

Del Sol Advantage IV
Fee Schedule

ADA CODE	GENERAL DENTISTRY	PATIENT FEE	ADA CODE	RESTORATIONS (Fillings and Crowns)	PATIENT FEE	ADA CODE	ENDODONTICS when performed by general dentist	PATIENT FEE
EVALUATIONS			RESTORATIONS (Fillings and Crowns)			ENDODONTICS when performed by general dentist		
0120	Periodic oral evaluation	\$15	2391	Composite - 1 surface - posterior	\$122	3220	Therapeutic pulpotomy	\$56
0140	Limited oral evaluation (focused)	\$25	2392	Composite - 2 surface - posterior	\$145	3221	Pulpal debridement, not part of RCT	\$62
9440	Office visit, after regular office hours	\$50	2393	Composite - 3 surface - posterior	\$185	3310	RCT Anterior - excluding final restoration	\$375
0150	Comprehensive evaluation	\$15	2394	Composite - 4 surface - posterior	\$260	3320	RCT Bicuspid - excluding final restoration	\$425
0160	Problem focused evaluation (by report)	\$35	INLAY/ONLAY RESTORATIONS			PERIODONTICS when performed by general dentist		
PREVENTIVE			2510	Inlay - metallic 1 surface	\$450	4341	Scaling/Root Planing, 4 or more teeth per quad	\$98
0210	Full Mouth x-ray, intraoral	\$30	2520	Inlay - metallic 2 surface	\$545	4342	Scaling/Root Planing, 1-3 teeth per quad	\$90
0220-0230	Single x-ray, intraoral, periapical	\$10	2530	Inlay - metallic 3 surface or more	\$560	4355	Full Mouth Debridement	\$85
0270	Bitewings - single film	\$10	2542	Onlay - metallic - 2 surface	\$615	4910	Periodontal Maintenance, per visit	\$70
0272	Bitewings - two films	\$15	2543	Onlay - metallic - 3 surface	\$630	4381	Arestin-Minocycline HCl	\$33 per site
0274	Bitewings - four films	\$20	2544	Onlay - metallic 4 surfaces	\$650	4999	Subgingival Irrigation	\$24/ \$40
0330	Panoramic x-ray	\$40	2610	Inlay - porcelain/ceramic 1 surface	\$625	DENTURES AND PARTIALS		
0460	Pulp Vitality Test, 1 or more teeth	\$8	2620	Inlay - porcelain/ceramic 2 surface	\$645	5110	Complete denture maxillary	\$825
1110	Prophylaxis - adult cleaning	\$32	2630	Inlay - porcelain/ceramic 3 surface	\$665	5120	Complete denture mandibular	\$825
1120	Prophylaxis - child cleaning	\$25	2642	Onlay - porcelain/ceramic 2 surface	\$665	5130	Immediate denture - maxillary	\$780
1203-1204	Fluoride treatment, topical	\$8	2643	Onlay - porcelain/ceramic 3 surface	\$705	5140	Immediate denture - mandibular	\$780
1351	Sealant- per tooth	\$15	2644	Onlay - porcelain/ceramic 4+ surface	\$740	5213	Maxillary partial denture cast metal	\$825
1510	Space maintainer-fixed unilateral	\$120	CROWN-SINGLE RESTORATIONS			5214	Mandibular partial denture cast base	\$825
1515	Space maintainer-fixed bilateral	\$160	**2740	Crown - porcelain/ceramic (CEREC)	\$781	5225	Maxillary partial flexible frame	\$925
1550	Recent space maintainer	\$30	2750	Crown - porcelain/high noble	\$763	5226	Mandibular partial flexible frame	\$925
RESTORATIONS (Fillings and Crowns)			2751	Crown - porcelain/base metal	\$644	5261	Removable unilateral partial denture cast metal, all clasps and teeth	\$350
2140	Amalgam - 1 surface	\$62	2752	Crown - porcelain/noble metal	\$685	5510-5610	Partial dent-repair base, per arch	\$80
2150	Amalgam - 2 surface	\$73	2790	Crown - full cast high noble metal	\$715	5520-5640	Dent/partial replace teeth, each tooth*	\$60
2160	Amalgam - 3 surface	\$88	2791	Crown - full cast-base metal	\$567	5850/5851	Tissue Conditioning per arch	\$115
2161	Amalgam - 4 surface	\$98	2792	Crown - full cast-noble metal	\$651	5999	IPN Teeth/IVO Clear/IVOCAP Acrylic	\$200
2330	Composite - 1 surface - anterior	\$78	2920	Recent crown	\$30	*First three adjustments after dentures/partial are at no charge within 6 months of initial treatment placement.		
2331	Composite - 2 surface - anterior	\$110	2930	Crown-prefab stainless steel primary tooth	\$115	ADJUSTMENTS TO DENTURES		
2332	Composite - 3 surface - anterior	\$130	2950	Core buildup, including pins, per tooth	\$105	5650	Add tooth to existing partial, each tooth	\$100
2335	Composite - 4 surface - anterior	\$175	2952	Cast post & core per tooth	\$115	5730-5731	Reline complete denture chair side per arch	\$102
			2954	Prefab post & core	\$125	5740-5741	Reline partial denture chair side per arch	\$102
			** Limited lifetime warranty included with Cerec if all necessary treatment is completed, home care recommended by the doctor is followed and the recall program of "recommended continued care" is followed (cancellations must be rescheduled and treatment rendered within thirty days of the original appointment).			5750-5751	Reline complete denture in lab per arch	\$170
						5760-5761	Reline complete partial denture in lab per arch	\$140
						5820-5821	Interim partial denture per arch	\$200
						FIXED BRIDGE WORK		
						6210	Pontic/Crown - cast-high noble metal	\$735
						6211	Pontic/Crown - cast-predominately base metal	\$600
						6212	Pontic/Crown - cast-noble metal	\$723
						6240	Pontic/Crown - porcelain/high noble metal	\$763

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ADA CODE	FIXED BRIDGE WORK	PATIENT FEE	ADA CODE	SPECIALTY CARE	PATIENT FEE	ADA CODE	SPECIALTY CARE	PATIENT FEE
6241	Pontic/Crown - porcelain/base metal	\$567	SPECIALTY performed by a Specialist			SPECIALTY performed by a Specialist		
6242	Pontic/Crown - porcelain/noble metal	\$685	Diagnosis and Treatment Planning			SURGICAL IMPLANT		
6245	Pontic/Crown-porcelain/ceramic	\$781	0150	Comprehensive Exam	\$78	*6010	Implant, 1 tooth	\$1,765
6740	Abutment/Crown - porcelain/ceramic	\$781	0210	Full mouth x-rays	\$78	*Price is for implant only. It does not include crown or any other treatment deemed necessary by the performing specialist. *Arestin-Minocycline HCl and subgingival irrigation are not a covered benefit.		
6750	Abutment/Crown - porcelain/high noble	\$715	0220	Single PA film	\$17	ORAL SURGERY		
6751	Abutment/Crown - porcelain/base metal	\$644	0330	Panoramic x-ray	\$90	7140	Extraction, erupted tooth	\$131
6752	Abutment/Crown - porcelain/ noble metal	\$685	9230	Nitrous Oxide	\$43	7210	Surgical extraction, erupted tooth	\$180
6790	Abutment/Crown - full cast high noble metal	\$715	ENDODONTICS			7230	Partial Bony Impaction	\$229
6791	Abutment/Crown - full cast predominantly base metal	\$567	0140	Limited Endodontic Evaluation	\$60	7241	Fully Bony - complicated	\$315
6792	Abutment/Crown - full cast noble metal	\$651	3310	Anterior Root Canal	\$587	7250	Surgical Removal of Residual Roots	\$245
6930	Recent fixed partial denture	\$30	3320	Bicuspid Root Canal	\$690	7280	Surgical access of tooth	\$324
EXTRACTIONS when performed by general dentist			3330	Molar Root Canal	\$838	7283	Place Device Facilitate Eruption	\$133
7111	Coronal remnants deciduous tooth	\$45	3340	Molar Root 4th Canal	\$800	7286	Biopsy of Oral Tissue-Soft	\$255
7140	Extraction, erupted tooth or exposed root	\$84	3346	Retreat Anterior Canal	\$690	9220	General Anesthetic 30 minutes	\$209
7210	Surgical removal of erupted tooth	\$120	3347	Retreat Bicuspid Canal	\$795	9221	General Anesthetic 15 minutes	\$94
MISCELLANEOUS			3348	Retreat Molar Canal	\$988	TMJ		
0431	Vizilite (oral cancer screening)	\$65	8999	Diagnostic work up	\$195	TMJ is a covered benefit with a 20% discount off of usual and customary fees.		
9110	Palliative Treatment	\$50	8080	Comprehensive orthodontic treatment - adolescent	\$2,975	*Any procedure not listed is available to the member at a 20% discount off the participating dentists usual fee, with exceptions where noted.		
9230	Nitrous Oxide Analgesia	\$41	8090	Comprehensive orthodontic treatment - adult	\$3,200	TEETH WHITENING PROCEDURES		
9240	Nitrous Nosepiece	\$6	8680	Ortho retention - removal of appliances per arch	\$125	006	Teeth Whitening Therapy Upper Arch	\$99.50
9940	Occlusal Guard (hard/soft)	\$250	8999	Final orthodontic records	\$75	007	Teeth Whitening Therapy Lower Arch	\$99.50
TEETH WHITENING PROCEDURES			8080/8090	Invisalign - full case	\$4,740	*T13	ZOOM Laser Whitening	\$350
006	Teeth Whitening Therapy Upper Arch	\$99.50	PERIODONTAL			*Upper/Lower arch teeth whitening trays included		
007	Teeth Whitening Therapy Lower Arch	\$99.50	0180	Comprehensive Periodontal Evaluation	\$78			
END OF GENERAL DENTISTRY FEES			4249	Crown Lengthening, 1 or 2 teeth	\$525/ \$699			
			4249	Crown Lengthening, 3 teeth	\$890			
			4260	Osseous Surgery, 4 or more teeth per quad	\$927			
			4263	Erdogain (Biora) per site	\$450			
			4341	Scaling/Root Planing, 4 or more teeth per quad	\$195			
			4342	Scaling/Root Planing, 1-3 teeth per quad	\$146			
			4910	Perio Maintenance (hygienist), per visit	\$93			
			4263	Bone Graft - Single Site	\$395			

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