



CaliDental

**DISCOUNT DENTAL PLAN
FEE SCHEDULE 2017**

DIAGNOSTIC PROCEDURES

CODE	DESCRIPTION	Our Fee	*Others
D0120	Exam - Periodic	\$35	\$50
D0140	Exam - Limited/Emergency	\$39	\$60
D0150	Exam - Comprehensive Oral Eval	\$41	\$65
D0160	Exam- Extensive problem focused	\$49	\$139
D0170	Exam - Re-evaluation limited	\$22	\$50
D0180	EXAM- Comprehensive	\$43	\$80
D0210	XRAYS - Full mouth xrays	\$65	\$105
D0220	XRAY - PA 1st film	\$12	\$25
D0230	XRAY - PA addtl film	\$9	\$20
D0270	Xray- Bitewing-1 Film	\$12	\$25
D0272	Xray- Bitewing-2 Films	\$18	\$35
D0273	Xray- Bitewing-3 Films	\$25	\$40
D0274	Xray- Bitewing-4 Films	\$28	\$45
D0330	X-ray, Panoramic	\$72	\$125
D0350	Oral/facial images	\$20	\$285
D0460	Pulp Vitality Tests	\$15	\$45
D0470	Diagnostic Casts	\$40	\$100
D0502	Other Oral Path Proc	\$75	\$110

PREVENTIVE PROCEDURES

CODE	DESCRIPTION	Our Fee	
D1110	Prophylaxis - Adult	\$65	\$85
D1120	Prophylaxis, Child/under 14yrs	\$50	\$65
D1206	Fluoride varnish; high risk pt	\$29	\$45
D1330	Oral Hygiene Instruction	\$10	\$25
D1351	Sealant, Per Tooth	\$35	\$45
D1510	Space Maintainer, Fix, Unilat	\$195	\$275
D1515	Space Maintainer, Fix, Bilat	\$225	\$350
D1520	Space Maintainer, Removable, Unilat	\$230	\$375
D1525	Space Maintainer, Removable, Bilat	\$265	\$385
D1550	Space Maintainer, Recement	\$30	\$55
D1555	Removal of fixed space maintainer	\$40	\$55

RESTORATIVE PROCEDURES

CODE	DESCRIPTION	Our Fee	
D2140	Amalgam - 1 Surface	\$65	\$100
D2150	Amalgam - 2 Surfaces	\$85	\$150
D2160	Amalgam - 3 Surfaces	\$105	\$165
D2161	Amalgam - 4+ Surfaces	\$135	\$200
D2330	Comp 1 Surface Anterior	\$95	\$150
D2331	Comp 2 Surface Anterior	\$120	\$180
D2332	Comp 3 Surface Anterior	\$165	\$225
D2335	Comp 4 Surface Anterior	\$190	\$275
D2391	Comp, 1 Surface Posterior	\$95	\$175
D2392	Comp, 2 Surface Posterior	\$163	\$235
D2393	Comp, 3 Surface Posterior	\$197	\$250

D2394	Comp, 4+ Surface Posterior	\$225	\$310
D2510	Inlay, Metallic, 1 Surface	\$445	\$650
D2520	Inlay, Metallic, 2 Surfaces	\$520	\$730
D2530	Inlay, Metallic, 3 Surfaces	\$640	\$765
D2542	Onlay, Metallic, 2 surfaces	\$590	\$840
D2543	Onlay-Metallic-3 Surface	\$615	\$875
D2544	Onlay-Metallic-4+ Surfaces	\$640	\$890
D2610	Inlay, Porcelain, 1 Surface	\$480	\$560
D2620	Inlay, Porcelain, 2 Surface	\$490	\$600
D2630	Inlay, Porcelain, 3 Surface	\$510	\$660
D2642	Onlay-Porc/Ceram-2 surfaces	\$555	\$670
D2643	Onlay-Porc/Ceram-3 surfaces	\$590	\$680
D2644	Onlay-Porc/Ceram-4+ surfaces	\$650	\$750
D2710	Crown - Resin (Indirect)	\$283	\$485
D2740	CROWN - ALL CERAMIC - Porcelain	\$895	\$1065
D2750	CROWN - PFM HIGH NOBLE METAL	\$881	\$965
D2751	CROWN - PFM BASE METAL	\$805	\$890
D2752	CROWN - PFM NOBLE METAL	\$865	\$910
D2780	CROWN - 3/4 cast high noble meta	\$736	\$885
D2783	Crown - 3/4 Porc/Ceramic	\$785	\$950
D2790	CROWN - FCC high noble metal	\$736	\$920
D2791	CROWN - FCC base metal	\$712	\$850
D2792	CROWN - FCC noble metal	\$723	\$875
D2910	Recement Inlay	\$41	\$75
D2915	Recement Cast or Post & Core	\$41	\$85
D2920	Recement Crown	\$41	\$80
D2930	CROWN - SSC Primary tooth	\$105	\$240
D2931	CROWN - SSC Permanent tooth	\$161	\$280

D2932	Preabricated Resin Crown	\$124	\$285
D2940	Sedative Filling	\$49	\$75
D2950	Core Buildup, Inc. Pins	\$105	\$215
D2951	Pin retention, per tooth	\$40	\$94
D2952	Post & core cast in addition to crown	\$215	\$350
D2954	Post & core, prefabricated	\$154	\$275
D2960	Venner- Resin - Chair side	\$295	\$565
D2961	Veneer - Resin- Lab	\$485	\$600

ENDODONTICS

CODE	DESCRIPTION	Our Fee	
D3110	Pulp cap, direct	\$25	\$100
D3220	Pulpotomy	\$70	\$150
D3221	Pulpectomy - pulpal debridement	\$65	\$163
D3230	PulpThepy/resorb fill/ant.prim	\$95	\$190
D3240	Pulp Ther.(resorable) postprim	\$105	\$193
D3310	Root Canal, Anterior Tooth	\$563	\$680
D3320	Root Canal, Bicuspid Tooth	\$602	\$710
D3330	Root Canal, Molar Tooth	\$871	\$930
D3346	Retreatment Anterior	\$595	\$715
D3347	Retreatment Biscuspid	\$681	\$785
D3348	Retreatment Molar	\$912	\$1030

PERIODONTICS

CODE	DESCRIPTION	Our Fee	
D4210	Gingivectomy/plasty- 4 or more Theeth	\$204	\$585
D4211	Gingivectomy/plasty 1-3 teeth	\$95	\$285

D4212	Gingi/to access tooth for restorativ	\$75	\$265
D4240	Ging Flap Proc Inc.RP-4+	\$305	\$660
D4241	Ging Flap Proc Inc.RP <4	\$155	\$447
D4249	Crown lengthening, hard/ tissue	\$225	\$420
D4260	Osseous Surgery, quad	\$702	\$1064
D4261	Osseous Surgery,1-3 teeth/quad	\$355	\$639
D4263	Bone replace graft,1st site	\$220	\$450
D4264	Bone replace graft,add`l site	\$123	\$300
D4274	Distal or Proximal wedge proce	\$252	\$420
D4320	Bonded Provisional splint intr	\$90	\$175
D4321	Bonded Provisional splint extracoronal	\$85	\$161
D4341	Perio S/RP - 4+ Th/Quad	\$117	\$235
D4342	PerioScale/RootPlane1-3teethq	\$75	\$165
D4355	Full Mouth Debridement	\$97	\$135
D4381	Localized delivery of antimicrobial per tooth	\$49	\$125
D4910	Periodontal Maintenance	\$83	\$115
D4920	Dressing change, not TX DDS	\$35	\$65

PROSTHODONTICS (REMOVABLE)

CODE	DESCRIPTION	Our Fee	
D5110	DENTURE - COMPLETE UPPER	\$961	\$1150
D5120	DENTURE - COMPLETE LOWER	\$961	\$1150
D5130	DENTURE - IMMEDIATE UPPER	\$988	\$1300
D5140	DENTURE - IMMEDIATE LOWER	\$988	\$1300
D5211	PARTIAL DENTURE - RESIN BASE - UPPER	\$604	\$885
D5212	PARTIAL DENTURE - RESIN BASE - LOWER	\$604	\$885
D5213	PARTIAL DENTURE-CAST UPPER	\$1052	\$1375

D5214	PARTIAL - CAST METAL LOWER	\$1052	\$1375
D5225	PARTIAL - FLEX BASE - UPPER	\$1005	\$1400
D5226	PARTIAL - FLEX BASE - LOWER	\$1005	\$1400
D5281	REMOVABLE UNILATERAL PARTIAL	\$440	\$875
D5410	Adjustment, Complete Denture, Upper	\$41	\$75
D5411	Adjustment, Complete Denture, Lower	\$41	\$75
D5421	Adjustment, Partial, Upper	\$41	\$75
D5422	Adjustment, Partial, Lower	\$41	\$75
D5510	Repair broken complete denture	\$120	\$180
D5520	Repl. missi/broken teeth, Dent pr Tooth	\$103	\$150
D5610	Repair - Resin Denture Base	\$103	\$175
D5620	Repair - Cast Framework	\$98	\$120
D5630	Repair or Replace - Broken Clasp	\$135	\$175
D5640	Replace Broken Teeth - per tooth	\$120	\$160
D5650	Add tooth to existing partial denture	\$120	\$175
D5660	Add clasp to existing partial denture	\$152	\$195
D5710	Rebase, Complete, Upper	\$276	\$470
D5711	Rebase, Complete, Lower	\$276	\$470
D5720	Rebase, Partial, Upper	\$293	\$450
D5721	Rebase, Partial, Lower	\$293	\$450
D5730	Reline, Complete, Upper, Chair	\$171	\$280
D5731	Reline, Complete, Lower, Chair	\$171	\$280
D5740	Reline, Partial, Upper, Chair	\$171	\$280
D5741	Reline, Partial, Lower, Chair	\$171	\$280
D5750	Reline, Complete, Upper, Lab	\$293	\$400
D5751	Reline, Complete, Lower, Lab	\$293	\$400
D5760	Reline, Partial, Upper, Lab	\$274	\$400
D5761	Reline, Partial, Lower, Lab	\$274	\$400

D5810	DENTURE-Complete interim upper (stysl)	\$427	\$550
D5811	DENTURE-Complete interim lower (stysl)	\$427	\$550
D5820	PARTIAL - Interim upper - (stysl)	\$365	\$510
D5821	PARTIAL - Interim lower (stysl)	\$365	\$510
D5850	Tissue conditioning upper	\$78	\$155
D5851	Tissue conditioning lower	\$78	\$155
D5862	Precision attachment by report	\$304	\$495

IMPLANT SERVICES

CODE	DESCRIPTION	Our Fee	
D6010	IMPLANT BODY- Surgical Placement	\$1,615	\$1800
D6056	IMPLANT -Prefabricated abutment	\$422	\$640
D6058	IMPLANT -Crown allceram/abut supported	\$1123	\$1350
D6059	IMPLANT -Crown PFM abutment supported	\$1123	\$1350
D6062	IMPLANT -CROWN FCC abutment support	\$1087	\$1300
D6092	Re-cement implant/crown	\$41	\$119
D6093	Re-cement implant/fixed part dent	\$79	\$130

PROSTHODONTICS (FIXED)

CODE	DESCRIPTION	Our Fee	
D6210	Pontic, Cast High Noble Metal	\$881	\$980
D6240	Pontic-PFM High Noble Metal	\$896	\$995
D6245	Pontic - Porcelain/Ceramic	\$896	\$995
D6253	Provisional Pontic	\$143	\$250
D6545	Retainer, Cast for Acid Etch	\$162	\$285
D6600	Inlay, Porcelain/ceramic 2 Sur	\$516	\$720
D6601	Inlay,Procelain/ceramic,3+Sur	\$586	\$745

D6602	Inlay, CastHighNoble 2 Surfaces	\$517	\$720
D6603	Inlay, CastHighNoble Three+ Sur	\$589	\$775
D6608	Onlay, Porcelain/ceramic, 2 Sur	\$572	\$820
D6609	Onlay, Porcelain/ceramic 3+Surf	\$685	\$890
D6610	Onlay, CastHighNobleMetal, 2Sur	\$670	\$820
D6611	Onlay, CastHighNobleMetal,3+Sur	\$881	\$920
D6750	Crown (Abutment) - PFM High Noble Metal	\$882	\$965
D6790	Crown (Abutment) - FCC High Noble Metal	\$863	\$920
D6793	Provisional Retainer Crown	\$136	\$250
D6930	Re-cement FPD/Bridge	\$67	\$125
D6950	Precision Attachment/By Report	\$371	\$665
D6973	Core Buildup for retainer	\$186	\$265

ORAL AND MAXILLOFACIAL SURGERY

CODE	DESCRIPTION	Our Fee	
D7111	Extraction- Primary Tooth	\$65	\$95
D7140	Extraction, Erupted Tooth	\$83	\$130
D7210	Extraction, Surgical	\$167	\$235
D7230	Extraction, Surg Partial Bony	\$250	\$285
D7240	Extraction, Surg Complete Bony	\$385	\$420
D7250	Root removal, surgical cutting	\$182	\$250
D7270	Tooth Reimplantation	\$378	\$470
D7280	Surg Access Of Unerup Th	\$372	\$435
D7310	Alveoplasty w/ext, per QUAD	\$171	\$245
D7320	Alveoloplasty n/w Ext	\$257	\$431
D7510	Incision And Drainage	\$192	\$240
D7530	Rem Foreign Body from mucosa,skin or subc tissue.	\$215	\$338

D7880	TMJ Treatment Appliance	\$540	\$650
D7910	Suture of recent small wound >5 cm	\$76	\$125
D7911	Complex suture >5 cm	\$92	\$140
D7953	Bone Replacement Graft for ridge preserv.- per site	\$259	\$480
D7960	Frenulectomy - separate proc	\$220	\$425
D7970	Excise hyperplastic tsu, arch	\$214	\$485
D7971	Excise pericoronal gingiva per	\$89	\$235
D7972	Surg Red. Fibrous Tuberos	\$260	\$397

ORTHODONTICS

CODE	DESCRIPTION	Our Fee	
D8050	Intercept ortho tx of pri dent	\$765	\$870
D8060	Intercept ortho tx trans dent	\$765	\$870
D8070	Comp ortho tx trans dentition	\$3,590	\$5300
D8080	Comp ortho tx adolescent dent	\$3,590	\$5300
D8090	Comp ortho tx adult dent	\$3,590	\$5300
D8210	Removable appliance therapy - by report	\$436	\$675
D8220	Fixed appliance therapy - by report	\$481	\$795
D8660	Pre-Ortho tx examination	\$39	\$135
D8680	Orthodontic Retention/removal appl	\$142	\$195
D8691	Repair Ortho Appliance	\$90	\$130
D8692	Replace Lost/Bkn Retainer	\$185	\$300

ADJUCTIVE GENERAL SERVICES

CODE	DESCRIPTION	Our Fee	
D9110	Palliative ET treatment, minor	\$64	\$100
D9230	Analgesia, nitrous oxide - per visit	\$55	\$75

D9310	Consultation - per session	\$70	\$95
D9430	OFFICE VISIT- for observation	\$41	\$75
D9440	Office visit after reg hours	\$90	\$175
D9910	Apply desensitizing medicament	\$39	\$59
D9940	GUARD/Occlusal Guard	\$297	\$570
D9951	Occlusal Adjustment, Limited	\$64	\$95
D9952	Occlusal Adjustment, Complete	\$249	\$625
D9973	External Bleaching - per Tooth	\$66	\$100
D9974	Internal Bleaching, per tooth	\$169	\$225

Any dental procedures not listed in the DDP Fee Schedule are offered at discounted rate of 30% off the dental office UCR fee.

* UCR Fees are based on average UCR fees across California. This is an approximation and does not reflect the fees at any specific dental office.