



# General Dentist Fees

Code	Procedure	Average Dentist Fee	Dentex Member Fee	Total Member Savings
<b>DIAGNOSTIC</b>				
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
<b>PREVENTATIVE</b>				
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
<b>RESTORATIVE PROCEDURES</b>				
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
<b>ENDODONTIC</b>				
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
<b>PERIODONTIC</b>				
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
<b>PROSTHODONTICS</b>				
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
<b>ORAL SURGERY</b>				
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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<b>ADJUNCTIVE GENERAL SERVICES</b>				
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

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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.

\*\* 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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