

# PERFECT TEETH™

## General Dentistry Fees\*

Procedure/ ADA Code	UCR Fee	PTDP
<b>Diagnostic and Preventative</b>		
Comp Exam (D0150)	\$77	\$0
Full Mouth X-Rays (D0210)	\$152	\$0
Single X-Ray (D0220)	\$30	\$0
Additional X-Rays Single (D0230)	\$30	\$0
Adult Prophyl (D1110)	\$90	\$59
Child Prophyl (D1120)	\$80	\$45
Fluoride Varnish (D1206)	\$35	\$31
<b>Restorative</b>		
1 Surf Ant/ Fill Composite (D2330)	\$123	\$115
2 Surf Ant/ Fill Composite (D2331)	\$163	\$137
3 Surf Ant/ Fill Composite (D2332)	\$199	\$167
4 Surf Ant/ Fill Composite (D2335)	\$236	\$189
1 Surf Post/ Fill Composite (D2391)	\$161	\$131
2 Surf Post/ Fill Composite (D2392)	\$296	\$193
3 Surf Post/ Fill Composite (D2393)	\$375	\$233
4 Surf Post/ Fill Composite (D2394)	\$372	\$298
<b>Crowns</b>		
Ceramic (D2740)	\$1,408	\$950
Porcelain to Fused High Noble (D2750)	\$1,314	\$950
Porcelain Fused to Base Metal (D2751)	\$1,055	\$575
Build Up (D2950)	\$330	\$233
Implant Crown (Implant/ Cust Abut/ PFM)	\$5,000	\$3,495
<b>Periodontic</b>		
RPS (full quad) (D4341)	\$319	\$160
RPS (1-3 teeth) (D4342)	\$175	\$95
Perio Maintenance (D4910)	\$162	\$99
Oral Irrigation (Per Quad) (D4921)	\$21	\$13
<b>Endodontic*</b>		
Root Canal - Anterior (D3310)	\$828	\$540
Root Canal Bicuspids (D3320)	\$994	\$608
Root Canal Molar (D3330)	\$1,323	\$995
<b>Dentures</b>		
Complete Upper Denture (D5110)	\$1,133	\$1,020
Complete Lower Denture (D5120)	\$1,133	\$1,020
<b>Oral Surgery*</b>		
Extraction Simple (D7140)	\$164	\$128
Extraction Surgical (D7210)	\$273	\$221

\*Full fee is based on 2018 PERFECT TEETH Colorado fees which will vary by state. Additional fees may apply depending on the services you need. Fees for treatment performed by a specialist will vary. Dental fees are subject to change without notice. The PTDP may not be combined with any other insurance or discount plan; non-covered benefits are excepted.

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## Periodontics Specialty Fees

	UCR Fee	PTDP
<b>Procedure/ ADA Code</b>		
<b>Diagnostic and Preventative</b>		
Limited Exam (D0140)	\$122	\$0
Comprehensive Perio Evaluation (D0180)	\$150	\$0
Full Mouth X-Rays (D0210)	\$152	\$30
Single X- Ray (D0220)	\$30	\$0
Additional X-Ray (D0230)	\$30	\$0
Pano Film (D0330)	\$134	\$25
<b>Periodontic</b>		
Simple Extraction (D7140)	\$164	\$145
Surgical Removal - Erupted (D7210)	\$273	\$245
Crown Lengthening (D4249)	\$938	\$750
Osseous Surgery Per Quad (D4260)	\$1,325	\$1,060
Osseous Surgery 1-3 Teeth (D4261)	\$950	\$760
Gingival Flap Procedure (D4240)	\$832	\$667
Gingival Flap 1-3 Teeth (D4241)	\$392	\$314

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## Endodontic Specialty Fees

	UCR Fee	PTDP
<b>Procedure/ ADA Code</b>		
<b>Diagnostic and Preventative</b>		
Limited Exam (D0140)	\$122	\$0
Single X- Ray (D0220)	\$30	\$0
Additional X-Ray (D0230)	\$30	\$0
Pano Film (D0330)	\$134	\$25
Pulp Vitality Testing (D0460)	\$38	\$0
<b>Endodontics</b>		
Root Canal Molar (D3330)	\$1,324	\$995
Root Canal Anterior (D3310)	\$1,007	\$749
Root Canal Bicuspid (D3320)	\$1,083	\$802
Retreatment Anterior RCT (D3346)	\$1,161	\$929
Retreatment Bicuspid RCT (D3347)	\$1,309	\$1,047
Retreatment Molar RCT (D3348)	\$1,531	\$1,225
Apicoectomy - Anterior (D3410)	\$903	\$722
Apicoectomy - Bicuspid (D3421)	\$984	\$787
Apicoectomy - Molar (D3425)	\$1,127	\$902
Apicoectomy - Ea Add'l Root (D3426)	\$348	\$278
Retrograde Filling (D3430)	\$229	\$183

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## Oral Surgery Specialty Fees

	UCR Fee	PTDP
<b>Procedure/ ADA Code</b>		
<b>Diagnostic and Preventative</b>		
Limited Exam (D0140)	\$122	\$0
Single X- Ray (D0220)	\$30	\$0
Additional X-Ray (D0230)	\$30	\$0
Pano Film (D0330)	\$134	\$25
<b>Oral Surgery</b>		
Surgical Removal - Erupted (D7210)	\$273	\$245
Nitrous Oxide (Laughing Gas) (D9230)	\$47	\$38
IV Sedation (putting the patient to sleep) (D9223)	\$166	\$133
Remove Impacted (Soft Tissue) (D7220)	\$316	\$253
Remove Impacted Partial Bony (D7230)	\$408	\$326
Remove Impacted Complete Bony (D7240)	\$499	\$399
Soft Tissue Biopsy (removal of oral lesion for pathological reasons) (D7286)	\$349	\$279

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## Pediatric Specialty Fees

	UCR Fee	PTDP
<b>Procedure/ ADA Code</b>		
<b>Diagnostic and Preventative</b>		
Comprehensive Oral Evaluation (D0150)	\$77	\$0
Single X- Ray (D0220)	\$30	\$0
Additional X-Ray (D0230)	\$30	\$0
Pano Film (D0330)	\$134	\$25
<b>Pedodontics</b>		
Resin 1 Surface Posterior (D2391)	\$161	\$135
Resin 2 Surface Posterior (D2392)	\$296	\$215
Resin 3 Surface Posterior (D2393)	\$375	\$295
Therapeutic Pulpotomy (D3220)	\$261	\$209
Stain Steel Crown (primary) (D2930)	\$274	\$219

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## Implant Specialty Fees

	UCR Fee	PTDP
<b>Procedure/ ADA Code</b>		
<b>Diagnostic and Preventative</b>		
Limited Exam (D0140)	\$122	\$0
Single X- Ray (D0220)	\$30	\$0
Additional X-Ray (D0230)	\$30	\$0
Pano Film (D0330)	\$134	\$25
<b>Implants</b>		
Simple Extraction (D7140)	\$164	\$145
Surgical Removal - Erupted (D7210)	\$273	\$245
Bone Graft / Membrane (D6104)	\$600	\$480
Vertical Sinus Augmentation (D7952)	\$3,500	\$2,800
Implant Placement - Surgical (D6010)	\$2,407	\$1,926

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