

**VIP FEE SCHEDULE 2018 v.041318**

	General	Endo	Oral Surgeon	Perio	Pedo	General UCR Fee	Specialist UCR Fee
D0120	Periodic oral evaluation	\$0			\$0	\$60	\$75
D0140	Limited oral evaluation - problem focused	\$0	\$60	\$60	\$60	\$70	\$95
D0150	Comprehensive oral evaluation	\$0			\$0	\$95	\$115
D0180	Comprehensive periodontal evaluation			\$50			\$150
D0210	Intraoral - complete series of radiographic images	\$0			\$0	\$150	\$180
D0220	Intraoral - periapical first radiographic image	\$0	\$0		\$0	\$32	\$40
D0230	Intraoral - periapical each additional radiographic image	\$0	\$0		\$0	\$30	\$38
D0270	Bitewing - single radiographic image	\$0	\$0		\$0	\$37	\$41
D0272	Bitewings - two radiographic images	\$0	\$0		\$0	\$50	\$63
D0273	Bitewing-three radiographic images	\$0	\$0		\$0	\$69	\$79
D0274	Bitewings - four radiographic images	\$0			\$0	\$75	\$94
D0330	Panoramic radiographic image	\$0		\$0	\$0	\$125	\$156
D0350	2D oral/facial photographic image	\$0			\$0	\$75	\$90
D0460	Pulp vitality tests		\$50				\$65
D1110	Prophylaxis - adult	\$60			\$75	\$100	\$125
D1120	Prophylaxis - child	\$30			\$35	\$75	\$94
D1206	Topical application of fluoride varnish	\$35			\$35	\$45	\$56
D1208	Topical application of fluoride - excluding varnish	\$25			\$25	\$40	\$50
D1330	Oral hygiene instructions	\$0			\$0	\$20	\$25
D1351	Sealant - per tooth	\$30			\$30	\$60	\$75
D2330	Resin-based composite - one surface, anterior	\$100				\$140	
D2331	Resin-based composite - two surfaces, anterior	\$125				\$160	
D2332	Resin-based composite - three surfaces, anterior	\$150				\$225	
D2335	Resin-based composite - four or more surfaces, anterior	\$200				\$300	
D2391	Resin-based composite - one surface, posterior	\$75			\$100	\$153	\$191
D2392	Resin-based composite - two surfaces, posterior	\$150			\$175	\$175	\$219
D2393	Resin-based composite - three surfaces, posterior	\$175			\$200	\$225	\$281
D2394	Resin-based composite-four or more surfaces, posterior	\$200			\$225	\$250	\$313
D2740	Crown - porcelain/ceramic substrate	\$800				\$1,250	
D2750	Crown - porcelain fused to high noble metal	\$850				\$1,350	
D2930	Prefabricated stainless steel crown - primary tooth				\$200		\$200
D2950	Core buildup, including any pins when required	\$150				\$200	
D3120	Pulp cap - indirect (excluding final restoration)				\$75		\$94
D3310	Endodontic therapy, anterior tooth	\$500	\$750			\$800	\$1,000
D3320	Endodontic therapy, bicuspid tooth	\$650	\$900			\$900	\$1,125
D3330	Endodontic therapy, molar (excluding final restoration)		\$1,000				\$1,250
D3332	Incomplete endodontic therapy		\$250				\$500
D3346	Retreatment of previous root canal therapy - anterior		\$1,000				\$1,125
D3347	Retreatment of previous root canal therapy - bicuspid		\$1,100				\$1,375
D3348	Retreatment of previous root canal therapy - molar		\$1,200				\$1,509
D3410	Apicoectomy - anterior		\$650				\$634
D3425	Apicoectomy - molar (first root)		\$750				\$940
D3430	Retrograde filling - per root		\$125				\$230
D3910	Surgical procedure for isolation of tooth with rubber dam		\$125				\$315
D3950	Canal preparation and fitting of preformed dowel or post		\$150				\$363
D4249	Clinical crown lengthening - hard tissue			\$650			\$938
D4260	Osseous surgery - 4+ contiguous teeth per quadrant			\$850			\$1,406
D4261	Osseous surgery - 1-3 contiguous teethper quadrant			\$750			\$1,156
D4263	Bone replacement graft - retained natural tooth			\$400	\$400		\$844
D4266	Guided tissue regeneration - resorbable barrier, per site			\$400			\$1,000
D4273	Autogenous connective tissue graft procedure			\$875			\$1,084
D4341	Periodontal scaling and root planing - 4+ teeth per quadrant	\$80		\$175		\$275	\$344
D4342	Periodontal scaling and root planing - 1-3 teeth per quadrant	\$60		\$125		\$175	\$219
D4355	Full mouth debridement	\$85		\$100		\$200	\$250
D4381	Localized delivery of antimicrobial agents per tooth	\$40		\$40		\$49	\$49
D4910	Periodontal maintenance	\$75		\$100		\$150	\$188
D4921	Gingival irrigation - per quadrant	\$0		\$0		\$15	\$15
D5110	Complete denture - maxillary	\$950				\$1,850	
D5120	Complete denture - mandibular	\$950				\$1,850	
D6010	Surgical placement of implant body: endosteal implant			\$1,500	\$1,500		\$2,125
D7140	Extraction, erupted tooth or exposed root	\$85		\$125	\$125	\$200	\$250
D7210	Extraction, erupted tooth	\$175		\$200	\$200	\$300	\$375
D7230	Removal of impacted tooth - partially bony			\$300			\$500
D7240	Removal of impacted tooth - completely bony			\$375			\$625
D7241	Removal of impacted tooth -			\$475			\$669
D7250	Removal of residual tooth roots (cutting procedure)			\$200			\$375
D7310	Alveoplasty in conjunction with extractions, 4+ teeth per quad			\$200	\$200		\$406
D7311	Alveoplasty in conjunction with extractions, 1-3 teeth per quad			\$150			\$250
D7510	Incision and drainage of abscess - intraoral soft tissue			\$200			\$250
D7953	Bone replacement graft for ridge preservation - per site			\$475	\$475		\$500
D8080	Comprehensive orthodontic treatment.	\$250 OFF*				\$6,750	
D8999	Unspecified orthodontic procedure (Ortho Consult for Transfer Patient)	\$0				\$0	
D9222	Deep sedation/general anesthesia - first 15 minutes			\$175			\$250
D9223	Deep sedation/general anesthesia - each 15 minute			\$100			\$150
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis			\$100	\$100		\$106
D9310	Consultation - diagnostic service by dentist		\$60	\$60	\$60	\$60	\$156
D9630	Drugs or medicaments dispersed in office for home use.	\$25		\$35	\$35	\$45	\$50
D9941	Athletic mouthguard	\$275				\$350	
D9972	External bleaching per arch, performed in office	\$275				\$350	
D9994	Dental case management	\$0	\$0	\$0	\$0	\$25	\$25
Unlisted procedures covered by the Program are discounted 25% off UCR							
* \$250 Ortho discount is applied to our lowest available promotion at start of treatment							
* Additional limitations and terms may apply to Ortho based on case and duration.							