

Effective: November 2012		GENERAL PRACTICE FEE SCHEDULE		COLORADO 402			
DIAGNOSTIC & PREVENTATIVE SERVICES		MEMBER'S		MEMBER'S			
ADA CODE	PROCEDURE	FEE		ADA CODE	PROCEDURE		
				FEE			
	Office Visits	No Charge		*PERIODONTICS: (Gum Disease)			
1330	Oral Hygiene Instruction	No Charge		0180	Perio Evaluation		
0120	Periodic Oral Exam	14.00		4210	Gingivectomy Plasty (per quad)		
0140	Limited Oral Exam Problem Focused	19.00		4220	Subgingival Curretage (per quad)		
0150	Comprehensive Oral Exam	22.00		4341	Scaling & Root Planing (per quad)		
0220	X-ray Single Image	10.00		4355	Full Mouth Debridement		
0230	Each Additional Image	8.00		4910	Periodontal Maintenance		
0270	Bitewing X-ray Single Image	11.00					
0272	Bitewing X-ray, Two Films	13.00		*PROSTHETICS: (Dentures & Partials)			
0273	Bitewing X-ray, Three Images	19.00		5110	Complete Upper Denture		
0274	Bitewing X-ray, Four Images	22.00		5120	Complete Lower Denture		
0330	Panoramic X-ray	45.00		5130	Immediate Upper Denture		
0210	Full Mouth X-ray	47.00		5140	Immediate Lower Denture		
Dental office may require full mouth or panoramic X-rays on initial visit.							
1110	Prophylaxis - Adult Routine Cleaning (Once per year)	33.00		5213-14	Partial U/L Acrylic w/Chrome		
1120	Prophylaxis - Child Routine Cleaning (Once per year)	23.00		5410-11	Denture Adjustment		
1351	Sealants (per tooth)	22.00		5510	Denture Repair, No Teeth		
1203/1204	Flouride Treatment	21.00		5520	Replace Missing or Broken Teeth		
1110-20	Prophylaxis - 2nd Routine Cleaning	45.00		5650	Add Tooth to Existing Partial		
Routine Cleaning does not apply to patients with periodontal disease.							
RESTORATIVE							
Amalgam Fillings							
2140	1 Surface	78.00		5730-41	Office Reline		
2150	2 Surfaces	88.00		5750-61	Laboratory Reline		
2160	3 Surfaces	98.00					
2161	4 Surfaces	108.00		*ORAL SURGERY:			
Composite Restoration							
2330	Anterior 1 Surface	83.00		7140	Single Tooth Extraction-Simple, Local		
2331	2 Surfaces	103.00		7210	Removal-Surgical/Erupted Tooth		
2332	3 Surfaces	123.00		7220	Removal Impacted Tooth/Soft Tissue		
2335	4 Surfaces	143.00		7230	Removal Impacted Tooth/Partial Bony		
2391	Posterior 1 Surface	95.00		7240	Removal Impacted Tooth/Total Bony		
2392	2 Surfaces	120.00		7310	Aveoloplasty (per quad) w/Extraction		
2393	3 Surfaces	165.00		7320	Aveoloplasty (per quad) w/o Extraction		
2394	4 Surfaces	200.00					
CROWNS & BRIDGES:							
2750	Porcelain Fused to High Noble Metal	525.00		<p>ALL OF THE ABOVE CHARGES ARE REDUCED FEES FOR SERVICES PERFORMED BY A PARTICIPATING *GENERAL DENTIST*</p> <p>Some providers may charge for missed appointments if no prior notice is given.</p> <p>Any procedure not listed is available at a 20% reduction in the usual and customary price for the procedure.</p> <p>Payment is required at the time of service.</p> <p>*Fees do not include lab costs. Lab fees are to be paid directly to the dental office by the member.</p> <p>Fees subject to change periodically without notification.</p> <p>*SPECIALISTS*</p> <p>Any treatment provided by a participating Specialist, if available, in Endodontics, Periodontics, Oral Surgery, Orthodontics, or Pedodontics (Pediatics) will be charged at 20% off the Specialist's normal fee for that procedure.</p> <p><small>While all participating providers are professionally licensed in the state in which they practice, Dental Care Rx does not guarantee the quality of service of any provider.</small></p>			
2751	Porcelain Fused to Base Metal	465.00					
2752	Porcelain Fused to Noble Metal	485.00					
2790	Full Cast High Noble Metal	510.00					
2791	Full Cast-Predominately Base Metal	485.00					
2930	PreFab Stainless Steel-Primary	105.00					
2931	PreFab Stainless Steel-Permanent	120.00					
2950	Core Build-up Including Pins	120.00					
2951	Pin Retention/Tooth Add. to Crown	34.00					
2952	Cast Post & Core Add. to Crown	190.00					
2954	PreFab Post & Core Add. to Crown	130.00					
*ENDODONTICS: (Root Canals)							
(EXCLUDING FINAL RESTORATION)							
3110-20	Pulp cap	45.00					
3220	Therapeutic Pulpotomy	105.00					
3310	Root canal Anterior	350.00					
3320	Root canal Bicuspid	400.00					
3330	Root canal Molar	460.00					

****Membership Verification Required****
Please Call (877) 579-9696

Membership ID Should be presented upon Check-In