

The following fees apply to General Dentists.
The Specialist Fee Schedule is located on the reverse side in the lower right corner

DIAGNOSTIC TREATMENT
By a General Dentist

ADA CODE	TREATMENT	MEMBER PAYS
D020	Periodic oral evaluation	\$12
D0140	Limited oral evaluation, problem focused	\$20
D0150	Comprehensive oral evaluation (first visit)	\$30
	new or established patient	
	Typically, used by a general dentist and/or a specialist when evaluating a patient comprehensively. It may typically include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal charting), hard and soft tissue anomalies, oral cancer screening.	
D0180	Comprehensive periodontal evaluation	\$25
	new or established patient	
	This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient's dental and medical history one general health assessment. It may include the evaluation and recording of dental cones, missing or unerupted teeth, restorations, occlusal relationships and oral cancer screening.	
D02i0	intraoral - complete series (including bitewings)	\$50
D0220	intraoral - periodical - first film	\$10
D0230	Intraoral - periapical each additional film	\$8
D0240	Intraoral - occlusal film	\$15
D0270	Bitewing - single film	\$10
D0272	Bitewings - two films	\$15
D0274	Bitewings - four films	\$25
D0330	Panoramic film	\$50
D0460	Pulp vitality test	\$25
D0470	Diagnostic costs	\$35
D9999	infection control*	\$10
	* OSHA Requirements to prevent the transmission of disease which may be charged by a participating dental office.	

PREVENTIVE TREATMENT

By a General Dentist

OH10	Prophylaxis - Adult	\$38
D1120	Prophylaxis-Child	\$30
DI 201	Topical application of fluoride (including prophylaxis) * Child	\$40
O1205	Topical application of fluoride (including prophylaxis) * Adult	\$45
DI 203	Topical application of fluoride (excluding prophylaxis) * Child	\$15
DI 204	Topical application of fluoride (excluding prophylaxis) - Adult	\$15
DI 330	Oral hygiene instruction	\$10
D1351	Sealant-per tooth	\$22
DI 510	Space maintainer - fixed unilateral type	\$135
DI 515	Space maintainer - fixed bilateral type,	\$175

RESTORATIVE PROCEDURES

By a General Dentist

D2140	Amalgam-1 surface, primary or permanent, per tooth	\$45
O2150	Amalgam-2 surfaces, primary or permanent, per tooth	\$65
2160	Amalgam-3 surfaces, primary or permanent, per tooth	\$90
2161	Amalgam-4 or more surfaces, primary or permanent, per tooth	25% disc.
D2330	Resin-based composite - 1 surface, anterior	\$60
D2331	Resin-based composite - 2 surfaces, anterior	\$85
O2332	Resin-based composite - 3 surfaces, anterior	\$120
D2335	Resin based composite - 4 surfaces or involving incisal angle, anterior	25% disc.
D2391	Resin-based composite -1 surfaces, posterior	\$65
D2392	Resin-based composite - 2 surfaces, posterior	\$95
D2393	Resin-based composite - 3 surfaces, posterior	\$130

D2394	Resin based composite - 4 surfaces, posterior	25% disc.
D2510	Inlay - metallic • 1 surface	25% disc.
D2520	Inlay - metallic - 2 surfaces	25% disc.
D2530	inlay - metallic - 3 surfaces	25% disc.
D2542	Onlay - metallic - 2 surfaces	25% disc.
D2710	Crown - resin (indirect)	25% disc.
D2740	Crown - porcelain/ ceramic substrate	25% disc.
D2750	Crown - porcelain fused to high noble metal	\$525
D2751	Crown - porcelain fused to predominantly base metal	\$400
D2752	Crown - porcelain fused to noble metal	\$4 50
D2790	Crown - full cost high noble metal	\$500
D2791	Crown - full cast predominantly base metal	\$350
D2792	Crown - full cast noble metal	\$400
D2910	Recement Inlay	\$40
D2926	Recement crown	\$40
D2930	Prefabricated stainless steel crown, primary tooth	\$95
D2931	Prefabricated stainless steel crown permanent tooth	\$1 20
D2932	Prefabricated resin crown	\$125
D2940	Sedative filling	\$35
D2950	Crown build up, including any pins	25% disc.
D2951	Pin retention per tooth in addition to restoration	\$25
D2952	Cast post and core in addition to crown	25% disc.
D2953	Cast post as part of crown	25% disc.
D2954	Prefabricated post and core in addition to crown	25% disc.

* Lab Fees billed separately with 25% discount

ENDODONTIC PROCEDURES

By a General Dentist

D3110	Pulp cap - direct (excluding final restoration)	\$30
D3120	Pulp cap - indirect (excluding final restoration)	\$30
D3220	Therapeutic pulpotomy (excluding final restoration)	\$75
D3310	Root canal, anterior (excluding final restoration)	\$350
D3320	Root canal, bicuspid (excluding final restoration)	\$375
D3330	Root canal, molar (excluding final restoration)	25% disc.
D3920	Hemisection (including any root removal) not including Root canal therapy	25% disc.

PERIODONTIC PROCEDURES

By a General Dentist

D4240	Gingival flap procedure, including root planing	
	- Per quadrant	25% disc.
D4260	Osseous surgery (including flap entry and closure)	
	- Per quadrant	25% disc.
D4270	Pedicle soft tissue graft procedure	25% disc.
D4271	Free soft tissue graft procedure	25% disc.
D4341	Periodontal scaling and root planing - per quadrant	25% disc.
D4355	Full mouth debridement	\$90
D4381	Locally administered antibiotic	\$75
D4910	Periodontal maintenance procedures following active therapy	\$60

PROSTHODONTIS REMOVABLE

By a General Dentist

D5110	Complete upper denture	\$575
D5120	Complete lower denture	\$575
D5130	Immediate upper denture	\$625
D5140	Immediate lower denture	\$625
D5211	Upper partial - acrylic base (including any conventional clasps and rests)	\$475
D5212	Lower partial - acrylic base (including any conventional clasps and rests)	\$475
D5213	Upper partial - predominantly base cast base with acrylic saddles (including any conventional clasps and rests)	25% disc.
D5214	Lower partial - predominantly base cast base with acrylic saddles (including any conventional clasps and rests)	25% disc.

05410 Adjust complete denture - upper	\$25
D5411 Adjust complete denture - lower	\$25
D5421 Adjust partial denture - upper	\$25
D5422 Adjust partial denture • lower	\$25
D5510 Repair broken complete denture base	25% disc.
D5520 Replace missing or broken teeth complete denture (each tooth).....	25% disc.
D5610 Repair acrylic saddle or base	25% disc.
D5630 Repair or replace broken clasp.....	25% disc.
D5640 Replace broken teeth per tooth.....	25% disc.
05650 Add tooth to existing partial denture	25% disc.
D5660 Add clasp to existing partial denture.....	25% disc.
D5710 Rebase complete upper denture	\$250
D5711 Rebase complete lower denture.....	\$250
D5720 Rebase upper partial denture.....	\$225
D5721 Rebase lower partial denture	\$225

* Lab Fees billed separately with 25% discount.

PROSTHODONTICS, FIXED BRIDGES

By a General Dentist

(Each abutment and each pontic constitutes a unit in a bridge.)

D6210 Pontic - cast high noble metal	25% disc.
D6211 Pontic - cast predominantly base metal	25% disc.
D6212 Pontic - cast noble metal	25% disc.
D6240 Pontic - porcelain fused to high noble metal	25% disc.
D6241 Pontic - porcelain fused to predominantly base metal.....	25% disc.
D6242 Pontic - porcelain fused to noble metal	25% disc.
D6545 Cast metal retainer for resin bonded fixed prosthesis	25% disc.
D6750 Crown - porcelain fused to high noble metal	25% disc.
D6751 Crown - porcelain fused to predominantly base metal.....	25% disc.
D6752 Crown - porcelain fused to noble metal	25% disc.
D6780 Crown - 3/4 cast high noble metal.....	25% disc.
D6781 Crown - 3/4 cast predominately base metal	25% disc.
D6782 Crown - 3/4 cast noble metal	25% disc.
D6790 Crown - full cast high noble metal	25% disc.
D6791 Crown - full cast predominantly base metal.....	25% disc.
D6792 Crown - full cast noble metal	25% disc.
D6930 Recement partial denture.....	\$40
D6940 Stress breaker.....	25% disc.
D6950 Precision attachment.....	25% disc.
D6970 Cast post and core in addition to partial denture retainer	25% disc.
D6971 Cast post as part of partial denture retainer	25% disc.
D6972 Prefabricated post and core in addition to partial denture retainer	25% disc.

ORAL SURGERY

By a General Dentist

D7111 Extraction of coronal remnants - deciduous tooth	\$48
D7140 Extraction, erupted tooth or exposed root	\$58
D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$115
D7220 Removal of imported tooth - soft tissue.....	\$130
D7230 Removal of impacted tooth partially bony	\$160
D7240 Removal of impacted tooth completely bony.....	25% disc.
D7250 Surgical removal of residual tooth roots (cutting procedure)	25% disc.
D7280 Surgical exposure of impacted or unerupted tooth for orthodontic Reasons (including orthodontic attachments)	25% disc.
D7281 Surgical exposure of impacted or unerupted tooth to aid eruption	25% disc.
D7310 Alveoplasty in conjunction with extractions -per quadrant.....	25% disc.
D7320 Alveoplasty not in conjunction with extractions -per quadrant	25% disc.
D7960 Frenulectomy (frenectomy or frenotomy) separate procedure	25% disc.
D7970 Excision of hyperplastic tissue - per arch.....	25% disc.
D7971 Excision of pericoronal gingiva	25% disc.

ORTHODONTIC TREATMENT

By a General Dentist

D8660 Preorthodontic Treatment Visit w/diagnostic workup including cephalometric, panoramic, intraoral and extraoral x-ray (plus molds).....	\$135
Orthodontics (Braces) under 19	\$2000
19 and over	\$2200
D8210 Removable appliance (each up to 2 years)	\$300
D8220 Fixed appliance therapy	\$500

The above orthodontic charges are our reduced fees for a General Dentist for usual and customary services for full banded Class 1 malocclusion cases. Any orthodontia treatment that requires surgery, headgear unusual or ancillary services or is extended because of lack of patient cooperation will have an additional charge. At the orthodontic consultation appointment, the General Dentist will explain the length of treatment, all fees and the payment schedule. Orthodontic services are offered on a space and time available basis only and are not available to any person that is currently in treatment or has been in treatment planned by a General Dentist or Specialist in the past 6 months. Broken or lost appliances will be an additional charge. * Invisalign Braces may not be included.

ADJUNCTIVE GENERAL SERVICES

By a General Dentist

D9999 Failed appointment (without 24 hr. notice)	\$25
D9110 Palliative (emergency) treatment of dental pain - minor procedures.....	\$40
D9310 Consultation - per session (diagnostic service provided by dentist other than dentist providing treatment)	\$40
D9430 Office visit for observation (during regularly scheduled hours) - no treatment rendered.....	\$25
D9440 Office visit - after regularly scheduled hours.....	\$75
D9950 Occlusion analysis (mounted case)	25% disc.
D9951 Occlusal adjustment (limited).....	25% disc.

The dentist may charge additional fees for any procedure that presents unusual difficulties and circumstances. The dentist will discuss fees with patient prior to treatment. If dentist's usual and customary fee is less than Apple Dental of El Paso's scheduled fee, the dentist will charge lower fee.

Any procedures, including cosmetic, not listed will be made available from any Apple Dental of El Paso general practitioner on a fee for service basis at a 25% discount

SPECIALIST FEE SCHEDULE

Any Apple Dental of El Paso member receiving treatment from a participating specialist provider (advanced degree), shall receive a 25% discount off the participating specialist's usual and customary fee for that procedure. These participating specialists include the following:

Orthodontists*	Periodontists
Endodontists	Prosthodontists
Pedodontists	Oral Surgeons

* invisalign Braces may not be included.

SPECIAL RULES FOR IMPLANTS

DISCOUNT APPLIES TO ALL DENTAL SERVICES EXCEPT PRACTITIONER'S COST OF IMPLANT FIXTURE.