

Effective: January 2021 GENERAL PRACTICE FEE SCHEDULE COLORADO 402

DIAGNOSTIC & PREVENTATIVE SERVICES		MEMBER'S
ADA CODE	PROCEDURE	FEE
1330	Oral Hygiene Instruction	No Charge
0120	Periodic Oral Exam	18.00
0140	Limited Oral Exam Problem Focused	24.00
0150	Comprehensive Oral Exam	28.00
0220	X-ray Single Image	13.00
0230	Each Additional Image	10.00
0270	Bitewing X-ray Single Image	13.00
0272	Bitewing X-ray, Two Films	16.00
0273	Bitewing X-ray, Three Images	23.00
0274	Bitewing X-ray, Four Images	27.00
0330	Panoramic X-ray	55.00
0210	Full Mouth X-ray	55.00

Dental office may require full mouth or panoramic X-rays on initial visit.

1110	Prophylaxis - Adult Routine Cleaning (Once per year)	40.00
1120	Prophylaxis - Child Routine Cleaning (Once per year)	28.00
1351	Sealants (per tooth)	24.00
1203/1204	Flouride Treatment	24.00
1110-20	Second Routine Cleaning	50.00

Routine Cleaning does not apply to patients with periodontal disease.

RESTORATIVE

Amalgam Fillings

2140	1 Surface	78.00
2150	2 Surfaces	88.00
2160	3 Surfaces	98.00
2161	4 Surfaces	108.00

Composite Restoration

2330	Anterior	1 Surface	83.00
2331		2 Surfaces	103.00
2332		3 Surfaces	123.00
2335		4 Surfaces	143.00
2391	Posterior	1 Surface	95.00
2392		2 Surfaces	120.00
2393		3 Surfaces	165.00
2394		4 Surfaces	200.00

CROWNS & BRIDGES:

2740	Porcelain Ceramic Substrate	630.00
2750	Porcelain Fused to High Noble Metal	597.00
2751	Porcelain Fused to Base Metal	571.00
2752	Porcelain Fused to Noble Metal	594.00
2790	Full Cast High Noble Metal	620.00
2791	Full Cast-Predominately Base Metal	578.00
2930	PreFab Stainless Steel-Primary	120.00
2931	PreFab Stainless Steel-Permanent	142.00
2950	Core Build-up Including Pins	123.00
2951	Pin Retention/Tooth Add. to Crown	34.00
2952	Cast Post & Core Add. to Crown	195.00
2954	PreFab Post & Core Add. to Crown	152.00

***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 Bicuspoid	400.00
3330	Root canal Molar	490.00

ADA CODE	PROCEDURE	MEMBER'S FEE
*PERIODONTICS: (Gum Disease)		
0180	Perio Evaluation	25.00
4210	Gingivectomy Plasty (per quad)	350.00
4220	Subgingival Curretage (per quad)	135.00
4341	Scaling & Root Planing (per quad)	138.00
4355	Full Mouth Debridement	75.00
4910	Periodontal Maintenance	75.00

***PROSTHETICS: (Dentures & Partials)**

5110	Complete Upper Denture	790.00
5120	Complete Lower Denture	790.00
5130	Immediate Upper Denture	825.00
5140	Immediate Lower Denture	825.00
5211-12	Partial Denture Resin Base	722.00
5213-14	Partial Denture U/L Acrylic w/Chrome	857.00
5410-11	Denture Adjustment	41.00
5510	Denture Repair, No Teeth	120.00
5520	Replace Missing or Broken Teeth	90.00
5650	Add Tooth to Existing Partial	100.00
5660	Add Clasp to Existing Partial	90.00
5730-41	Office Reline	165.00
5750-61	Laboratory Reline	218.00

***ORAL SURGERY:**

7140	Single Tooth Extraction-Simple, Local	83.00
7210	Removal-Surgical/Erupted Tooth	165.00
7220	Removal Impacted Tooth/Soft Tissue	137.00
7230	Removal Impacted Tooth/Partial Bony	180.00
7240	Removal Impacted Tooth/Total Bony	252.00
7310	Aveoloplasty (per quad) w/Extraction	116.00
7320	Aveoloplasty (per quad) w/o Extraction	166.00

ALL OF THE ABOVE CHARGES ARE REDUCED FEES FOR SERVICES PERFORMED BY A PARTICIPATING *GENERAL DENTIST*

Some providers may charge for missed appointments if no prior notice is given.

Any procedure not listed is available at a 20% reduction in the usual and customary price for the procedure.

Payment is required at the time of service.

*Fees do not include lab costs. Lab fees are to be paid directly to the dental office by the member.

Fees subject to change periodically without notification.

SPECIALISTS

Any treatment provided by a participating Specialist, if available, in Endodontics, Periodontics, Oral Surgery, Orthodontics, or Pedodontics (Pediactrics) will be charged at 20% off the Specialist's normal fee for that procedure.

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.

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

Membership ID Should be presented upon Check-In