

Important Please Read

- ✓ This schedule applies to services provided by DentalSave participating general dentists only.
- ✓ DentalSave participating specialists will provide a 25% discount on their usual fees.
- ✓ **If the participating provider's "Usual Fee" is equal to or lower than the listed "Member Pays" fee, The provider shall provide an additional 25% discount off their usual fee.**

- ✓ Dental procedure codes not listed on this schedule will be discounted at 25% off the participating general dentist's usual fee at the time of service.
- ✓ Each participating dentist is assigned to a specific fee schedule.
- ✓ Dental plans are not dental insurance.

Diagnostic Procedures

CDT Code	Procedure	Usual Fee	Member Pays
D0120	periodic oral evaluation - established patient	59.00	30.00
D0140	limited oral evaluation - problem focused	86.00	45.00
D0150	comprehensive oral evaluation - new or established patient	103.00	55.00
D0160	detailed and extensive oral evaluation - problem focused, by report	164.00	90.00
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	79.00	45.00
D0180	comprehensive periodontal evaluation - new or established patient	108.00	60.00
D0210	intraoral - comprehensive series of radiographic images	149.00	80.00
D0220	intraoral - periapical first radiographic image	34.00	20.00
D0230	intraoral - periapical each additional radiographic image	29.00	15.00
D0240	intraoral - occlusal radiographic image	43.00	25.00
D0250	extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	68.00	35.00
D0270	bitewing - single radiographic image	32.00	20.00
D0272	bitewings - two radiographic images	51.00	30.00
D0273	bitewings - three radiographic images	61.00	35.00
D0274	bitewings - four radiographic images	73.00	40.00
D0277	vertical bitewings - 7 to 8 radiographic images	107.00	60.00
D0330	panoramic radiographic image	128.00	70.00
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	131.00	70.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	75.00	40.00
D0460	pulp vitality tests	63.00	35.00
D0470	diagnostic casts	134.00	75.00

Preventive Services

CDT Code	Procedure	Usual Fee	Member Pays
D1110	prophylaxis - adult	103.00	55.00
D1120	prophylaxis - child	77.00	40.00
D1208	topical application of fluoride - excluding varnish	41.00	25.00
D1330	oral hygiene instructions	59.00	30.00
D1351	sealant - per tooth	62.00	35.00

D1510	space maintainer - fixed, unilateral - per quadrant	347.00	190.00
D1516	space maintainer - fixed - bilateral, maxillary	459.00	25% Discount
D1520	space maintainer - removable, unilateral - per quadrant	410.00	225.00
D1526	space maintainer - removable - bilateral, maxillary	502.00	25% Discount
D1551	re-cement or re-bond bilateral space maintainer - maxillary	97.00	25% Discount
D1552	re-cement or re-bond bilateral space maintainer - mandibular	101.00	25% Discount

Restorative Services

CDT Code	Procedure	Usual Fee	Member Pays
D2140	amalgam - one surface, primary or permanent	162.00	90.00
D2150	amalgam - two surfaces, primary or permanent	204.00	110.00
D2160	amalgam - three surfaces, primary or permanent	248.00	135.00
D2161	amalgam - four or more surfaces, primary or permanent	293.00	160.00
D2330	resin-based composite - one surface, anterior	191.00	105.00
D2331	resin-based composite - two surfaces, anterior	230.00	125.00
D2332	resin-based composite - three surfaces, anterior	283.00	155.00
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	357.00	195.00
D2390	resin-based composite crown, anterior	492.00	270.00
D2391	resin-based composite - one surface, posterior	207.00	115.00
D2392	resin-based composite - two surfaces, posterior	264.00	145.00
D2393	resin-based composite - three surfaces, posterior	326.00	180.00
D2394	resin-based composite - four or more surfaces, posterior	383.00	210.00
D2510	inlay - metallic - one surface	1,017.00	560.00
D2520	inlay - metallic - two surfaces	1,058.00	580.00
D2530	inlay - metallic - three or more surfaces	1,106.00	610.00
D2542	onlay - metallic - two surfaces	1,127.00	620.00
D2543	onlay - metallic - three surfaces	1,154.00	635.00
D2544	onlay - metallic - four or more surfaces	1,211.00	665.00
D2610	inlay - porcelain/ceramic - one surface	1,058.00	580.00
D2620	inlay - porcelain/ceramic - two surfaces	1,080.00	595.00
D2630	inlay - porcelain/ceramic - three or more surfaces	1,125.00	620.00
D2642	onlay - porcelain/ceramic - two surfaces	1,128.00	620.00
D2643	onlay - porcelain/ceramic - three surfaces	1,166.00	640.00

D2644	onlay - porcelain/ceramic - four or more surfaces	1,217.00	670.00
D2650	inlay - resin-based composite - one surface	997.00	550.00
D2651	inlay - resin-based composite - two surfaces	1,007.00	555.00
D2652	inlay - resin-based composite - three or more surfaces	1,035.00	570.00
D2662	onlay - resin-based composite - two surfaces	1,072.00	590.00
D2663	onlay - resin-based composite - three surfaces	1,094.00	600.00
D2664	onlay - resin-based composite - four or more surfaces	1,126.00	620.00
D2710	crown - resin-based composite (indirect)	1,053.00	580.00
D2720	crown - resin with high noble metal	1,170.00	645.00
D2721	crown - resin with predominantly base metal	1,123.00	620.00
D2722	crown - resin with noble metal	1,123.00	620.00
D2740	crown - porcelain/ceramic	1,255.00	690.00
D2750	crown - porcelain fused to high noble metal	1,238.00	680.00
D2751	crown - porcelain fused to predominantly base metal	1,168.00	640.00
D2752	crown - porcelain fused to noble metal	1,199.00	660.00
D2780	crown - 3/4 cast high noble metal	1,247.00	685.00
D2781	crown - 3/4 cast predominantly base metal	1,175.00	645.00
D2782	crown - 3/4 cast noble metal	1,200.00	660.00
D2783	crown - 3/4 porcelain/ceramic	1,228.00	675.00
D2790	crown - full cast high noble metal	1,296.00	715.00
D2791	crown - full cast predominantly base metal	1,150.00	635.00
D2792	crown - full cast noble metal	1,212.00	665.00
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	131.00	70.00
D2920	re-cement or re-bond crown	131.00	70.00
D2930	prefabricated stainless steel crown - primary tooth	297.00	165.00
D2931	prefabricated stainless steel crown - permanent tooth	356.00	195.00
D2932	prefabricated resin crown	392.00	215.00
D2933	prefabricated stainless steel crown with resin window	387.00	215.00
D2940	protective restoration	144.00	80.00
D2950	core buildup, including any pins when required	302.00	165.00
D2951	pin retention - per tooth, in addition to restoration	85.00	45.00
D2952	post and core in addition to crown, indirectly fabricated	454.00	250.00
D2953	each additional indirectly fabricated post - same tooth	337.00	185.00
D2954	prefabricated post and core in addition to crown	371.00	205.00
D2955	post removal	321.00	175.00
D2957	each additional prefabricated post - same tooth	225.00	125.00
D2960	labial veneer (resin laminate) - direct	754.00	415.00

Endodontic Services

CDT Code	Procedure	Usual Fee	Member Pays
D3110	pulp cap - direct (excluding final restoration)	96.00	55.00
D3120	pulp cap - indirect (excluding final restoration)	95.00	50.00
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	237.00	130.00
D3221	pulpal debridement, primary and permanent teeth	258.00	140.00
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	303.00	165.00
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	331.00	180.00
D3310	endodontic therapy, anterior tooth (excluding final restoration)	851.00	470.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	967.00	530.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,170.00	645.00
D3331	treatment of root canal obstruction; non-surgical access	642.00	355.00
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	495.00	270.00
D3333	internal root repair of perforation defects	385.00	210.00
D3346	retreatment of previous root canal therapy - anterior	984.00	540.00
D3347	retreatment of previous root canal therapy - premolar	1,111.00	610.00
D3348	retreatment of previous root canal therapy - molar	1,308.00	720.00
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	401.00	220.00
D3352	apexification/recalcification - interim medication replacement	285.00	155.00
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)	582.00	320.00
D3410	apicoectomy - anterior	806.00	445.00
D3421	apicoectomy - premolar (first root)	914.00	505.00
D3425	apicoectomy - molar (first root)	1,017.00	560.00
D3426	apicoectomy (each additional root)	472.00	260.00
D3430	retrograde filling - per root	324.00	180.00
D3450	root amputation - per root	565.00	310.00
D3470	intentional reimplantation (including necessary splinting)	860.00	475.00
D3910	surgical procedure for isolation of tooth with rubber dam	254.00	140.00
D3920	hemisection (including any root removal), not including root canal therapy	510.00	280.00
D3950	canal preparation and fitting of preformed dowel or post	280.00	155.00

Periodontic Services

CDT Code	Procedure	Usual Fee	Member Pays
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	698.00	385.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	365.00	200.00
D4230	anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	988.00	25% Discount
D4231	anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	679.00	25% Discount
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	848.00	465.00
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	690.00	380.00
D4245	apically positioned flap	892.00	490.00
D4249	clinical crown lengthening - hard tissue	873.00	480.00
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1,250.00	690.00
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1,001.00	550.00
D4263	bone replacement graft - retained natural tooth - first site in quadrant	722.00	395.00
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	589.00	325.00
D4266	guided tissue regeneration, natural teeth - resorbable barrier, per site	765.00	420.00
D4267	guided tissue regeneration, natural teeth - non-resorbable barrier, per site	943.00	520.00
D4268	surgical revision procedure, per tooth	849.00	465.00
D4270	pedicle soft tissue graft procedure	983.00	540.00
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	527.00	25% Discount
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	495.00	25% Discount
D4341	periodontal scaling and root planing - four or more teeth per quadrant	291.00	160.00
D4342	periodontal scaling and root planing - one to three teeth per quadrant	216.00	120.00
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	205.00	115.00
D4910	periodontal maintenance	154.00	85.00
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	110.00	60.00

Prosthetic Services (removable)

CDT Code	Procedure	Usual Fee	Member Pays
D5110	complete denture - maxillary	1,976.00	1,085.00
D5120	complete denture - mandibular	1,979.00	1,090.00
D5130	immediate denture - maxillary	2,065.00	1,135.00
D5140	immediate denture - mandibular	2,070.00	1,140.00
D5211	maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	1,562.00	860.00
D5212	mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	1,561.00	860.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	2,019.00	1,110.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	2,021.00	1,110.00
D5282	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	1,157.00	25% Discount
D5410	adjust complete denture - maxillary	103.00	55.00
D5411	adjust complete denture - mandibular	102.00	55.00
D5421	adjust partial denture - maxillary	101.00	55.00
D5422	adjust partial denture - mandibular	102.00	55.00
D5520	replace missing or broken teeth - complete denture (each tooth)	223.00	125.00
D5611	repair resin partial denture base, mandibular	243.00	25% Discount
D5612	repair resin partial denture base, maxillary	246.00	25% Discount
D5621	repair cast partial framework, mandibular	319.00	25% Discount
D5630	repair or replace broken retentive clasping materials - per tooth	294.00	160.00
D5640	replace broken teeth - per tooth	219.00	120.00
D5650	add tooth to existing partial denture	256.00	140.00
D5660	add clasp to existing partial denture - per tooth	300.00	165.00
D5710	rebase complete maxillary denture	666.00	365.00
D5711	rebase complete mandibular denture	657.00	360.00
D5720	rebase maxillary partial denture	628.00	345.00
D5721	rebase mandibular partial denture	630.00	345.00
D5730	reline complete maxillary denture (direct)	419.00	230.00
D5731	reline complete mandibular denture (direct)	419.00	230.00
D5740	reline maxillary partial denture (direct)	401.00	220.00
D5741	reline mandibular partial denture (direct)	405.00	225.00
D5750	reline complete maxillary denture (indirect)	525.00	290.00
D5751	reline complete mandibular denture (indirect)	527.00	290.00
D5760	reline maxillary partial denture (indirect)	511.00	280.00
D5761	reline mandibular partial denture (indirect)	516.00	285.00
D5810	interim complete denture (maxillary)	986.00	540.00
D5811	interim complete denture (mandibular)	990.00	545.00

D5820	interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	756.00	415.00
D5821	interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	754.00	25% Discount
D5850	tissue conditioning, maxillary	234.00	130.00
D5851	tissue conditioning, mandibular	234.00	130.00

Implant Services

CDT Code	Procedure	Usual Fee	Member Pays
D6000 - D6199	All procedures in the implant services section D6000 to D6199	IR	25% Discount

Prosthodontic Services (fixed)

CDT Code	Procedure	Usual Fee	Member Pays
D6210	pontic - cast high noble metal	1,238.00	680.00
D6211	pontic - cast predominantly base metal	1,159.00	635.00
D6212	pontic - cast noble metal	1,173.00	645.00
D6240	pontic - porcelain fused to high noble metal	1,242.00	685.00
D6241	pontic - porcelain fused to predominantly base metal	1,166.00	640.00
D6242	pontic - porcelain fused to noble metal	1,193.00	655.00
D6245	pontic - porcelain/ceramic	1,247.00	685.00
D6250	pontic - resin with high noble metal	1,204.00	660.00
D6251	pontic - resin with predominantly base metal	1,166.00	640.00
D6252	pontic - resin with noble metal	1,161.00	640.00
D6545	retainer - cast metal for resin bonded fixed prosthesis	949.00	520.00
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	1,053.00	580.00
D6720	retainer crown - resin with high noble metal	1,191.00	655.00
D6721	retainer crown - resin with predominantly base metal	1,159.00	635.00
D6722	retainer crown - resin with noble metal	1,163.00	640.00
D6740	retainer crown - porcelain/ceramic	1,260.00	695.00
D6750	retainer crown - porcelain fused to high noble metal	1,255.00	690.00
D6751	retainer crown - porcelain fused to predominantly base metal	1,170.00	645.00
D6752	retainer crown - porcelain fused to noble metal	1,193.00	655.00
D6780	retainer crown - 3/4 cast high noble metal	1,202.00	660.00
D6781	retainer crown - 3/4 cast predominantly base metal	1,182.00	650.00
D6782	retainer crown - 3/4 cast noble metal	1,196.00	660.00
D6783	retainer crown - 3/4 porcelain/ceramic	1,211.00	665.00
D6790	retainer crown - full cast high noble metal	1,252.00	690.00
D6791	retainer crown - full cast predominantly base metal	1,143.00	630.00
D6792	retainer crown - full cast noble metal	1,184.00	650.00
D6930	re-cement or re-bond fixed partial denture	195.00	105.00

Oral Surgery Services

CDT Code	Procedure	Usual Fee	Member Pays
D7111	extraction, coronal remnants - primary tooth	152.00	85.00
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	216.00	120.00
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	320.00	175.00
D7220	removal of impacted tooth - soft tissue	359.00	195.00
D7230	removal of impacted tooth - partially bony	447.00	245.00
D7240	removal of impacted tooth - completely bony	550.00	305.00
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	631.00	345.00
D7250	removal of residual tooth roots (cutting procedure)	347.00	190.00
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	616.00	340.00
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	814.00	450.00
D7280	exposure of an unerupted tooth	553.00	305.00
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	581.00	320.00
D7286	incisional biopsy of oral tissue-soft	388.00	215.00
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	346.00	190.00
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	495.00	270.00
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	679.00	375.00
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1,008.00	555.00
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	664.00	365.00
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1,051.00	580.00
D7510	incision and drainage of abscess - intraoral soft tissue	272.00	150.00
D7910	suture of recent small wounds up to 5 cm	324.00	180.00
D7911	complicated suture - up to 5 cm	608.00	335.00
D7912	complicated suture - greater than 5 cm	1,076.00	590.00
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	2,984.00	25% Discount
D7970	excision of hyperplastic tissue - per arch	549.00	300.00
D7971	excision of pericoronal gingiva	297.00	165.00

Orthodontic Services

CDT Code	Procedure	Usual Fee	Member Pays
D8010 - D8999	All procedures in the orthodontic services section D8010 to D8999	IR	25% Discount

Adjunctive Services

CDT Code	Procedure	Usual Fee	Member Pays
D9110	palliative treatment of dental pain - per visit	146.00	80.00
D9120	fixed partial denture sectioning	248.00	25% Discount
D9211	regional block anesthesia	95.00	50.00
D9215	local anesthesia in conjunction with operative or surgical procedures	68.00	35.00
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	88.00	50.00
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	143.00	80.00

D9410	house/extended care facility call	258.00	140.00
D9420	hospital or ambulatory surgical center call	340.00	185.00
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	89.00	50.00
D9440	office visit - after regularly scheduled hours	196.00	110.00
D9910	application of desensitizing medicament	63.00	35.00
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	81.00	45.00
D9950	occlusion analysis - mounted case	386.00	210.00
D9951	occlusal adjustment - limited	196.00	110.00
D9952	occlusal adjustment - complete	704.00	385.00
D9970	enamel microabrasion	220.00	120.00

Disclaimer

- DentalSave is NOT AN INSURANCE. We do not pay claims. All charges for dental services are to be paid by the member directly to the dentist.
- **Usual Fee**, represents the average fee providers charge non-DentalSave patients based on a survey of providers in the plan's geographical area.
- **Member Pays**, represents the discounted fee the Member pays directly to the participating dentist.
- **Member Pays**, apply only to fees charged by participating general dentists, NOT SPECIALISTS.
- Participating specialists will provide their services to plan members at a 25% discount off their usual fees.
- **IR**, the letters "IR" represent Inconclusive Results due to weak survey data or statistically ambiguous results. Procedures that have "IR" are provided at a 25% discount off the provider's usual fee.
- If the participating provider's usual fee for any procedure is less than the fee listed on this schedule, the dentist will provide a 25% discount off their usual fee.
- Dental procedure codes not listed on this schedule will be discounted at 25% off the provider's usual fee at the time of service.
- Any procedure involving lab and OSHA fees can incur additional costs. All applicable lab and OSHA fees are the member's full responsibility and are subject to no discount.
- The member must verify that the provider is a participating DentalSave provider before seeking treatment.
- Any dental procedures performed by a non-participating provider are not discounted and are charged to the member at the provider's usual fees.
- Work in progress before enrollment on the dental plan may not be subject to a discount.
- DentalSave cannot guarantee the continued participation of any provider. If the provider leaves the plan, you must select another participating DentalSave provider. Not all types of dental specialties may be available in your area.
- Some providers may charge for missed or broken appointments.
- Member is responsible for full payment for all charges at the time of service.
- Dentists will decide whether fees for services are due in full or in installments.
- Whether to coordinate benefits with another dental plan or insurance is at the provider's office's discretion.
- Fee schedules are subject to change without prior notification to members.
- While all participating DentalSave providers are professionally licensed in the state where they practice, DentalSave does not guarantee the providers' quality of service. Any quality-of-care concerns involving any participating DentalSave provider should be directed in writing to DentalSave Attn: Provider Relations, PO Box 8309 Long Island City, NY 11101.