

General Dentist - Sample Member Prices

Direct Access & Direct Access Silver



This schedule applies to General Dentists ONLY. Specialist's fees vary by location and specialty

Some contracted dentists in your state may utilize a different fee schedule. Please contact your dentist or call Dentist Direct at 1-866-696-6527 to obtain a specific estimate of possible charges or discounts.

UT LEVEL 1

Code	Description	MEMBER PRICE
120	PERIODIC ORAL EVAL	23
140	LTD ORAL EVAL-PROBLEM FOCUSED	32
150	COMP ORAL EVAL	32
210	INTRAORAL-COMPLT SERIES (INCL BITEWINGS)	53
220	INTRAORAL-PERIAPICAL FIRST FILM	11
230	INTRAORAL-PERIAPICAL EA ADD FILM	9
270	BITEWING-SINGLE FILM	11
272	BITEWINGS-2 FILMS	21
274	BITEWINGS-4 FILMS	27
330	PANORAMIC FILM	48
1110	PROPHYLAXIS-ADULT	43
1120	PROPHYLAXIS-CHILD	29
1206	TOPICAL FLUORIDE VARNISH - THERAPEUTIC APPLICATION FOR MOD. TO HIGH CARIES RISK PATIENTS	20
1208	TOPICAL APPLICATION OF FLUORIDE	15
1351	SEALANT-PER TOOTH	20
2140	AMALGAM-1 SURFACE PERM	54
2150	AMALGAM-2 SURFACES PERM	66
2160	AMALGAM-3 SURFACES PERM	83
2161	AMALGAM-4/MORE SURFACES PERM	103
2330	RESIN-BASED COMPOSITE-1 SURFACE ANT	67
2331	RESIN-BASED COMPOSITE-2 SURFACES ANT	84
2332	RESIN-BASED COMPOSITE-3 SURFACES ANT	97
2335	RESIN-BASED COMPOSITE-4/MORE SURF-INCISAL ANGLE	113
2391	RESIN-BASED COMPOSITE - 1 SURFACE POSTERIOR	74
2392	RESIN-BASED COMPOSITE - 2 SURFACES POSTERIOR	92
2393	RESIN-BASED COMPOSITE - 3 SURFACES POSTERIOR	113
2394	RESIN-BASED COMPOSITE - 4 OR MORE SURFACES POSTERIOR	130
2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	605
2750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	620
2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METL	510
2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	540
2950	CORE BUILDUP INCL ANY PINS	100
2954	PREFAB POST & CORE IN ADD TO CROWN	115
3120	PULP CAP-INDIRECT (EXCLD FINAL RESTORATION)	20
3220	THERAP PULPOTOMY-REMOV PULP & APPLIC MEDS	58
3310	ANT (EXCLD FINAL RESTORATION) (ROOT CANAL)	350
3320	BICUSPID (EXCLD FINAL RESTORATION) (ROOT CANAL)	400
3330	MOLAR (EXCLD FINAL RESTORATION) (ROOT CANAL)	505
4341	PERIODONTAL SCALING & ROOT PLANING PER QUADRANT	112
4355	FULL MOUTH DEBRID-ENABLE PERIODONTAL EVAL & DX	76
4381	LOCALIZ DELIV CHEMO-CREVICULAR TISS PER TOOTH BR	42
4910	PERIODONTAL MAINT PROC (FOLLOWING ACTIVE THERAP)	66
6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	1146
6056	PREFABRICATED ABUTMENT - INCLUDES PLACEMENT	275
6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT	350
6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	620
6240	PONTIC-PORCELAIN FUSED TO HI NOBLE METAL	440
6750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	530
7111	CORONAL REMNANTS - DECIDIOUS TEETH	53
7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	61
7210	REMOVE ERUPT TTH-W/MUCOPERIOSTL FLP-REMOV BNE/TTH	109
7230	REMOVE IMPACTED TOOTH-PART BONY	145
8050	INTERCEPTIVE ORTHODONTIC TX PRIM DENTITION	2000
8080	COMP ORTHODONTIC TX ADOLESCENT DENTITION	4000
8090	COMP ORTHODONTIC TX ADULT DENTITION	4000
9110	PALLIATIVE (ER) TX DENTAL PAIN-MINOR PROC	40
9972	EXTERNAL BLEACHING - PER ARCH	100
9973	EXTERNAL BLEACHING - PER TOOTH	40
9974	INTERNAL BLEACHING - PER TOOTH	110

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This schedule applies to General Dentists. Specialist's fees vary by location and specialty but members typically average a 15% discount or more. Please call 1-866-696-6527 for an estimate of possible charges. Any procedure not listed is available on a fee-for-service basis.

This schedule of fees applies **ONLY** at participating Network Providers.

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UT LEVEL 2

Code	Description	MEMBER PRICE
120	PERIODIC ORAL EVAL	25
140	LTD ORAL EVAL-PROBLEM FOCUSED	36
150	COMP ORAL EVAL	38
210	INTRAORAL-COMPLT SERIES (INCL BITEWINGS)	72
220	INTRAORAL-PERIAPICAL FIRST FILM	14
230	INTRAORAL-PERIAPICAL EA ADD FILM	9
270	BITEWING-SINGLE FILM	15
272	BITEWINGS-2 FILMS	23
274	BITEWINGS-4 FILMS	33
330	PANORAMIC FILM	63
1110	PROPHYLAXIS-ADULT	47
1120	PROPHYLAXIS-CHILD	34
1206	TOPICAL FLUORIDE VARNISH - THERAPEUTIC APPLICATION FOR MOD. TO HIGH CARIES RISK PATIENTS	28
1208	TOPICAL APPLICATION OF FLUORIDE	19
1351	SEALANT-PER TOOTH	28
2140	AMALGAM-1 SURFACE PERM	64
2150	AMALGAM-2 SURFACES PERM	81
2160	AMALGAM-3 SURFACES PERM	99
2161	AMALGAM-4/MORE SURFACES PERM	123
2330	RESIN-BASED COMPOSITE-1 SURFACE ANT	73
2331	RESIN-BASED COMPOSITE-2 SURFACES ANT	93
2332	RESIN-BASED COMPOSITE-3 SURFACES ANT	113
2335	RESIN-BASED COMPOSITE-4/MORE SURF-INCISAL ANGLE	134
2391	RESIN-BASED COMPOSITE - 1 SURFACE POSTERIOR	85
2392	RESIN-BASED COMPOSITE - 2 SURFACES POSTERIOR	110
2393	RESIN-BASED COMPOSITE - 3 SURFACES POSTERIOR	139
2394	RESIN-BASED COMPOSITE - 4 OR MORE SURFACES POSTERIOR	171
2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	630
2750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	620
2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METL	578
2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	595
2950	CORE BUILDUP INCL ANY PINS	137
2954	PREFAB POST & CORE IN ADD TO CROWN	171
3120	PULP CAP-INDIRECT (EXCLD FINAL RESTORATION)	30
3220	THERAP PULPOTOMY-REMOV PULP & APPLIC MEDS	88
3310	ANT (EXCLD FINAL RESTORATION) (ROOT CANAL)	380
3320	BICUSPID (EXCLD FINAL RESTORATION) (ROOT CANAL)	466
3330	MOLAR (EXCLD FINAL RESTORATION) (ROOT CANAL)	588
4341	PERIODONTAL SCALING & ROOT PLANING PER QUADRANT	130
4355	FULL MOUTH DEBRID-ENABLE PERIODONTAL EVAL & DX	78
4381	LOCALIZ DELIV CHEMO-CREVICULAR TISS PER TOOTH BR	63
4910	PERIODONTAL MAINT PROC (FOLLOWING ACTIVE THERAP)	76
6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	1617
6056	PREFABRICATED ABUTMENT - INCLUDES PLACEMENT	336
6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT	415
6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	979
6240	PONTIC-PORCELAIN FUSED TO HI NOBLE METAL	582
6750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	620
7111	CORONAL REMNANTS - DECIDIOUS TEETH	53
7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	73
7210	REMOVE ERUPT TTH-W/MUCOPERIOSTL FLP-REMOV BNE/TTH	137
7230	REMOVE IMPACTED TOOTH-PART BONY	224
8050	INTERCEPTIVE ORTHODONTIC TX PRIM DENTITION	2153
8080	COMP ORTHODONTIC TX ADOLESCENT DENTITION	4307
8090	COMP ORTHODONTIC TX ADULT DENTITION	4307
9110	PALLIATIVE (ER) TX DENTAL PAIN-MINOR PROC	47
9972	EXTERNAL BLEACHING - PER ARCH	350
9973	EXTERNAL BLEACHING - PER TOOTH	56
9974	INTERNAL BLEACHING - PER TOOTH	274

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