



General Dentist Fees

Code	Procedure	Average Dentist Fee	Dentex Member Fee	Total Member Savings
DIAGNOSTIC				
D0120	Periodic Oral Evaluation	56	25	31
D0150	Initial Oral Evaluation	98	37	61
D0220	X-rays Intraoral-Periapical first film	34	17	17
D0230	X-rays Intraoral-Periapical each additional film	29	11	18
D0270	X-rays Bitewing-Single film	33	20	13
D0272	X-rays Bitewings - Two films	52	25	27
D0274	X-rays Bitewings - Four films	75	35	40
D0330	X-rays Panoramic film	129	65	64
PREVENTATIVE				
D1110	Prophylaxis (cleaning and polishing) - Adult	104	55	49
D1120	Prophylaxis (cleaning and polishing) - Child	77	41	36
D1206	Topical application of fluoride varnish	50	15	35
D1351	Sealant - per tooth	65	35	30
RESTORATIVE PROCEDURES				
D2140	Filling-Amalgam - one surface, permanent per tooth	168	58	110
D2150	Filling-Amalgam - two surfaces, permanent per tooth	209	68	141
D2330	Filling-Resin - one surface, anterior	193	80	113
D2331	Filling-Resin - two surfaces, anterior	235	102	133
D2332	Filling Resin - three surfaces, anterior	288	132	156
D2391	Filling Resin- one surface, posterior	215	131	84
D2392	Filling Resin-two surface,posterior	276	172	104
D2393	Filling Resin-three surface,posterior	346	221	125
D2394	Filling Resin-four surface posterior	394	278	116
D2740	Crown – cosmetic-Empress,Emax etc.	1325	875	450
D2750	Crown - porcelain fused to high noble metal	1295	755	540
D2751	Crown - porcelain fused to predominantly base metal	1184	725	459
D2791	Crown - full cast predominantly base metal	1169	725	444
D2920	Recement crown	128	45	83
D2940	Sedative filling	142	40	102
D2950	Core buildup, including any pins	302	165	137
ENDODONTIC				
D3110	Pulp cap - direct (excluding final restoration)	95	40	55
D3220	Therapeutic pulpotomy (excluding final restoration)	235	105	130

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D3310	Root Canal Therapy - Anterior (excluding final restoration) per tooth	856	485	371
D3320	Root Canal Therapy - Bicuspid (excluding final restoration) per tooth	975	540	435
D3330	Root Canal Therapy – Molar (excluding final restoration) per tooth	1275	805	450
PERIODONTIC				
D4341	Periodontal scaling and root planning - quadrant	292	150	142
D4355	Full mouth debridement to enable comprehensive periodontal evaluation	220	90	130
D4910	Periodontal maintenance procedure following active therapy	155	85	70
PROSTHODONTICS				
D5110	Complete dentures - upper	1950	655*	1295
D5120	Complete dentures – lower	2000	605*	1395
D5130	Immediate denture - upper	2096	705*	1391
D5140	Immediate denture - lower	2106	695*	1411
D5213	Upper partial denture- metal base with saddles	2050	795*	1255
D5214	Lower partial denture - metal base with saddles	2054	795*	1259
D5410	Adjust upper - complete denture	101	40	61
D5411	Adjust lower - complete denture	101	40	61
D5520	Replace missing or broken teeth - complete denture (ea. tooth)	220	70*	145
D5610	Repair resin saddle or base	238	85*	153
D5640	Replace broken teeth - per tooth	220	80*	140
D5650	Add tooth to existing partial denture	285	145*	140
D5660	Add clasp to existing partial denture	310	117*	193
D5730	Reline complete maxillary denture (chairside)	430	150*	280
D5731	Reline complete mandibular denture (chairside)	425	145*	280
D5740	Reline maxillary partial denture (chairside)	420	150*	270
D5741	Reline mandibular partial denture (chairside)	425	150*	275
D5750	Reline complete maxillary denture (laboratory)	520	165*	355
D5751	Reline complete mandibular denture (laboratory)	545	170*	375
D5760	Reline maxillary partial denture (laboratory)	530	165*	365
D5761	Reline mandibular partial denture (laboratory)	538	170*	368
ORAL SURGERY				
D7140	Extraction - single tooth	205	90	115
D7220	Removal of impacted tooth - soft tissue	359	195	164
D7230	Removal of impacted tooth - partially bony	450	210	240
D7240	Removal of impacted tooth - completely bony	547	290	257
D7250	Surgical removal of residual tooth roots	350	195	155
D7510	Incision and drainage of abscess - intraoral soft tissue	275	105	170
D7960	Frenulectomy (frenectomy or frenotomy)	509	295	214

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ADJUNCTIVE GENERAL SERVICES				
D9110	Palliative (emergency) treatment of dental pain - minor procedures	148	70	78
D9430	Office visit for observation (during regularly scheduled hours)	90	20	70
D9440	Office visit - after regularly scheduled hours	210	55	155
D9999	Infection control	20	10	10

“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.

** 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)

[Prices subject to change without notice]

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