

General Dentist Fees

Code	Procedure	Average Dentist Fee	Dentex Member Fee	Member Savings	Potential % Savings
lDiagnos	tic				
D0120	Periodic Oral Evaluation	\$72.00	\$25.00	\$47.00	65%
D0150	Initial Oral Evaluation	\$125.00	\$37.00	\$88.00	70%
D0220	X-rays Intraoral-Periapical first film	\$40.00	\$17.00	\$23.00	58%
D0230	X-rays Intraoral-Periapical each additional film	\$36.00	\$11.00	\$25.00	69%
D0270	X-rays Bitewing-Single film	\$40.00	\$20.00	\$20.00	50%
D0272	X-rays Bitewings - Two films	\$62.00	\$25.00	\$37.00	60%
D0274	X-rays Bitewings - Four films	\$87.00	\$35.00	\$52.00	60%
D0330	X-rays Panoramic film	\$152.00	\$65.00	\$87.00	57%
2Preventa	ative				
D1110	Prophylaxis (cleaning and polishing) - Adult	\$123.00	\$55.00	\$68.00	55%
D1120	Prophylaxis (cleaning and polishing) - Child	\$92.00	\$41.00	\$51.00	55%
D1206	Topical application of fluoride varnish	\$55.00	\$15.00	\$40.00	73%
D1351	Sealant - per tooth	\$74.00	\$35.00	\$39.00	53%
3Restorat	ive Procedures				
D2330	Filling-Resin - one surface, anterior	\$225.00	\$80.00	\$145.00	64%
D2331	Filling-Resin - two surfaces, anterior	\$270.00	\$102.00	\$168.00	62%
D2332	Filling Resin - three surfaces, anterior	\$334.00	\$132.00	\$202.00	60%
D2391	Filling Resin- one surface, posterior	\$244.00	\$131.00	\$113.00	46%
D2392	Filling Resin-two surface,posterior	\$310.00	\$172.00	\$138.00	45%
D2393	Filling Resin-three surface, posterior	\$385.00	\$221.00	\$164.00	43%
D2394	Filling Resin-four surface posterior	\$450.00	\$278.00	\$172.00	38%
D2740	Crown – cosmetic-Empress,Emax etc.	\$1,472.00	\$875.00	\$597.00	41%
D2750	Crown - porcelain fused to high noble metal	\$1,479.00	\$755.00	\$724.00	49%
D2751	Crown - porcelain fused to predominantly base metal	\$1,393.00	\$725.00	\$668.00	48%
D2791	Crown - full cast predominantly base metal	\$1,348.00	\$725.00	\$623.00	46%
D2920	Recement crown	\$158.00	\$45.00	\$113.00	72%
D2940	Sedative filling	\$175.00	\$40.00	\$135.00	77%
D2950	Core buildup, including any pins	\$364.00	\$165.00	\$199.00	55%
4Endodor	ntic				
D3110	Pulp cap - direct (excluding final restoration)	\$117.00	\$40.00	\$77.00	66%
D3220	Therapeutic pulpotomy (excluding final restoration)	\$289.00	\$105.00	\$184.00	64%
D3310	Root Canal Therapy - Anterior (excluding final restoration) per tooth	\$982.00	\$485.00	\$497.00	51%
D3320	Root Canal Therapy - Bicuspid (excluding final restoration) per tooth	\$1,147.00	\$540.00	\$607.00	53%

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D3330	Root Canal Therapy – Molar (excluding final restoration) per tooth	\$1,372.00	\$805.00	\$567.00	41%
5Periodo	ntic				
D4341	Periodontal scaling and root planning - quadrant	\$352.00	\$150.00	\$202.00	57%
D4355	Full mouth debridement to enable comprehensive periodontal evaluation	\$254.00	\$90.00	\$164.00	65%
D4910	Periodontal maintenance procedure following active therapy	\$185.00	\$85.00	\$100.00	54%
6Prostho	dontics				
D5110	Complete dentures - upper	\$2,375.00	* \$655.00	\$1720.00	* 72%
D5120	Complete dentures – lower	\$2,395.00	* \$605.00	\$1790.00	* 75%
D5130	Immediate denture - upper	\$2,494.00	* \$705.00	\$1789.00	* 72%
D5140	Immediate denture - lower	\$2,499.00	* \$695.00	\$1804.00	* 72%
D5410	Adjust upper - complete denture	\$129.00	\$40.00	\$89.00	69%
D5411	Adjust lower - complete denture	\$127.00	\$40.00	\$87.00	69%
D5520	Replace missing or broken teeth - complete denture (ea. tooth)	\$267.00	* \$70.00	\$197.00	* 74%
D5640	Replace broken teeth - per tooth	\$269.00	* \$80.00	\$189.00	* 70%
D5650	Add tooth to existing partial denture	\$305.00	* \$145.00	\$160.00	* 52%
D5660	Add clasp to existing partial denture	\$357.00	* \$117.00	\$240.00	* 67%
D5730	Reline complete maxillary denture (chairside)	\$508.00	* \$150.00	\$358.00	* 70%
D5731	Reline complete mandibular denture (chairside)	\$508.00	* \$145.00	\$363.00	* 71%
D5740	Reline maxillary partial denture (chairside)	\$492.00	* \$150.00	\$342.00	* 70%
D5741	Reline mandibular partial denture (chairside)	\$624.00	* \$150.00	\$474.00	* 76%
D5750	Reline complete maxillary denture (laboratory)	\$625.00	* \$165.00	\$460.00	* 74%
D5751	Reline complete mandibular denture (laboratory)	\$625.00	* \$170.00	\$455.00	* 73%
D5760	Reline maxillary partial denture (laboratory)	\$625.00	* \$165.00	\$460.00	* 74%
D5761	Reline mandibular partial denture (laboratory)	\$625.00	* \$170.00	\$455.00	* 73%
7Oral Sur	rgery				
D7140	Extraction - single tooth	\$262.00	\$90.00	\$172.00	66%
D7220	Removal of impacted tooth - soft tissue	\$437.00	\$195.00	\$242.00	55%
D7230	Removal of impacted tooth - partially bony	\$535.00	\$210.00	\$325.00	61%
D7240	Removal of impacted tooth - completely bony	\$661.00	\$290.00	\$371.00	56%
D7250	Surgical removal of residual tooth roots	\$432.00	\$195.00	\$237.00	55%
D7510	Incision and drainage of abscess - intraoral soft tissue	\$334.00	\$105.00	\$229.00	69%
D7210	Extraction, erupted tooth requiring removal of bone or sectioning of tooth, including elevation of mucoperiosteal flap	\$390.00	\$195.00	\$195.00	50%
8Adjunct	ive General Services				
D9110	Palliative (emergency) treatment of dental pain - minor procedures	\$183.00	\$70.00	\$113.00	62%
D9430	Office visit for observation (during regularly scheduled hours)	\$115.00	\$20.00	\$95.00	83%
D9440	Office visit - after regularly scheduled hours	\$253.00	\$55.00	\$198.00	78%

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The Smart Alternative to the High Cost of Dental Insurance

* Plus lab fee. Lab fee may vary as different providers use different laboratories and materials. Check with your provider before initial treatment.

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^{**} All procedures not listed and procedures performed by Dentex specialists are a 25% discount from the dentist's usual and customary fees.(lab fees and materials excluded)