

Effective: January 2025			GENERAL PRACTICE FEE SCHEDULE		COLORADO 402	
DIAGNOSTIC & PREVENTATIVE SERVICES			MEMBER'S		MEMBER'S	
ADA CODE	PROCEDURE		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	Bitewing 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			
<b>Dental office may require full mouth or panoramic X-rays on initial visit.</b>						
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	Fluoride Treatment		24.00			
1110-20	Second Routine Cleaning		50.00			
<b>Routine Cleaning does not apply to patients with periodontal disease.</b>						
<b>RESTORATIVE</b>						
<b>Amalgam Fillings</b>						
2140	1 Surface		79.00			
2150	2 Surfaces		92.00			
2160	3 Surfaces		110.00			
2161	4 Surfaces		125.00			
<b>Composite Restoration</b>						
2330	Anterior 1 Surface		86.00			
2331	2 Surfaces		105.00			
2332	3 Surfaces		128.00			
2335	4 Surfaces		157.00			
2391	Posterior 1 Surface		96.00			
2392	2 Surfaces		122.00			
2393	3 Surfaces		165.00			
2394	4 Surfaces		200.00			
<b>CROWNS &amp; BRIDGES:</b>						
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			
<b>*ENDODONTICS: (Root Canals)</b>						
<b>(EXCLUDING FINAL RESTORATION)</b>						
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			
<b>*PERIODONTICS: (Gum Disease)</b>						
0180	Perio Evaluation		28.00			
4210	Gingivectomy Plasty (per quad)		365.00			
4220	Subgingival Curettage (per quad)		140.00			
4341	Scaling & Root Planing (per quad)		140.00			
4355	Full Mouth Debridement		80.00			
4910	Periodontal Maintenance		75.00			
<b>*PROSTHETICS: (Dentures &amp; Partials)</b>						
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			
<b>*ORAL SURGERY:</b>						
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 Verification Required\*\***  
**Please Call (877) 579-9696**

**Membership ID Should be presented upon Check-In**