Bilateral  | 251         |
| D1550  | Re-Cement or Re-bond Space Maintainer                  | 20          | D1555    | Removal of Fixed Space Maintainer   | 17          |
| <b>RESTORATIVE SERVICES</b>  |  |             |          |   |             |
| <b>Amalgam Restorations (Including Polishing)</b>  |  |             |          |   |             |
| D2140  | Amalgam – One Surface, Primary or Permanent            | 42          | D2150    | Amalgam – Two Surfaces, Primary or Permanent  | 50          |
| D2160  | Amalgam – Three Surfaces, Primary or Permanent         | 62          | D2161    | Amalgam – Four or More Surfaces, Primary or Permanent                                     | 74          |
| <b>Resin-Based Composite Restorations - Direct</b>   |  |             |          |   |             |
| D2330  | Resin-Based Composite – One Surface, Anterior          | 49          | D2331    | Resin-Based Composite – Two Surfaces, Anterior  | 62          |
| D2332  | Resin-Based Composite – Three Surfaces, Anterior       | 62          | D2335    | Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)       | 122         |
| D2390  | Resin-Based Composite Crown, Anterior                  | 268         |          |   |             |
| D2391  | Resin-Based Composite – One Surface, Posterior         | 95          | D2392    | Resin-Based Composite – Two Surfaces, Posterior   | 130         |
| D2393  | Resin-Based Composite – Three Surfaces, Posterior      | 165         | D2394    | Resin-Based Composite – Four or More Surfaces, Posterior                                  | 190         |
| <b>Gold Foil Restorations</b>  |  |             |          |   |             |
| D2410  | Gold Foil – One Surface                                | 319         | D2420    | Gold Foil – Two Surfaces  | 334         |
| D2430  | Gold Foil – Three Surfaces                             | 401         |          |   |             |
| <b>Inlay/Onlay Restorations</b>  |  |             |          |   |             |
| D2510  | Inlay - Metallic – One Surface                         | 295         | D2520    | Inlay - Metallic – Two Surfaces   | 342         |
| D2530  | Inlay - Metallic – Three or More Surfaces              | 368         | D2542    | Onlay - Metallic – Two Surfaces   | 362         |
| D2543  | Onlay - Metallic – Three Surfaces                      | 380         | D2544    | Onlay - Metallic – Four or More Surfaces  | 395         |
| <b>Porcelain/Ceramic Inlays/Onlays Include all Indirect Ceramic and Porcelain Type Inlays/Onlays</b> |  |             |          |   |             |
| D2610  | Inlay - Porcelain/Ceramic – One Surfaces               | 320         | D2620    | Inlay - Porcelain/Ceramic – Two Surfaces  | 345         |
| D2630  | Inlay - Porcelain/Ceramic – Three or More Surfaces     | 378         | D2642    | Onlay - Porcelain/Ceramic – Two Surfaces  | 399         |
| D2643  | Onlay - Porcelain/Ceramic – Three Surfaces             | 425         | D2644    | Onlay - Porcelain/Ceramic – Four or More Surfaces   | 445         |
| <b>Resin-Based Composite Inlays/Onlays Must Utilize Indirect Technique</b>                           |  |             |          |   |             |
| D2650  | Inlay - Resin-Based Composite – One Surface            | 339         | D2651    | Inlay - Resin-Based Composite – Two Surfaces  | 351         |
| D2652  | Inlay - Resin-Based Composite – Three or More Surfaces | 370         | D2662    | Onlay - Resin-Based Composite – Two Surfaces  | 420         |
| D2663  | Onlay - Resin-Based Composite – Three Surfaces         | 435         | D2664    | Onlay - Resin-Based Composite – Four or More Surfaces                                     | 448         |
| <b>Crowns - Single Restorations Only</b>   |  |             |          |   |             |
| D2710  | Crown – Resin-Based Composite (Indirect)               | 325         | D2712    | Crown – 3/4 Resin-Based Composite (Indirect)  | 375         |
| D2720  | Crown – Resin with High Noble Metal                    | 398         | D2721    | Crown – Resin with Predominantly Base Metal   | 355         |
| D2722  | Crown – Resin with Noble Metal                         | 385         | D2740    | Crown – Porcelain/Ceramic Substrate   | 405         |
| D2750  | Crown – Porcelain Fused to High Noble Metal            | 395         | D2751    | Crown – Porcelain Fused to Predominantly Base   | 375         |
| D2752  | Crown – Porcelain Fused to Noble Metal                 | 399         | D2780    | Crown – 3/4 Cast High Noble Metal   | 475         |
| D2781  | Crown – 3/4 Cast Predominantly Base Metal              | 405         | D2782    | Crown – 3/4 Cast Noble Metal  | 444         |
| D2783  | Crown – 3/4 Porcelain/Ceramic                          | 464         | D2790    | Crown – Full Cast High Noble Metal  | 409         |
| D2791  | Crown – Full Cast Predominantly Base Metal             | 354         | D2792    | Crown – Full Cast Noble Metal   | 387         |
| D2794  | Crown – Titanium                                       | 411         | D2799    | Provisional Crown – Further Treatment or Completion of Diagnosis Necessary Prior to Final | 215         |
| <b>Other Restorative Services</b>  |  |             |          |   |             |
| D2910  | Re-Cement or Re-Bond Inlay, Onlay, or Partial          | 19          | D2920    | Re-Cement or Re-Bond Crown  | 35          |
| D2930  | Prefabricated Stainless Steel Crown – Primary Tooth    | 110         | D2931    | Prefabricated Stainless Steel Crown – Permanent Tooth                                     | 120         |

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| D2932                                     | Prefabricated Resin Crown   | 167         | D2933    | Prefabricated Stainless Steel Crown with Resin Window   | 177         |
| D2940                                     | Protective Restoration  | 45          | D2950    | Core Buildup, including any Pins when Required  | 90          |
| D2951                                     | Pin Retention – per Tooth, in Addition to Restoration   | 28          | D2952    | Post and Core in Addition to Crown, Indirectly Fabricated   | 149         |
| D2953                                     | Each Additional Indirectly Fabricated Post – Same Tooth   | 117         | D2954    | Prefabricated Post and Core in Addition to Crown  | 107         |
|   |   |             | D2955    | Post Removal  | 142         |
| D2957                                     | Each Additional Prefabricated Post – Same Tooth   | 88          | D2960    | Labial Veneer (Resin Laminate) – Chairside  | 197         |
| D2961                                     | Labial Veneer (Resin Laminate) – Laboratory   | 376         | D2962    | Labial Veneer (Porcelain Laminate) – Laboratory   | 425         |
| D2980                                     | Crown Repair Necessitated by Restorative Material Failure   | 122         | D2981    | Inlay Repair Necessitated by Restorative Material Failure   | 97          |
| D2982                                     | Onlay Repair Necessitated by Restorative Material Failure   | 101         | D2983    | Veneer Repair Necessitated by Restorative Material Failure  | 104         |
|   | Pins for Core Build-up  | 87          | D2999    | Complex Rehabilitation on Crown and Bridge Procedures (6 or more) per Unit in the same Treatment Plan   | 135         |
| <b>ENDODONTIC SERVICES</b>                |   |             |          |   |             |
| <b>Pulp Capping</b>                       |   |             |          |   |             |
| D3110                                     | Pulp Cap – Direct (excluding Final Restoration)   | 29          | D3120    | Pulp Cap – Indirect (excluding Final Restoration)   | 29          |
| <b>Pulpotomy</b>                          |   |             |          |   |             |
| D3220                                     | Therapeutic Pulpotomy (excluding Final Restoration) – Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament | 72          | D3221    | Pulpal Debridement, Primary and Permanent Teeth   | 85          |
| <b>Endodontic Therapy</b>                 |   |             |          |   |             |
| D3230                                     | Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (excluding Final Restoration)   | 111         | D3240    | Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (excluding Final Restoration)  | 121         |
| D3310                                     | Endodontic Therapy, Anterior Tooth (excluding Final Restoration)  | 288         | D3320    | Endodontic Therapy, Bicuspid Tooth (excluding Final Restoration)  | 357         |
| D3330                                     | Endodontic Therapy, Molar (excluding Final Restoration)   | 412         | D3331    | Treatment of Root Canal Obstruction; Non-Surgical Access  | 295         |
| D3332                                     | Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth  | 217         | D3333    | Internal Root Repair of Perforation Defects   | 165         |
| <b>Endodontic Retreatment</b>             |   |             |          |   |             |
| D3346                                     | Retreatment of Previous Root Canal Therapy – Anterior   | 412         | D3347    | Retreatment of Previous Root Canal Therapy – Bicuspid   | 452         |
| D3348                                     | Retreatment of Previous Root Canal Therapy – Molar  | 535         |          |   |             |
| <b>Apexification/Recalcification</b>      |   |             |          |   |             |
| D3351                                     | Apexification/Recalcification – Initial Visit (Apical Closure / Calcific Repair of Perforations, Root)                                      | 161         | D3353    | Apexification/Recalcification – Final Visit (includes Completed Root Canal Therapy - Apical Closure / Calcific Repair of Perforations, Root Resorption, etc.) | 268         |
| D3352                                     | Apexification / Recalcification / Pulpal Regeneration – Interim Medication Replacement  | 121         |          |   |             |
| <b>Pulpal Regeneration</b>                |   |             |          |   |             |
| D3355                                     | Pulpal Regeneration – Initial Visit   | 268         | D3356    | Pulpal Regeneration – Interim Medication Replacement  | 96          |
| D3357                                     | Pulpal Regeneration – Completion of Treatment   | 189         |          |   |             |
| <b>Apicoectomy/Periradicular Services</b> |   |             |          |   |             |
| D3410                                     | Apicoectomy/Periradicular Surgery – Anterior  | 350         | D3421    | Apicoectomy/Periradicular Surgery – Bicuspid (First Root)   | 403         |
| D3425                                     | Apicoectomy/Periradicular Surgery – Molar (First Root)  | 439         | D3426    | Apicoectomy/Periradicular Surgery (each Additional Root)  | 158         |
| D3428                                     | Bone Graft in Conjunction with Periradicular Surgery – per Tooth, Single Site   | 240         | D3429    | Bone Graft in Conjunction with Periradicular Surgery – each Additional Contiguous Tooth in the Same Surgical Site   | 189         |
| D3430                                     | Retrograde Filling, per Root  | 111         |          |   |             |

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|---|--|-------------|----------|--|-------------|
| D3431   | Biologic Materials to Aid in Soft and Osseous Tissue Regeneration in Conjunction with  | 188         | D3432    | Guided Tissue Regeneration, Resorbable Barrier, per Site, in Conjunction with Periradicular Surgery  | 242         |
| D3450   | Root Amputation, per Root  | 208         | D3470    | Intentional Reimplantation (including Necessary Splinting)   | 363         |
| <b>Other Endodontic Procedures</b>  |  |             |          |  |             |
| D3910   | Surgical Procedure for Isolation of Tooth with Rubber Dam  | 69          | D3920    | Hemisection (including any Root Removal), not including Root Canal Therapy   | 245         |
| D3950   | Canal Preparation and Fitting of Preformed Dowel or Post   | 136         |          |  |             |
| <b>PERIODONTIC SERVICES</b>   |  |             |          |  |             |
| <b>Surgical Services (Including Usual Postoperative Care)</b>               |  |             |          |  |             |
| D4210   | Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Tooth Bounded Spaces, per   | 319         | D4211    | Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Tooth Bounded Spaces,   | 170         |
| D4212   | Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, per Tooth   | 221         | D4240    | Gingival Flap Procedure, including Root Planing – Four or More Contiguous Teeth or Tooth Bounded Spaces, per Quadrant                                | 375         |
| D4241   | Gingival Flap Procedure, including Root Planing – One to Three Contiguous Teeth or Tooth Bounded Spaces,                                       | 302         | D4245    | Apically Positioned Flap   | 394         |
|   |  |             | D4249    | Clinical Crown Lengthening – Hard Tissue   | 377         |
| D4260   | Osseous Surgery (including Elevation of Full Thickness Flap and Closure) – Four or More Contiguous Teeth or Tooth Bounded Spaces, per Quadrant | 505         | D4261    | Osseous Surgery (including Elevation of Full Thickness Flap and Closure) – One to Three Contiguous Teeth or Tooth Bounded Spaces, per Quadrant       | 443         |
| D4263   | Bone Replacement Graft – First Site in Quadrant  | 385         | D4264    | Bone Replacement Graft – Each Additional Site in Quadrant  | 282         |
| D4265   | Biologic Materials to Aid in Soft and Osseous Tissue   | 297         | D4266    | Guided Tissue Regeneration – Resorbable Barrier, per Site  | 392         |
| D4267   | Guided Tissue Regeneration – Nonresorbable Barrier, per Site (includes Membrane Removal)   | 487         | D4268    | Surgical Revision Procedure, per Tooth   | 402         |
|   |  |             | D4270    | Pedicle Soft Tissue Graft Procedure  | 402         |
| D4273   | Autogenous Connective Tissue Graft Procedures (including Donor and Recipient Surgical Sites) First Tooth, Implant or Edentulous Tooth Position | 533         | D4283    | Autogenous Connective Tissue Graft Procedures (including Donor and Recipient Surgical Sites) Each Additional Contiguous Tooth, Implant or Edentulous | 375         |
| <b>Non-Surgical Periodontal Service</b>                                     |  |             |          |  |             |
| D4320   | Provisional Splinting – Intracoronaral   | 265         | D4321    | Provisional Splinting – Extracoronaral   | 250         |
| D4341   | Periodontal Scaling and Root Planing – Four or More Teeth, per Quadrant  | 115         | D4342    | Periodontal Scaling and Root Planing – One to Three Teeth, per Quadrant  | 85          |
| D4355   | Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis  | 93          | D4381    | Localized Delivery of Antimicrobial Agents via a Controlled Release Vehicle into Diseased  | 68          |
| <b>Other Periodontal Services</b>   |  |             |          |  |             |
| D4910   | Periodontal Maintenance  | 59          | D4920    | Unscheduled Dressing Change (by Someone other than Treating Dentist)   | 58          |
| D4921   | Gingival Irrigation – per Quadrant   | 41          | D4999    | Perio Hygiene Instruction  | 15          |
| <b>PROSTHODONTIC SERVICES - REMOVABLE</b>                                   |  |             |          |  |             |
| <b>Complete and Partial Dentures (Including Routine Post-Delivery Care)</b> |  |             |          |  |             |
| D5110   | Complete Denture – Maxillary   | 565         | D5120    | Complete Denture – Mandibular  | 565         |
| D5130   | Immediate Denture – Maxillary  | 810         | D5140    | Immediate Denture – Mandibular   | 810         |
| D5211   | Maxillary Partial Denture – Resin Base (including any Conventional Clasps, Rests and Teeth)  | 475         | D5212    | Mandibular Partial Denture – Resin Base (including any Conventional Clasps, Rests and Teeth)   | 475         |
| D5213   | Maxillary Partial Denture – Cast Metal Framework with Resin Denture Bases (including any Conventional Clasps, Rests and Teeth)                 | 630         | D5214    | Mandibular Partial Denture – Cast Metal Framework with Resin Denture Bases (including any Conventional Clasps, Rests and Teeth)                      | 630         |
| D5221   | Immediate Maxillary Partial Denture – Resin Base (including any Conventional Clasps, Rests and Teeth)  | 275         | D5222    | Immediate Mandibular Partial Denture – Resin Base  | 275         |

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| D5223   | Immediate Maxillary Partial Denture – Cast Metal Framework with Resin Denture Base (including any Conventional Clasps, Rests and Teeth)       | 350         | D5224    | Immediate Mandibular Partial Denture – Cast Metal Framework with Resin Denture Base (including any   | 350         |
| D5225   | Maxillary Partial Denture – Flexible Base (Including any Clasps, Rests and Teeth)   | 755         | D5226    | Mandibular Partial Denture – Flexible Base (including any Clasps, Rests and Teeth)   | 755         |
| D5281   | Removable Unilateral Partial Denture – One Piece Cast Metal (including Clasps and Teeth)  | 355         |          |  |             |
| <b>Adjustments to Dentures</b>  |   |             |          |  |             |
| D5410   | Adjust Complete Denture – Maxillary   | 37          | D5411    | Adjust Complete Denture – Mandibular   | 37          |
| D5421   | Adjust Partial Denture – Maxillary  | 37          | D5422    | Adjust Partial Denture – Mandibular  | 37          |
| <b>Repairs to Complete and Partial Dentures</b>                                     |   |             |          |  |             |
| D5510   | Repair Broken Complete Denture Base   | 79          | D5520    | Replace Missing or Broken Teeth – Complete Denture (each Tooth)  | 71          |
| D5610   | Repair Resin Denture Base   | 82          | D5620    | Repair Cast Framework  | 138         |
| D5630   | Repair or Replace Broken Clasp, per Tooth   | 95          | D5640    | Replace Broken Teeth, per Tooth  | 68          |
| D5650   | Add Tooth to Existing Partial Denture   | 90          | D5660    | Add Clasp to Existing Partial Denture, per Tooth   | 111         |
| <b>Denture Rebase and Reline Procedures</b>   |   |             |          |  |             |
| D5710   | Rebase Complete Maxillary Denture   | 265         | D5711    | Rebase Complete Mandibular Denture   | 265         |
| D5720   | Rebase Maxillary Partial Denture  | 238         | D5721    | Rebase Mandibular Partial Denture  | 238         |
| D5730   | Reline Complete Maxillary Denture (Chairside)   | 162         | D5731    | Reline Complete Mandibular Denture (Chairside)   | 162         |
| D5740   | Reline Maxillary Partial Denture (Chairside)  | 154         | D5741    | Reline Mandibular Partial Denture (Chairside)  | 154         |
| D5750   | Reline Complete Maxillary Denture (Laboratory)  | 157         | D5751    | Reline Complete Mandibular Denture (Laboratory)  | 157         |
| D5760   | Reline Maxillary Partial Denture (Laboratory)   | 155         | D5761    | Reline Mandibular Partial Denture (Laboratory)   | 155         |
| <b>Interim Prosthesis</b>   |   |             |          |  |             |
| D5810   | Interim Complete Denture (Maxillary)  | 377         | D5811    | Interim Complete Denture (Mandibular)  | 380         |
| D5820   | Interim Partial Denture (Maxillary)   | 290         | D5821    | Interim Partial Denture (Mandibular)   | 290         |
| <b>Other Removable Prosthetic Services</b>  |   |             |          |  |             |
| D5850   | Tissue Conditioning, Maxillary  | 75          | D5851    | Tissue Conditioning, Mandibular  | 75          |
| <b>IMPLANT SERVICES</b>   |   |             |          |  |             |
| <b>Surgical Services</b>  |   |             |          |  |             |
| D6010   | Surgical Placement of Implant Body: Endosteal   | 1,175       | D6011    | Second Stage Implant Surgery   | 473         |
| D6012   | Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant   | 1,241       | D6013    | Surgical Placement of Mini Implant   | 1,483       |
|   |   |             | D6100    | Implant Removal, by Report   | 552         |
| D6101   | Debridement of a Peri-Implant Defect or Defects Surrounding a Single Implant, and Surface Cleaning of the Exposed Implant Surfaces, including | 387         | D6102    | Debridement and Osseous Contouring of a Peri-implant Defect or Defects Surrounding a Single Implant and includes Surface Cleaning of the Exposed | 538         |
| D6103   | Bone Graft for Repair of Peri-implant Defect – does   | 479         | D6104    | Bone Graft at Time of Implant Placement  | 511         |
| <b>Implant Supported Prosthetics: Supporting Structures</b>                         |   |             |          |  |             |
| D6055   | Connecting Bar – Implant Supported or Abutment Supported  | 2,111       | D6056    | Prefabricated Abutment – includes Modification and Placement   | 599         |
| D6057   | Custom Fabricated Abutment – includes Placement   | 609         | D6051    | Interim Abutment   | 437         |
| D6052   | Semi-Precision Attachment Abutment  | 537         |          |  |             |
| <b>Implant Supported Prosthetics: Implant/Abutment Supported Removable Dentures</b> |   |             |          |  |             |
| D6110   | Implant/Abutment Supported Removable Denture for Edentulous Arch – Maxillary  | 2,603       | D6111    | Implant/Abutment Supported Removable Denture for Edentulous Arch – Mandibular  | 2,349       |
| D6112   | Implant/Abutment Supported Removable Denture for Partially Edentulous Arch – Maxillary  | 1,911       | D6113    | Implant/Abutment Supported Removable Denture for Partially Edentulous Arch – Mandibular  | 1,966       |

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| <b>Implant Supported Prosthetics: Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)</b> |   |             |          |   |             |
| D6114   | Implant/Abutment Supported Fixed Denture for Edentulous Arch – Maxillary  | 3,561       | D6115    | Implant/Abutment Supported Fixed Denture for Edentulous Arch – Mandibular                                   | 3,703       |
| D6116   | Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch – Maxillary  | 2,722       | D6117    | Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch – Mandibular                         | 2,608       |
| <b>Implant Supported Prosthetics: Single Crowns, Abutment Supported</b>                             |   |             |          |   |             |
| D6058   | Abutment Supported Porcelain/Ceramic Crown  | 1,033       | D6059    | Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)  | 978         |
| D6060   | Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)  | 999         | D6061    | Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)   | 1,029       |
| D6062   | Abutment Supported Cast Metal Crown (High Noble)  | 997         | D6063    | Abutment Supported Cast Metal Crown (Predominantly Base Metal)  | 962         |
| D6064   | Abutment Supported Cast Metal Crown (Noble Metal)   | 932         | D6094    | Abutment Supported Crown (Titanium)   | 899         |
| <b>Implant Supported Prosthetics: Single Crowns, Implant Supported</b>                              |   |             |          |   |             |
| D6065   | Implant Supported Porcelain/Ceramic Crown   | 1,138       | D6066    | Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy, High Noble Metal)               | 1,136       |
| D6067   | Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)  | 1,149       |          |   |             |
| <b>Implant Supported Prosthetics: Fixed Partial Denture Retainer, Abutment Supported</b>            |   |             |          |   |             |
| D6068   | Abutment Supported Retainer for Porcelain/Ceramic FPD   | 1,055       | D6069    | Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)                             | 1,043       |
| D6070   | Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)   | 949         | D6071    | Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)                                  | 979         |
| D6072   | Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)   | 1,075       | D6073    | Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)                                   | 961         |
| D6074   | Abutment Supported Retainer for Cast Metal FPD (Noble Metal)  | 957         | D6194    | Abutment Supported Retainer Crown for FPD (Titanium)  | 999         |
| <b>Implant Supported Prosthetics: Fixed Partial Denture Retainer, Implant Supported</b>             |   |             |          |   |             |
| D6075   | Implant Supported Retainer for Ceramic FPD  | 1,149       | D6076    | Implant Supported Retainer for Porcelain Fused to Metal FPD (Titanium, Titanium Alloy, or High Noble Metal) | 1,149       |
| D6077   | Implant Supported Retainer for Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)   | 1,151       |          |   |             |
| <b>Other Implant Services</b>   |   |             |          |   |             |
| D6080   | Implant Maintenance Procedures when Prostheses are Removed and Reinserted, including Cleansing of   | 226         | D6090    | Repair Implant Supported Prosthesis, by Report  | 568         |
|   |   |             | D6095    | Repair Implant Abutment, by Report  | 551         |
| D6091   | Replacement of Semi-Precision or Precision Attachment (Male or Female Component) of Implant/Abutment Supported Prosthesis, per Attachment | 438         | D6092    | Re-Cement or Re-Bond Implant/Abutment Supported Crown   | 118         |
|   |   |             | D6093    | Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture                                       | 132         |
| <b>PROSTHODONTIC SERVICES - FIXED</b>   |   |             |          |   |             |
| <b>Fixed Partial Denture Pontics</b>  |   |             |          |   |             |
| D6210   | Pontic – Cast High Noble Metal  | 387         | D6211    | Pontic – Cast Predominantly Base Metal  | 339         |
| D6212   | Pontic – Cast Noble Metal   | 355         | D6240    | Pontic – Porcelain Fused to High Noble Metal  | 405         |
| D6241   | Pontic – Porcelain Fused to Predominantly Base Metal  | 344         | D6242    | Pontic – Porcelain Fused to Noble Metal   | 365         |
| D6245   | Pontic – Porcelain/Ceramic  | 417         | D6250    | Pontic – Resin with High Noble Metal  | 397         |
| D6251   | Pontic – Resin with Predominantly Base Metal  | 387         | D6252    | Pontic – Resin with Noble Metal   | 387         |
| <b>Fixed Partial Denture Retainers - Inlays/Onlays</b>  |   |             |          |   |             |
| D6545   | Retainer – Cast Metal for Resin Bonded Fixed Prosthesis   | 358         | D6548    | Retainer – Porcelain/Ceramic for Resin Bonded Fixed Prosthesis  | 388         |
| D6600   | Retainer Inlay – Porcelain/Ceramic, Two Surfaces  | 498         | D6601    | Retainer Inlay – Porcelain/Ceramic, Three or More Surfaces  | 508         |
| D6602   | Retainer Inlay – Cast High Noble Metal, Two Surfaces  | 509         |          |   |             |
| D6603   | Retainer Inlay – Cast High Noble Metal, Three or More Surfaces  | 523         | D6604    | Retainer Inlay – Cast Predominantly Base Metal, Two Surfaces  | 501         |

| ADA Code   | ADA Description   | Member Cost | ADA Code | ADA Description  | Member Cost |
|--|---|-------------|----------|--|-------------|
| D6605  | Retainer Inlay – Cast Predominantly Base Metal Three or More Surfaces   | 547         | D6606    | Retainer Inlay – Cast Noble Metal, Two Surfaces  | 545         |
| D6607  | Retainer Inlay – Cast Noble Metal, Three or More Surfaces   | 520         | D6608    | Retainer Onlay – Porcelain/Ceramic, Two Surfaces   | 523         |
| D6609  | Retainer Onlay – Porcelain/Ceramic, Three or More Surfaces  | 708         | D6610    | Retainer Onlay – Cast High Noble Metal, Two Surfaces   | 554         |
| D6611  | Retainer Onlay – Cast High Noble Metal, Three or More Surfaces  | 598         | D6612    | Retainer Onlay – Cast Predominantly Base Metal, Two Surfaces   | 539         |
| D6613  | Retainer Onlay – Cast Predominantly Base Metal, Three or More Surfaces  | 599         | D6614    | Retainer Onlay – Cast Noble Metal, Two Surfaces  | 518         |
| D6615  | Retainer Onlay – Cast Noble Metal, Three or More Surfaces   | 603         | D6634    | Retainer Onlay – Titanium  | 576         |
| <b>Fixed Partial Denture Retainers - Crowns</b>  |   |             |          |  |             |
| D6720  | Retainer Crown – Resin with High Noble Metal  | 387         | D6721    | Retainer Crown – Resin with Predominantly Base Metal   | 385         |
| D6722  | Retainer Crown – Resin with Noble Metal   | 386         |          |  |             |
| D6740  | Retainer Crown – Porcelain/Ceramic  | 435         | D6750    | Retainer Crown – Porcelain Fused to High Noble   | 407         |
| D6751  | Retainer Crown – Porcelain Fused to Predominantly   | 375         | D6752    | Retainer Crown – Porcelain Fused to Noble Metal  | 377         |
| D6780  | Retainer Crown – 3/4 Cast High Noble Metal  | 401         | D6781    | Retainer Crown – 3/4 Cast Predominantly Base Metal   | 395         |
| D6782  | Retainer Crown – 3/4 Cast Noble Metal   | 397         | D6783    | Retainer Crown – 3/4 Porcelain/Ceramic   | 400         |
| D6790  | Retainer Crown – Full Cast High Noble Metal   | 398         | D6791    | Retainer Crown – Full Cast Predominantly Base Metal  | 375         |
| D6792  | Retainer Crown – Full Cast Noble Metal  | 373         |          |  |             |
| <b>Other Fixed Partial Denture Services</b>  |   |             |          |  |             |
| D6930  | Re-Cement or Re-Bond Fixed Partial Denture  | 68          |          |  |             |
| <b>ORAL AND MAXILLOFACIAL SURGERY SERVICES</b>   |   |             |          |  |             |
| <b>Extractions (Includes Local Anesthesia, Suturing, if Needed, and Routine Postoperative Care)</b>          |   |             |          |  |             |
| D7111  | Extraction, Coronal Remnants – Deciduous Tooth  | 55          | D7140    | Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forcens Removal)                                 | 60          |
| <b>Surgical Extractions (Includes Local Anesthesia, Suturing, if Needed, and Routine Postoperative Care)</b> |   |             |          |  |             |
| D7210  | Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and including Elevation of Mucoperiosteal Flap if Indicated | 88          | D7220    | Removal of Impacted Tooth – Soft Tissue  | 105         |
|  |   |             | D7230    | Removal of Impacted Tooth – Partially Bony   | 168         |
|  |   |             | D7240    | Removal of Impacted Tooth – Completely Bony  | 220         |
| D7241  | Removal of Impacted Tooth – Completely Bony, with Unusual Surgical Complications  | 275         | D7250    | Surgical Removal of Residual Tooth Roots (Cutting Procedure)   | 119         |
| <b>Other Surgical Procedures</b>   |   |             |          |  |             |
| D7270  | Tooth Re-Implantation and/or Stabilization of Accidentally Erupted or Displaced Tooth   | 261         | D7272    | Tooth Transplantation (includes Re-Implantation from One Site to Another and Splinting and/or Stabilization) | 449         |
| D7280  | Surgical Access of an Unerupted Tooth   | 236         |          |  |             |
| D7285  | Incisional Biopsy of Oral Tissue – Hard (Bone, Tooth)   | 208         | D7286    | Incisional Biopsy of Oral Tissue – Soft  | 153         |
| <b>Alveoloplasty - Surgical Preparation of Ridge</b>   |   |             |          |  |             |
| D7310  | Alveoloplasty in Conjunction with Extractions – Four or More Teeth or Tooth Spaces, per Quadrant  | 203         | D7311    | Alveoloplasty in Conjunction with Extractions – One to Three Teeth or Tooth Spaces, per Quadrant             | 199         |
| D7320  | Alveoloplasty not in Conjunction with Extractions – Four or More Teeth or Tooth Spaces, per Quadrant  | 318         | D7321    | Alveoloplasty Not in Conjunction with Extractions –  | 268         |
| D7450  | Removal of Benign Odontogenic Cyst or Tumor – Lesion Diameter up to 1.25cm  | 271         | D7451    | Removal of Benign Odontogenic Cyst or Tumor – Lesion Diameter greater than 1.25cm                            | 359         |
| D7460  | Removal of Benign Nonodontogenic Cyst or Tumor – Lesion Diameter up to 1.25cm   | 239         | D7461    | Removal of Benign Nonodontogenic Cyst or Tumor – Lesion Diameter greater than 1.25cm                         | 396         |
| <b>Surgical Incision</b>   |   |             |          |  |             |
| D7510  | Incision and Drainage of Abscess – Intraoral Soft Tissue  | 95          | D7520    | Incision and Drainage of Abscess – Extraoral Soft Tissue   | 238         |

| ADA Code  | ADA Description   | Member Cost | ADA Code | ADA Description   | Member Cost |
|---|---|-------------|----------|---|-------------|
| <b>Repair of Traumatic Wounds</b>   |   |             |          |   |             |
| D7910   | Suture of Recent Small Wounds up to 5cm   | 44          |          |   |             |
| <b>Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues &amp; Wide Undermining for Meticulous Closure)</b> |   |             |          |   |             |
| D7911   | Complicated Suture – up to 5cm  | 277         | D7912    | Complicated Suture – greater than 5cm   | 418         |
| <b>Other Repair Procedures</b>  |   |             |          |   |             |
| D7960   | Frenulectomy – Also Known as Frenectomy or Frenotomy – Separate Procedure not Incidental to another Procedure | 140         | D7970    | Excision of Hyperplastic Tissue, per Arch   | 206         |
|   |   |             | D7971    | Excision of Pericoronal Gingiva   | 153         |
| <b>ORTHODONTIC SERVICES</b>   |   |             |          |   |             |
| <b>Comprehensive Orthodontic Treatment</b>  |   |             |          |   |             |
| D8070   | Comprehensive Orthodontic Treatment of the Transitional Dentition   | 4,234       | D8080    | Comprehensive Orthodontic Treatment of the Adolescent Dentition                                       | 4,156       |
| D8090   | Comprehensive Orthodontic Treatment of the Adult Dentition  | 4,347       |          |   |             |
| <b>Other Orthodontic Services</b>   |   |             |          |   |             |
| D8660   | Pre-Orthodontic Treatment Examination to Monitor Growth and Development                                       | 0           | D8670    | Periodic Orthodontic Treatment Visit (Adult / Child)  | 149         |
| D8680   | Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))                      | 376         | D8693    | Re-Cement or Re-Bond Fixed Retainer   | 199         |
|   |   |             | D8999    | Orthodontic Treatment Plan and Records  | 199         |
| <b>ADJUNCTIVE GENERAL SERVICES</b>  |   |             |          |   |             |
| D9120   | Fixed Partial Denture Sectioning  | 87          | D9210    | Local Anesthesia not in Conjunction with Operative or Surgical Procedures                             | 47          |
| D9215   | Local Anesthesia in Conjunction with Operative or Surgical Procedures   | 38          | D9230    | Inhalation of Nitrous Oxide / Anxiolysis, Analgesia   | 26          |
| D9310   | Consultation – Diagnostic Service Provided by Dentist or Physician other than Requesting Dentist or Physician | 20          | D9910    | Application of Desensitizing Medicament   | 5           |
|   |   |             | D9911    | Application of Desensitizing Resin for Cervical and/or Root Surface, per Tooth                        | 35          |
| D9940   | Occlusal Guard, by Report   | 375         | D9941    | Fabrication of Athletic Mouthguard  | 110         |
| D9950   | Occlusion Analysis – Mounted Case   | 190         | D9951    | Occlusal Adjustment – Limited   | 75          |
| D9952   | Occlusal Adjustment – Complete  | 290         | D9970    | Enamel Microabrasion  | 90          |
| D9972   | External Bleaching, per Arch – Performed in Office  | 180         | D9973    | External Bleaching, per Tooth   | 120         |
| D9974   | Internal Bleaching, per Tooth   | 150         | D9975    | External Bleaching for Home Application, per Arch; includes Materials and Fabrication of Custom Trays | 155         |
| D9986   | Missed Appointment (without 24-hour Notice)   | 30          | D9987    | Cancelled Appointment (without 24-hour Notice)  | 30          |

### **Additional Information - Stipulations - Exclusions**

- This plan is **NOT INSURANCE** as does not meet the minimum creditable coverage requirements under the Affordable Care Act (ACA).
- The DDA Fee Schedule is only valid through DDA participating General Dentists and payments are made directly to the provider when services are rendered unless mutually agreed upon by all parties.
- All procedures performed by a General Dentist that are not listed on the Fee Schedule shall receive a 25% reduction from the General Dentist's customary or standard fee.
- This Fee Schedule applies to General Dentists only. Dental Specialists are contracted to reduce their standard rates by 15%-20%-25%.
- Not all General Dentists perform all services listed above. Consult with your participating Dentist prior to beginning any treatment.
- DDA does not guarantee the continued participation of any dentist. If your dentist leaves the plan, you will need to select a new DDA Provider.
- Some procedures listed may require additional Lab fees and OSHA charges that are not included in listed price. All applicable Lab and OSHA fees are to be paid by the Member and are not subject to discount. All prices are exclusive of gold or other precious metals.
- Medical costs associated with any dental procedure are the member's responsibility and are not subject to discount.
- Member will not hold DDA liable for negligence of a participating provider.
- Cancellation of appointment without 24 hours notice is subject to \$30.00 cancellation fee.
- Provider Directory can be viewed at [www.DirectDentalAlliance.com](http://www.DirectDentalAlliance.com) or call our office (800-377-2924) for assistance in locating a provider.
- Fees and services are subject to change without prior notification to members.