

Effective: January 2025

GENERAL PRACTICE FEE SCHEDULE

COLORADO 402

DIAGNOSTIC & PREVENTATIVE SERVICES		MEMBER'S FEE	ADA CODE	PROCEDURE	MEMBER'S FEE
ADA CODE	PROCEDURE				
1330	Oral Hygiene Instruction	No Charge			
0120	Periodic Oral Exam	21.00			
0140	Limited Oral Exam Problem Focused	30.00			
0150	Comprehensive Oral Exam	32.00			
0220	X-ray Single Image	13.00			
0230	Each Additional Image	10.00			
0270	Bitedwing X-ray Single Image	13.00			
0272	Bitewing X-ray, Two Films	18.00			
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)	45.00			
1120	Prophylaxis - Child Routine Cleaning	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	79.00			
2150	2 Surfaces	92.00			
2160	3 Surfaces	110.00			
2161	4 Surfaces	125.00			
Composite Restoration					
2330	Anterior	86.00			
2331	2 Surfaces	105.00			
2332	3 Surfaces	128.00			
2335	4 Surfaces	157.00			
2391	Posterior	96.00			
2392	2 Surfaces	122.00			
2393	3 Surfaces	165.00			
2394	4 Surfaces	200.00			
CROWNS & BRIDGES:					
2740	Porcelain Ceramic Substrate	690.00			
2750	Porcelain Fused to High Noble Metal	607.00			
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	155.00			
2950	Core Build-up Including Pins	135.00			
2951	Pin Retention/Tooth Add. to Crown	38.00			
2952	Cast Post & Core Add. to Crown	215.00			
2954	PreFab Post & Core Add. to Crown	170.00			
*ENDODONTICS: (Root Canals)					
(EXCLUDING FINAL RESTORATION)					
3110-20	Pulp cap	52.00			
3220	Therapeutic Pulpotomy	105.00			
3310	Root canal Anterior	435.00			
3320	Root canal Bicuspid	515.00			
3330	Root canal Molar	625.00			

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

ADA CODE	PROCEDURE	MEMBER'S FEE
*PERIODONTICS: (Gum Disease)		
0180	Perio Evaluation	28.00
4210	Gingivectomy Plasty (per quad)	365.00
4220	Subgingival Currettage (per quad)	140.00
4341	Scaling & Root Planing (per quad)	140.00
4355	Full Mouth Debridement	80.00
4910	Periodontal Maintenance	75.00
*PROSTHETICS: (Dentures & Partials)		
5110	Complete Upper Denture	825.00
5120	Complete Lower Denture	825.00
5130	Immediate Upper Denture	875.00
5140	Immediate Lower Denture	880.00
5211-12	Partial Denture Resin Base	775.00
5213-14	Partial Denture U/L Acrylic w/Chrome	870.00
5410-11	Denture Adjustment	45.00
5510	Denture Repair, No Teeth	125.00
5520	Replace Missing or Broken Teeth	90.00
5650	Add Tooth to Existing Partial	105.00
5660	Add Clasp to Existing Partial	105.00
5730-41	Office Reline	170.00
5750-61	Laboratory Reline	225.00
*ORAL SURGERY:		
7140	Single Tooth Extraction-Simple, Local	85.00
7210	Removal-Surgical/Erupted Tooth	165.00
7220	Removal Impacted Tooth/Soft Tissue	140.00
7230	Removal Impacted Tooth/Partial Bony	180.00
7240	Removal Impacted Tooth/Total Bony	252.00
7310	Aveoloplasty (per quad) w/Extraction	125.00
7320	Aveoloplasty (per quad) w/o Extraction	180.00

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 (Pediatrics) 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 ID Should be presented upon Check-In