



DENTAL FEE SCHEDULE

CODE	DESC	LDP
	DIAGNOSTIC SERVICES	
D0120	periodic oral evaluation	16
D0140	limited oral evaluation - problem focused	25
D0150	comprehensive oral evaluation - new or established patient	21
D0160	detailed and extensive oral evaluation - problem focused, by report	26
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	27
D0180	comprehensive periodontal evaluation - new or established patient	40
D0210	X-ray, intraoral – complete series	48
D0220	intraoral - periapical first film	6
D0230	intraoral - periapical each additional film	7
D0240	intraoral - occlusal film	14
D0250	extraoral - first film	19
D0260	extraoral - each additional film	19
D0270	bitewing - single film	12
D0272	bitewings - two films	16
D0274	bitewings - four films	25
D0277	vertical bitewings - 7 to 8 films	38
D0310	sialography	143
D0330	panoramic film	49
D0340	cephalometric film	48
D0415	collection of microorganisms for culture and sensitivity	29
D0425	caries susceptibility tests	19
D0460	pulp vitality tests	25
D0470	diagnostic casts	25
D0999	Disposables/Infectious control	8
D9972	cosmetic bleaching – per arch	190
	PREVENTIVE SERVICES	
D1110	prophylaxis - adult	32
D1120	prophylaxis - child	23
D1201	topical application of fluoride (including prophylaxis) - child	35
D1203	topical application of fluoride (prophylaxis not included) - child	10
D1204	topical application of fluoride (prophylaxis not included) - adult	11
D1205	topical application of fluoride (including prophylaxis) - adult	45
D1310	nutritional counseling for control of dental disease	20
D1320	tobacco counseling for the control and prevention of oral disease	20
D1330	oral hygiene instructions	24
D1351	sealant - per tooth	20
D1510	space maintainer - fixed - unilateral	144
D1515	space maintainer - fixed - bilateral	173
D1520	space maintainer - removable - unilateral	178
D1525	space maintainer - removable - bilateral	210
	BASIC RESTORATIONS	
D1550	re-cementation of space maintainer	34
D2140	amalgam - one surface, primary or permanent	44
D2150	amalgam - two surfaces, primary or permanent	57

D2160	amalgam - three surfaces, primary or permanent	69
D2161	amalgam - four or more surfaces, primary or permanent	89
D2330	resin-based composite - one surface, anterior	58
D2331	resin-based composite - two surfaces, anterior	73
D2332	resin-based composite - three surfaces, anterior	99
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	99
D2390	resin-based composite crown, anterior	119
D2391	resin-based composite - one surface, posterior	69
D2392	resin-based composite - two surfaces, posterior	84
D2393	resin-based composite - three surfaces, posterior	110
D2394	resin-based composite - four or more surfaces, posterior	155
	INLAY/ONLAY RESTORATIONS	
D2410	gold foil - one surface	165
D2420	gold foil - two surfaces	195
D2510	inlay - metallic - one surface	269
D2520	inlay - metallic - two surfaces	357
D2530	inlay - metallic - three or more surfaces	433
D2542	onlay - metallic-two surfaces	455
D2543	onlay - metallic-three surfaces	475
D2544	onlay - metallic-four or more surfaces	495
D2610	inlay - porcelain/ceramic - one surface	357
D2620	inlay - porcelain/ceramic - two surfaces	413
D2630	inlay - porcelain/ceramic - three or more surfaces	430
D2642	onlay - porcelain/ceramic - two surfaces	460
D2643	onlay - porcelain/ceramic - three surfaces	475
D2644	onlay - porcelain/ceramic - four or more surfaces	485
D2650	inlay - resin-based composite - one surface	300
D2651	inlay - resin-based composite - two surfaces	369
D2652	inlay - resin-based composite - three or more surfaces	389
D2662	onlay - resin-based composite - two surfaces	238
D2663	onlay - resin-based composite - three surfaces	284
D2664	onlay - resin-based composite - four or more surfaces	284
D2710	crown - resin-based composite (indirect)	200
D2720	crown - resin with high noble metal	415
D2721	crown - resin with predominantly base metal	315
D2722	crown - resin with noble metal	359
D2740	crown - porcelain/ceramic substrate	540
D2750	crown - porcelain fused to high noble metal	540
D2751	crown - porcelain fused to predominantly base metal	500
D2752	crown - porcelain fused to noble metal	520
D2780	crown - 3/4 cast high noble metal	550
D2781	crown - 3/4 cast predominantly base metal	500
D2782	crown - 3/4 cast noble metal	521
D2783	crown - 3/4 porcelain/ceramic	543
D2790	crown - full cast high noble metal	530
D2791	crown - full cast predominantly base metal	419
D2792	crown - full cast noble metal	429
	OTHER RESTORATIVE SERVICES	
D2910	recement inlay, onlay, or partial coverage restoration	38
D2920	recement crown	44
D2930	prefabricated stainless steel crown - primary tooth	110
D2931	prefabricated stainless steel crown - permanent tooth	114
D2932	prefabricated resin crown	120
D2933	prefabricated stainless steel crown with resin window	112

D2940	sedative filling	25
D2950	core buildup, including any pins	80
D2951	pin retention - per tooth, in addition to restoration	18
D2952	cast post and core in addition to crown	170
D2954	prefabricated post and core in addition to crown	133
D2955	post removal (not in conjunction with endodontic therapy)	131
D2980	crown repair, by report	80
ENDODONTIC SERVICES		
D3110	pulp cap - direct (excluding final restoration)	18
D3120	pulp cap - indirect (excluding final restoration)	38
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	52
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	69
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	69
D3310	anterior (excluding final restoration)	350
D3320	bicuspid (excluding final restoration)	400
D3330	molar (excluding final restoration)	500
D3346	retreatment of previous root canal therapy - anterior	404
D3347	retreatment of previous root canal therapy - bicuspid	415
D3348	retreatment of previous root canal therapy - molar	580
D3351	apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	60
D3352	apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	60
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	60
D3410	apicoectomy/periradicular surgery - anterior	258
D3421	apicoectomy/periradicular surgery - bicuspid (first root)	279
D3425	apicoectomy/periradicular surgery - molar (first root)	279
D3426	apicoectomy/periradicular surgery (each additional root)	109
D3430	retrograde filling - per root	84
D3450	root amputation - per root	149
D3920	hemisection (including any root removal), not including root canal therapy	121
D3950	canal preparation and fitting of preformed dowel or post	113
PERIODONTIC SERVICES		
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	138
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	65
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	300
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	287
D4249	clinical crown lengthening - hard tissue	275
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	500
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	404
D4263	bone replacement graft - first site in quadrant	240
D4264	bone replacement graft - each additional site in quadrant	160
D4266	guided tissue regeneration - resorbable barrier, per site	330
D4268	surgical revision procedure, per tooth	270
D4270	pedicle soft tissue graft procedure	340
D4271	free soft tissue graft procedure (including donor site surgery)	391
D4273	subepithelial connective tissue graft procedures, per tooth	391
D4275	soft tissue allograft	440
D4320	provisional splinting - intracoronal	180
D4321	provisional splinting - extracoronal	150
D4341	periodontal scaling and root planing - four or more teeth per quadrant	80
D4342	periodontal scaling and root planing - one to three teeth per quadrant	75
D4355	full mouth debridement to enable comprehensive	46

	evaluation and diagnosis	
D4910	periodontal maintenance	43
PROSTHODONTICS-REMOVABLE		
D5110	complete denture - maxillary	633
D5120	complete denture - mandibular	633
D5130	immediate denture - maxillary	525
D5140	immediate denture - mandibular	525
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	455
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	455
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	689
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	689
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	350
ADJUSTMENTS, REPAIRS, REBASE, RELINE, OTHER SERVICES		
D5410	adjust complete denture - maxillary	30
D5411	adjust complete denture - mandibular	30
D5421	adjust partial denture - maxillary	30
D5422	adjust partial denture - mandibular	30
D5510	repair broken complete denture base	50
D5520	replace missing or broken teeth - complete denture (each tooth)	45
D5610	repair resin denture base	50
D5620	repair cast framework	75
D5630	repair or replace broken clasp	60
D5640	replace broken teeth - per tooth	45
D5650	add tooth to existing partial denture	55
D5660	add clasp to existing partial denture	75
D5710	rebase complete maxillary denture	211
D5711	rebase complete mandibular denture	211
D5720	rebase maxillary partial denture	200
D5721	rebase mandibular partial denture	200
D5730	reline complete maxillary denture (chairside)	112
D5731	reline complete mandibular denture (chairside)	112
D5740	reline maxillary partial denture (chairside)	110
D5741	reline mandibular partial denture (chairside)	110
D5750	reline complete maxillary denture (laboratory)	130
D5751	reline complete mandibular denture (laboratory)	130
D5760	reline maxillary partial denture (laboratory)	160
D5761	reline mandibular partial denture (laboratory)	160
D5820	interim partial denture (maxillary)	281
D5821	interim partial denture (mandibular)	281
D5850	tissue conditioning, maxillary	50
D5851	tissue conditioning, mandibular	50
D6010	surgical placement of implant body: endosteal implant	600
D6040	surgical placement: eposteal implant	600
D6050	surgical placement: transosteal implant	600
D6090	repair implant supported prosthesis, by report	130
D6095	repair implant abutment, by report	130
D6100	implant removal, by report	40
PROSTHODONTICS-FIXED OTHER SERVICES		
D6210	pontic - cast high noble metal	445
D6211	pontic - cast predominantly base metal	445
D6212	pontic - cast noble metal	445
D6240	pontic - porcelain fused to high noble metal	445
D6241	pontic - porcelain fused to predominantly base metal	445
D6242	pontic - porcelain fused to noble metal	445
D6245	pontic - porcelain/ceramic	445
D6250	pontic - resin with high noble metal	445
D6251	pontic - resin with predominantly base metal	445
D6252	pontic - resin with noble metal	445
D6253	provisional pontic	445
D6545	retainer - cast metal for resin bonded fixed prosthesis	170
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	170
D6600	inlay - porcelain/ceramic, two surfaces	525
D6601	inlay - porcelain/ceramic, three or more surfaces	525
D6602	inlay - cast high noble metal, two surfaces	525
D6603	inlay - cast high noble metal, three or more surfaces	565

D6605	inlay - cast predominantly base metal, three or more surfaces	525
D6606	inlay - cast noble metal, two surfaces	525
D6607	inlay - cast noble metal, three or more surfaces	595
D6608	onlay -porcelain/ceramic, two surfaces	500
D6609	onlay - porcelain/ceramic, three or more surfaces	545
D6610	onlay - cast high noble metal, two surfaces	585
D6611	onlay - cast high noble metal, three or more surfaces	545
D6612	onlay - cast predominantly base metal, two surfaces	475
D6613	onlay - cast predominantly base metal, three or more surfaces	565
D6614	onlay - cast noble metal, two surfaces	485
D6615	onlay - cast noble metal, three or more surfaces	535
D6720	crown - resin with high noble metal	415
D6721	crown - resin with predominantly base metal	305
D6722	crown - resin with noble metal	344
D6740	crown - porcelain/ceramic	560
D6750	crown - porcelain fused to high noble metal	500
D6751	crown - porcelain fused to predominantly base metal	470
D6752	crown - porcelain fused to noble metal	490
D6780	crown - 3/4 cast high noble metal	450
D6781	crown - 3/4 cast predominantly base metal	520
D6782	crown - 3/4 cast noble metal	525
D6783	crown - 3/4 porcelain/ceramic	545
D6790	crown - full cast high noble metal	500
D6791	crown - full cast predominantly base metal	415
D6792	crown - full cast noble metal	415
D6793	provisional retainer crown	225
D6930	recement fixed partial denture	45
D6970	cast post and core in addition to fixed partial denture retainer	150
D6971	cast post as part of fixed partial denture retainer	140
D6972	prefabricated post and core in addition to fixed partial denture retainer	130
D6973	core build up for retainer, including any pins	100
D6975	coping - metal	220
ORAL SURGERY-EXTRACTIONS		
D7111	extraction, coronal remnants - deciduous tooth	55
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	55
D7210	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	100
D7220	removal of impacted tooth - soft tissue	100
D7230	removal of impacted tooth - partially bony	152
D7240	removal of impacted tooth - completely bony	189
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	300
D7250	surgical removal of residual tooth roots (cutting procedure)	100
D7260	oroantral fistula closure	245
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	150
D7280	surgical access of an unerupted tooth	215
D7282	mobilization of erupted or malpositioned tooth to aid eruption	230
D7285	biopsy of oral tissue - hard (bone, tooth)	120
D7286	biopsy of oral tissue - soft	100
D7290	surgical repositioning of teeth	100
ORAL SURGERY-OTHER PROCEDURES		
D7310	alveoloplasty in conjunction with extractions - per quadrant	100
D7320	alveoloplasty not in conjunction with extractions - per quadrant	150

D7340	vestibuloplasty - ridge extension (secondary epithelialization)	260
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	250
D7410	excision of benign lesion up to 1.25 cm	225
D7411	excision of benign lesion greater than 1.25 cm	188
D7412	excision of benign lesion, complicated	270
D7413	excision of malignant lesion up to 1.25 cm	300
D7414	excision of malignant lesion greater than 1.25 cm	385
D7415	excision of malignant lesion, complicated	425
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	325
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	400
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	250
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	340
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	425
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	500
D7471	removal of lateral exostosis (maxilla or mandible)	250
D7472	removal of torus palatinus	310
D7473	removal of torus mandibularis	310
D7485	surgical reduction of osseous tuberosity	275
D7510	incision and drainage of abscess - intraoral soft tissue	41
D7520	incision and drainage of abscess - extraoral soft tissue	125
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	225
D7540	removal of reaction producing foreign bodies, musculoskeletal system	250
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	170
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	425
D7610	maxilla - open reduction (teeth immobilized, if present)	2000
D7620	maxilla - closed reduction (teeth immobilized, if present)	1500
D7630	mandible - open reduction (teeth immobilized, if present)	2000
D7640	mandible - closed reduction (teeth immobilized, if present)	1300
D7650	malar and/or zygomatic arch - open reduction	1600
D7660	malar and/or zygomatic arch - closed reduction	1300
D7670	alveolus closed reduction may include stabilization of teeth	540
D7671	alveolus, open reduction may include stabilization of teeth	180
D7710	maxilla open reduction	2190
D7720	maxilla - closed reduction	2190
D7730	mandible - open reduction	1450
D7740	mandible - closed reduction	1450
D7750	malar and/or zygomatic arch - open reduction	1750
D7760	malar and/or zygomatic arch - closed reduction	1850
D7770	alveolus - open reduction stabilization of teeth	950
D7771	alveolus, closed reduction stabilization of teeth	326
D7910	suture of recent small wounds up to 5 cm	120
D7911	complicated suture - up to 5 cm	120
D7912	complicated suture - greater than 5 cm	220
D7960	frenulectomy (frenectomy or frenotomy) - separate procedure	220
D7970	Excision of hyperplastic tissue- per arch	220
D7971	Excision of pericoronal gingival	125

ORTHODONTICS

CLASS 1 Treatment 3005 (**plus Retainer**)

CLASS 2 Treatment 3205 (**plus Retainer**)

CLASS 3 Treatment 3405 (**plus Retainer**)

NOTE: Max allowable charge for retainer is \$500.00.

(Includes placement of appliance, treatment for two years (24 months), removal of appliances, records and placement of retainer. **Does not include the cost of the retainer to be paid by LDP member.** The Orthodontist will explain the length of treatment, all fees and the payment schedule. Orthodontic discount is not available to any member currently in treatment. Orthodontic treatment that requires surgery or unusual services may require an additional charge. Discuss this with the patient prior to beginning treatment).

GENERAL INFORMATION

1. Members will be responsible for the full cost of any prescription drugs prescribed by a LDP provider.
2. Members will be responsible for the full cost of any services provided by a LDP provider.
3. If a member has to cancel an appointment, the dental office must be notified 24 hours in advance or a fee may be charged.
4. Should the member have a dental insurance plan or other dental benefit plans, LDP discounts will not apply.
5. If treatment is required by a non-participating dentist or treatment is performed in a hospital facility, the reduced fees do not apply and the member will be responsible to the non-participating dentist or hospital for the usual and customary fee.
6. If the member should have a grievance, it should be submitted to the LDP office. Unresolved grievances will be settled by arbitration.
7. Fees listed on the member Benefits and Dental fee Schedule are for procedures done by participating general dentist and orthodontists and should not be considered specialist's fees. Specialist fees are billed at usual and customary charges less 20%.
8. Any procedure involving lab fees will incur additional costs. All applicable lab fees are the full responsibility of the member and are subject to no discount.