

SLDDS PROPOSED FEE SCHEDULE for DISCOUNTED DENTAL PROGRAM 2009

EXAMS

D0110	NP EXAM	\$20.00
D0120	6 MONTH EXAM (PERIODIC ORAL EVAL) - ESTABLISHED PATIENT	\$20.00
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$20.00
D0150	TREATMENT PLAN (COMPREHENSIVE EXAM) - NEW OR ESTABLISHED PATIENT	\$20.00
D0170	RE-EVALUATION-if we haven't seen the patient in 6 mos +	\$20.00
D0180	COMPREHENSIVE PERIODONTAL EVAL,NEW/ESTAB PATIENT	\$40.00
D0130	WALK IN EMERGENCY ORAL EXAM (includes x-rays but does NOT include tx)	\$95.00

X-RAYS

D0270	PA-SINGLE FILM	\$20.00
D0272	BITEWINGS-TWO FILMS	\$30.00
D0273	BITEWINGS - THREE FILMS	\$40.00
D0274	BITEWINGS - FOUR FILMS	\$50.00
D0275	PA-EACH ADDITIONAL FILM	\$10.00
D0330	PANORAMIC FILM	\$40.00

HYGIENE

D1110	PROPHYLAXIS - ADULT (w/fluoride)	\$45.00
D1120	PROPHYLAXIS - CHILD (w/fluoride)	\$35.00
D1206	TOPICAL FLUORIDE VARNISH	\$20.00
D1351	SEALANT - PER TOOTH	\$20.00
D1310	NUTRITIONAL COUNSELING,TO CONTROL DENTAL DISEASE	\$0.00
D1320	TOBACCO COUNSELING CONTROL & PRVNTN ORAL DISEASE	\$0.00
D1330	ORAL HYGIENE INSTRUCTION	\$0.00
D4341	PERIODONTAL SCALING/ROOT PLANING - each quadrant	\$70.00
D4355	FULL MOUTH DEBRIDE COMPREHENSIVE EVAL & DIAGNOSIS	\$70.00
D4910	PERIODONTAL MAINTENANCE	\$70.00
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$0.00

FILLINGS

D2940	SEDATIVE FILLING	\$80.00
D2110	AMALGAM-ONE SURFACE, PRIMARY "little silver filling"	\$55.00
D2120	AMALGAM-TWO SURFACES, PRIMARY "little silver filling"	\$55.00
D2130	AMALGAM-THREE SURFACES, PRIMARY "big silver filling"	\$85.00
D2131	AMALGAM-FOUR OR MORE SURFACES, PRIMARY "big silver filling"	\$85.00
D2140	AMALGAM-ONE SURFACE, PERMANENT "little silver filling"	\$55.00
D2150	AMALGAM-TWO SURFACES, PERMANENT "little silver filling"	\$55.00
D2160	AMALGAM-THREE SURFACES, PERMANENT "big silver filling"	\$85.00
D2161	AMALGAM-FOUR OR MORE SURFACES,PERMANENT "big silver filling"	\$85.00
D2330	RESIN - ONE SURFACE, ANTERIOR "little white filling"	\$70.00
D2331	RESIN - TWO SURFACES, ANTERIOR "little white filling"	\$70.00
D2332	RESIN - THREE SURFACES, ANTERIOR "big white filling"	\$100.00
D2335	RESIN-4 OR MORE SURFACE "big white filling"	\$100.00

D2380	RESIN-ONE SURFACE, POSTERIOR-PRIMARY "little white filling"	\$70.00
D2381	RESIN-TWO SURFACES, POSTERIOR-PRIMARY "little white filling"	\$70.00
D2382	RESIN-THREE OR MORE SURFACES, POSTERIOR-PRIMARY "big white filling"	\$100.00
D2385	RESIN-ONE SURFACE, POSTERIOR-PERMANENT "little white filling"	\$70.00
D2386	RESIN-TWO SURFACES, POSTERIOR-PERMANENT "little white filling"	\$70.00
D2387	RESIN-THREE OR MORE SURFACES,POSTERIOR-PERMANENT "big white filling"	\$100.00
D2388	RESIN-BASED COMPOSITE-4+ SURFACES,POSTERIOR PERM "big white filling"	\$100.00

CROWNS & VENEERS

D2891	POST & BUILD UP	\$150.00
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$75.00
D2931	PREFABRICAT STAINLESS STEEL CROWN-PERMANENT TOOTH	\$85.00
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$400.00
D2962	LABIAL VENEER (PORCELAIN LAMINATE)-LABORATORY	\$510.00
D2910	RECEMENT INLAY OR ONLAY	\$35.00
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	\$35.00
D2920	RECEMENT CROWN	\$35.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	\$0.00

BRIDGES

D6061	ABUTMENT SUPPORTED PORCELAIN FUSED (NOBLE METAL) -ANCHOR	\$400.00
D6240	PONTIC--PORCELAIN FUSED TO HIGH NOBLE METAL	\$400.00
D6092	RECEMENT BRIDGE	\$35.00

ENDO

D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$35.00
D3120	PULP CAP-INDIRECT EXCLUDING FINAL RESTORATION	\$35.00
D3210	THERAPEUTIC PULPOTOMY	\$80.00
D3100	THERAPEUTIC PULPECTOMY	\$80.00
D3310	ROOT CANAL THERAPY,ANTERIOR(EXCLUD FINAL RESTOR)	\$250.00
D3320	ROOT CANAL THERAPY,BICUSPID(EXCLUD FINAL RESTORAT)	\$300.00
D3330	ROOT CANAL THERAPY,MOLAR(EXCLUD FINAL RESTORATION)	\$350.00
D3340	FOUR OR MORE ROOT CANALS(EXCLUD FINAL RESTORATION)	\$400.00
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	\$0.00

ORAL SURGERY

D7510	INCISION & DRAINAGE OF ABCESS-INTRAORAL SOFT TISS	\$50.00
D7110	SINGLE TOOTH EXTRACT -	\$55.00
D7120	EA ADDITIONAL TOOTH EXTRACT,ANESTHESIA,POSTOP CARE	\$45.00
D7130	ROOT REMOVAL - EXPOSED ROOTS	\$80.00
D7140	EXTRACTION,ERUPTED TOOTH OR EXPOSED ROOT	\$55.00
D7210	SURG REMOVAL ERUPTED TOOTH REQ ELEV FLAP,BONE RMVL	\$100.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS(CUT PROC)	\$150.00

DENTURES / PARTIALS

D5410	ADJUST COMPLETE DENTURE-UPPER	\$35.00
D5411	ADJUST COMPLETE DENTURE-LOWER	\$35.00

D5421	ADJUST PARTIAL DENTURE-UPPER	\$35.00
D5422	ADJUST PARTIAL DENTURE - LOWER	\$35.00
D5730	RELINE UPPER COMPLETE DENTURE(CHAIRSIDE)	\$75.00
D5731	RELINE LOWER COMPLETE DENTURE (CHAIRSIDE)	\$75.00
D5740	RELINE UPPER PARTIAL DENTURE(CHAIRSIDE)	\$75.00
D5741	RELINE LOWER PARTIAL DENTURE (CHAIRSIDE)	\$75.00
D5750	RELINE COMPLETE UPPER DENTURE (LABORATORY)	lab fees + 50% of lab fee
D5751	RELINE COMPLETE LOWER DENTURE (LABORATORY)	lab fees + 50% of lab fee
D5760	RELINE UPPER PARTIAL DENTURE (LABORATORY)	lab fees + 50% of lab fee
D5761	RELINE LOWER PARTIAL DENTURE (LABORATORY)	lab fees + 50% of lab fee

ORTHO

D1510	SPACE MAINTAINER-FIXED UNILATERAL	lab fees + 50% of lab fee
D1515	SPACE MAINTAINER-FIXED BILATERAL	lab fees + 50% of lab fee
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	lab fees + 50% of lab fee
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	lab fees + 50% of lab fee
D1550	RECEMENTATION OF SPACE MAINTAINER	\$35.00
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$35.00

MISCELLANEOUS

D9941	FABRICATION OF MOUTHGUARDS	\$80.00
D9942	REPAIR AND/OR RELINE OF OCCUSAL GUARD	lab fees + 50% of lab fee
D3960	BLEACHING OF DISCOLORED TOOTH	\$50.00
D9972	BLEACHING - FULL MOUTH (includes tray + 4 syringes)	\$150.00
	ADDITIONAL BLEACH- per syringe	\$25.00
D0470	DIAGNOSTIC CASTS	\$35.00
D9443	CANCELLATION - less than 24 hours notice	\$75.00
D9441	RESCHEDULE - less than 24 hours notice	\$75.00
D9442	NO SHOW	\$75.00