

General Practitioner Fees		
A.D.A. CODES	MEMBER FEE	UCR FEE

DIAGNOSTIC/ADJUNCTIVE PROCEDURES

01	Broken App / without 24 hr notice	25	45
120	Periodic oral examination	32	48
140	Limited oral examination	40	88
150	Comprehensive oral exam	*45	79
170	Re-evaluation	30	64
210	Intraoral complete series (including bitewings)	65	129
220	Intraoral x-ray film, single first	**15	29
230	Intraoral x-ray film, each additional	12	25
240	Intraoral occlusal film	15	40
270	Bitewing x-ray film	**12	28
272	Bitewing x-ray films, two	20	44
273	Bitewing x-ray films, three	25	54
274	Bitewing x-ray films, four	30	64
330	Panoramic Film	60	111
425	Caries susceptibility tests	55	107
460	Pulp vitality tests	32	53
470	Diagnostic casts	50	114
471	Diagnostic photographs	32	65
501	Histopathologic examinations	60	154
9110	Palliative (emergency) treatment of dental pain	65	125
9440	Office visit after reg. scheduled hours	70	147
9998	Sterile Pack	8	15

* Comprehensive oral exam ADA CODE # 150 replaces ADA CODE # 110 initial oral exam.

** If five or more x-ray films (intraoral, bitewing) are taken during an initial or periodic exam, patient is to be charged under code 210.

PREVENTATIVE PROCEDURES

1110	Prophylaxis - adult (simple cleaning)	60	150
1120	Prophylaxis - child	40	100
1201	Topical applic. of fluoride (incl. prophylaxis - child)	50	120
1203	Topical applic. of fluoride (excl. prophylaxis - child)	20	36
1208	Topical applic. of fluoride (excl. prophylaxis - adult)	25	36
1205	Topical applic. of fluoride (incl. prophylaxis - adult)	60	140
1330	Oral hygiene instructions	No Charge	47
1351	Sealant - per tooth	25	54
1510	Space maintainer - fixed unilateral	175	334
1515	Space maintainer - fixed bilateral	250	512
1520	Space maintainer- removable unilateral	210	500
1525	Space maintainer-removable bilateral	225	400
1550	Recementation of space maintainer	28	70

RESTORATIVE PROCEDURES

2140	Amalgam - 1 surface - permanent	75	151
2150	Amalgam - 2 surface - permanent	80	176
2160	Amalgam - 3 surface - permanent	90	221
2161	Amalgam - 4 + surface - permanent	115	260
2330	Resin - 1 surface - anterior	85	176

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2331	Resin - 2 surface - anterior	105	194
2332	Resin - 3 surface - anterior	125	232
2335	Resin - 4 or more surfaces	160	283
2380	Resin - 1 surface, posterior-primary	80	150
2381	Resin - 2 surfaces, posterior-primary	87	184
2382	Resin - 3+ surfaces, posterior-primary	120	207
2390	Full resin comp.	200	292
2391	Resin - 1 surface, posterior-permanent	90	171
2392	Resin - 2 surfaces, posterior-permanent	105	217
2393	Resin - 3+ surfaces, posterior-permanent	140	267
2394	Resin based 4 + post	160	314
2510	Inlay-metallic, 1 surface	325	670
2520	Inlay-metallic, 2 surfaces	400	704
2530	Inlay-metallic, 3+ surfaces	445	830
2610	Inlay porcelain/ceramic, 1 surface	355	670
2620	Inlay porcelain/ceramic, 2 surfaces	455	704
2630	Inlay porcelain/ceramic, 3+ surfaces	520	830
2650	Inlay composite/resin, 1 surface	340	670
2651	Inlay composite/resin, 2 surfaces	440	704
2652	Inlay composite/resin, 3+ surfaces	520	830
2740	Crown-porcelain/ceramic substrate	675	1157
2750	Crown-porcelain high noble metal	750	1085
2751	Crown - porcelain fused to base metal	670	1003
2752	Crown-porcelain noble metal	680	1049
2790	Crown full cast high noble metal	635	1052
2791	Crown full cast base metal	480	981
2792	Crown full cast noble metal	585	1029
2910	Recement Inlay	55	109
2920	Recement crown	65	104
2930	Prefab'd stainless steel crown - 1 tooth	130	259
2931	Prefab'd stainless steel crown - 2 tooth	160	290
2932	Prefab'd resin crown	155	275
2940	Sedative filling	55	114
2950	Crown buildup, includes any pins	140	274
2951	Pin retention - per tooth	30	55
2952	Cast post and core in addition to crown	195	395
2954	Prefab'd post and core in addition to crown	170	328
2955	Post removal	115	230
2960	Labial veneer (laminare) chairside	410	710
2961	Labial veneer (resin laminate) lab	525	771
2962	Labial veneer (porcelain laminate) lab	625	1042
2970	Temporary crown (fractured tooth)	155	262
2980	Crown repair	125	275

ENDODONTIC PROCEDURES

3110	Pulp cap - direct (excl. final restoration)	40	72
3120	Pulp cap - indirect (excl. final restoration)	40	68
3220	Therapeutic pulpotomy	95	195
3310	Root canal therapy - anterior	420	818
3320	Root canal therapy - bicuspid	500	935
3330	Root canal therapy - molar	620	1106
3340	Root canal therapy - 4 or more canals	545	1050
3346	Retreatment of prev. root canal - anterior	450	1030
3347	Retreatment of prev. root canal - bicuspid	500	1150
3348	Retreatment of prev. root canal - molar	585	1294

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3351	Apexification/recalcification - initial visit	218	520
3352	Apexification/recalcification - interim	138	340
3353	Apexification/recalcification - final visit	225	550
3410	Apicoectomy/periradicular-anterior	340	939
3426	Apicoectomy/periradicular-add'l root	150	375
3430	Retrograde filling-per root	120	300
3920	Hemisection	155	375

PERIODONTIC PROCEDURES (gum treatment)

4210	Gingivectomy or gingivoplasty - per quad	325	720
4212	Gingivectomy or gingivoplasty - per tooth	185	359
4240	Gingival flap proc., w/ root planing, per quad	295	775
4249	Clinical crown lengthening-hard tissue	410	1100
4260	Osseous surgery,w/ flap entry/closure per quad	655	1257
4270	Pedicle soft tissue graft procedure	405	967
4341	Periodontal scaling and root planing, per quad	135	352
4345	Periodontal scaling, for gingival inflammation	100	350
4355	Full mouth debridement	95	263
4381	Local del. of chemical agents (per tooth)	85	134
4910	Periodontal maintenance procedures	80	182

PROSTHODONTIC PROCEDURES (removable)

5110	Complete upper denture	900	1671
5120	Complete lower denture	900	1671
5130	Immediate upper denture	800	1785
5140	Immediate lower denture	800	1785
5211	Upper partial denture - acrylic base,	605	1344
5212	Lower partial denture - acrylic base,	605	1428
5213	Upper partial denture - pred. base cast	750	1731
5214	Lower partial denture - pred. base cast	750	1842
5215	Upper Partial denture high noble cast base	650	1350
5216	Lower partial denture high noble cast base	750	2075
5280	Removable unilateral partial denture noble cast	750	2075
5281	Removable unilateral partial denture cast metal	750	2075
5410	Adjust complete denture - upper	43	75
5411	Adjust complete denture - lower	43	75
5421	Adjust partial denture - upper	43	75
5422	Adjust partial denture - lower	43	75
5510	Repair broken complete denture base	120	500
5520	Replace missing or broken teeth (each)	95	153
5610	Repair partial denture resin saddle/base	160	450
5620	Repair cast framework	205	500
5640	Repair broken teeth - partial denture - per tooth	95	165
5650	Add tooth to existing partial denture	105	207
5660	Add clasp to existing partial denture	130	200
5710	Rebase complete upper denture (lab)	250	500
5711	Rebase complete lower denture (lab)	250	500
5720	Rebase upper partial denture (lab)	190	475
5721	Rebase lower partial denture (lab)	190	475
5730	Reline complete upper denture (chairside)	180	324
5731	Reline complete lower denture (chairside)	180	324

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5740	Reline upper partial denture (chairside)	135	331
5741	Reline lower partial denture (chairside)	135	350
5750	Reline complete upper denture (lab)	185	445
5751	Reline complete lower denture (lab)	195	575
5760	Reline upper partial denture (lab)	185	445
5761	Reline lower partial denture (lab)	185	575
5810	Temporary complete denture (upper)	450	1025
5811	Temporary complete denture (lower)	450	1025
5820	Temporary partial-stayplate denture (upper)	300	750
5821	Temporary partial-stayplate denture (lower)	315	750
5850	Tissue conditioning maxillary (upper)	75	145
5851	Tissue conditioning mandibular (lower)	75	145
5862	Precision attachment	275	492

PROSTHODONTIC PROCEDURES (fixed)

6240	Pontic - porcelain fused-high noble metal	735	1085
6241	Pontic - porcelain fused to base metal	700	1004
6242	Pontic - porcelain fused to noble metal	750	1200
6545	Cast - metal retainer for acid etch bridge	325	478
6750	Crown - (abutment) porc. fused high noble metal	750	1085
6751	Crown - (abutment) porcelain fused base metal	625	1004
6752	Crown - porcelain fused - noble metal	750	1200
6790	Crown full cast high noble metal	650	1053
6792	Crown - full cast noble metal	650	1029
6920	Connector bar	700	1275
6930	Recement bridge	85	150
6940	Stress breaker	225	450
6950	Precision attachment (each)	255	439
6971	Cast post as part of bridge retainer	160	400
6975	Coping-metal	225	550
6980	Fixed partial denture repair	135	325

ORAL SURGERY PROCEDURES

7120	Extraction (simple) - each additional tooth	105	300
7130	Extraction root removal - exposed roots	130	355
7140	Extraction (simple) - single tooth	105	350
7210	Surgical removal of erupted tooth req. elev. mucoperiosteal flap	165	375
7220	Removal of impacted tooth - soft tissue	220	432
7230	Removal of impacted tooth - partially bony	255	477
7240	Removal of impacted tooth -completely bony	280	544
7250	Surgical removal of residual tooth roots	160	355
7285	Biopsy of oral tissue - hard	180	375
7286	Biopsy of oral tissue - soft	180	350
7310	Alveolectomy or plasty in conj. with extract. per quad	165	373
7320	Alveolectomy or plasty not in conjunction with extractions per	240	444
7510	Incision & drainage of abscess-intraoral	125	345
7960	Frenulectomy (frenectomy/frenotomy)	265	496
7970	Excision of hyperplastic tissue - per arch	280	540
7971	Excision of pericoronal gingiva	150	325

Specialist Fees

A.D.A. CODES	MEMBER FEE	UCR FEE
DIAGNOSTIC/ADJUNCTIVE PROCEDURES		
120 Periodic oral examination	45	70
130 Emergency oral examination / visit	50	75
150 Comprehensive oral evaluation	55	80
210 Intraoral complete series (including bitewings)	75	135
220 Intraoral x-ray film, single first	25	40
230 Intraoral x-ray film, each additional	20	25
240 Intraoral occlusal film	25	45
270 Bitewing x-ray film	25	45
272 Bitewing x-ray films, two	35	50
273 Bitewing x-ray films, three	40	55
274 Bitewing x-ray films, four	45	70
330 Panoramic Film	70	105
470 Diagnostic casts	55	90
471 Diagnostic photographs	53	75
9110 Palliative (emergency) treatment of dental pain	80	140
9440 Office visit after regular scheduled hours	80	140
9998 Sterile Pack	15	20

PEDODONTIC DENTISTRY

1120 Prophylaxis - child	70	150
1208 Top. application of fluoride	35	95
1351 Sealant-per tooth	40	110
1510 Space maintainer-fixed unilateral	215	425
1515 Space maintainer-fixed bilateral	315	525
2140 Amalgam - 1 surface-permanent	85	175
2150 Amalgam - 2 surfaces-permanent	95	195
2160 Amalgam - 3 surfaces-permanent	110	225
2930 Prefab'd stainless steel crown - 1 tooth	150	340

ENDODONTIC PROCEDURES

3110 Pulp cap - direct (excl. final restoration)	150	285
3120 Pulp cap - indirect (excl. final restoration)	125	260
3220 Therapeutic pulpotomy	160	375
3310 Root canal therapy - anterior	700	1200
3320 Root canal therapy - bicuspid	740	1300
3330 Root canal therapy - molar	805	1400
3340 Root canal therapy - 4 or more canals	815	1420
3346 Retreatment of prev. root canal - anterior	800	1300
3347 Retreatment of prev. root canal - bicuspid	850	1400
3348 Retreatment of prev. root canal - molar	900	1500
3351 Apexification/recalcification - initial visit	388	560
3352 Apexification/recalcification - interim	194	350
3353 Apexification/recalcification - final visit	305	560
3410 Apicoectomy/periradicular-anterior	600	1100
3421 Apicoectomy/periradicular-bicuspid	590	1135
3425 Apicoectomy/periradicular-molar	680	1110
3426 Apicoectomy / periradicular (add'l root)	195	350
3430 Retrograde filling - per root	195	450
3450 Root amputation - per root	300	500

Specialist Fees

A.D.A. CODES	MEMBER FEE	UCR FEE
PERIODONTIC PROCEDURES (gum treatment)		
4210 Gingivectomy or gingivoplasty - per quad	650	1000
4212 Gingivectomy or gingivoplasty - per tooth	390	675
4240 Gingival flap proc./ root planing, per quad	725	1200
4249 Clinical crown lengthening-hard tissue	700	200
4260 Osseous surgery, incl. flap entry/closure, per quad	790	1300
4270 Pedicle soft tissue graft procedure	705	1135
4320 Provisional splinting-intracoronal	425	735
4321 Provisional splinting-extracoronal	420	730
4341 Periodontal scaling/root planing, per quad	255	425
4345 Periodontal scaling, for gingival inflammation	145	305
4355 Full mouth debridement	175	290
4381 Local del. of chemical agents (per tooth)	120	180
4910 Periodontal maintenance procedures	145	210

PROSTHODONTIC PROCEDURES

(05000-05999) Removable - (06200-06999) Fixed
A 25% discount off of individual providers customary fees.

IMPLANT PROCEDURES

A 20% discount on all Implant procedures.

ORAL SURGERY PROCEDURES

7110 Extraction (simple) - single tooth	150	325
7120 Extraction (simple) - each add. tooth	120	300
7130 Extraction root removal - exposed roots	160	330
7210 Surgical removal of erupted tooth req. elevation of muc. flap and/or section of tooth-each	200	400
7220 Removal of impacted tooth - soft tissue	290	500
7230 Removal of impacted tooth - part bony	340	575
7240 Removal of impacted tooth -compl. bony	350	625
7241 Removal of impacted tooth - completely bony, with unusual surgical complications	500	845
7250 Surgical removal of residual tooth roots	310	525
7280 Surgical exposure of impact/unerupted tooth	600	1020
7281 7280 to aid eruption	320	650
7285 Biopsy of oral tissue - hard	410	700
7286 Biopsy of oral tissue - soft	250	500
7310 Alveolectomy or Plasty in conj. w/ extractions, per quad	300	505
7320 7310 not in conj. with extractions, per quad	325	605
7510 Incision & drainage of abscess-intraoral	150	340
7960 Frenulectomy (frenectomy / frenotomy), sep. proc.	360	650
7970 Excision of hyperplastic tissue - per arch	410	800
7971 Excision of pericoronal gingiva	210	445

TMJ SPECIALIST PROCEDURES

(07800-07899)
A 25% discount off of individual providers customary fees.

The DentalCALL 2013 Fee Schedule A is only intended for use by participating providers. There is no discount available to the patient through a non-participating provider. Call us for more info.

Specialist Fees

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ORTHODONTIC PROCEDURES		
08070* Comprehensive orthodontic treatment of the transitional dentition	3650	5350
08080* Comprehensive orthodontic treatment of the adolescent dentition	3850	5700
08090* Comprehensive orthodontic treatment of the adult dentition	4050	6000
08680 Orthodontic retention per arch	255	400

The comprehensive orthodontic codes listed above include: Traditional metal braces, 1 retainer and visits. Based on a 2 yr standard course of treatment. Invisalign or other types of braces, palate expanders, durations of less than 2 years, procedures not part of a 2yr course of treatment, initial consult/exam, x-rays, plans and records keeping, are to be discounted at 25% off the orthodontist's usual fees.

** The portion of any comprehensive treatment that exceeds the 24th month is to be discounted at 25% off the orthodontist's usual fees.*

PLEASE NOTE:

Procedures not listed in the general and specialist sections are available to the patient at a 25% discount from the participating provider's usual and customary fees.

If the provider's usual and customary fee is equal to or less than any corresponding schedule member fee, the provider will offer the patient a 10% discount off their usual and customary fee. Procedures for which the provider normally does not charge, shall remain free of charge regardless of any schedule fee.

The administration of any local anesthesia is included in the general and specialist fees. Nitrous oxide, intravenous sedation, or any other general sedation is to be discounted by 25% off the provider's usual rates.

Lab fees incurred by work done at a facility not owned or operated by the treating provider or office, and normally passed on to the patient as an additional charge, are to be discounted at a 25% discount off the provider's actual lab costs. However, lab work done in (or by) the provider's office is included in the member fees.

Some providers that are at a flat percentage do not follow the fee schedule but give their flat % off their usual & customary fees.

U.C.R. figures are estimates of customary fees charged by metro area dentists. Prices subject to change.

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DENTALCALL



2024 Fee Schedule