



DIRECT DENTAL PLANS OF AMERICA, INC.  
**GENERAL DENTIST FEE SCHEDULE**

<b>DIAGNOSTIC SERVICES</b>					
<b>ADA Code</b>	<b>ADA Description</b>	<b>Member Cost</b>	<b>ADA Code</b>	<b>ADA Description</b>	<b>Member Cost</b>
<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, and Detector	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 Procedures	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 Prophy (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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ADA Code	ADA Description	Member Cost	ADA Code	ADA Description	Member Cost
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 Metal	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 Impression	215
<b>Other Restorative Services</b>					
D2910	Re-Cement or Re-Bond Inlay, Onlay, or Partial Coverage Restoration	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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ADA Code	ADA Description	Member Cost	ADA Code	ADA Description	Member Cost
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 Resorption, etc.)	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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ADA Code	ADA Description	Member Cost	ADA Code	ADA Description	Member Cost
D3431	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration in Conjunction with Periradicular Surgery	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 Quadrant	319	D4211	Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Tooth Bounded Spaces, per Quadrant	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, per Quadrant	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 Regeneration	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 Tooth Position in Same Graft Site	375
<b>Non-Surgical Periodontal Service</b>					
D4320	Provisional Splinting – Intracoronal	265	D4321	Provisional Splinting – Extracoronal	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 Crevicular Tissue, per Tooth	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 (including any Conventional Clasps, Rests and Teeth)	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 Conventional Clasps, Rests and Teeth)	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 Implant	1,175	D6011	Second Stage Implant Surgery	473
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	align="center">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 Flap Entry and Closure	387	D6102	Debridement and Osseous Contouring of a Peri-implant Defect or Defects Surrounding a Single Implant and includes Surface Cleaning of the Exposed Implant Surfaces, including Flap Entry and Closure	538
D6103	Bone Graft for Repair of Peri-implant Defect – does not include Flap Entry and Closure	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 Fixes 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 Metal)	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 Prostheses and Abutments	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

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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 Metal	407
D6751	Retainer Crown – Porcelain Fused to Predominantly Base Metal	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 Forceps 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 Evulsed 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>Alveoplasty - Surgical Preparation of Ridge</b>					
D7310	Alveoplasty in Conjunction with Extractions – Four or More Teeth or Tooth Spaces, per Quadrant	203	D7311	Alveoplasty in Conjunction with Extractions – One to Three Teeth or Tooth Spaces, per Quadrant	199
D7320	Alveoplasty not in Conjunction with Extractions – Four or More Teeth or Tooth Spaces, per Quadrant	318	D7321	Alveoplasty Not in Conjunction with Extractions – One to Three Teeth or Tooth Spaces, per Quadrant	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

## GENERAL DENTIST FEE SCHEDULE • Page 8 of 8

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 DDP Fee Schedule is only valid through DDP 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.
- DDP does not guarantee the continued participation of any dentist. If your dentist leaves the plan, you will need to select a new DDP 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 DDP 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 downloaded at: [www.DDPCOL.com](http://www.DDPCOL.com); or call our office (800-377-2924) for assistance in locating a provider.
- Fees and services are subject to charge without prior notification to members.