

Our Top 15 most-used Dental Codes and Procedures

| <u>Code</u> | <u>Description</u> | <u>Usual and Customary Fee</u> | <u>Gold Plan Fee*</u> |
|-------------|--|--------------------------------|-----------------------|
| D0220 | Intraoral Periapical Images (x-ray) | \$28.00 | \$0.00 |
| D0120 | Periodic Oral Evaluation (exam on return visit) | \$45.00 | \$0.00 |
| D0140 | Limited Oral Evaluation (exam focused on one problem) | \$65.00 | \$0.00 |
| D0150 | Comprehensive Oral Evaluation (First full exam) | \$90.00 | \$0.00 |
| D0210 | Intraoral Full Mouth Images (x-rays) | \$160.00 | \$0.00 |
| D0230 | Intraoral- Periapical Each Add'l (x-ray) | \$22.00 | \$0.00 |
| D0274 | Bitewing four Image (x-rays) | \$60.00 | \$0.00 |
| D1110 | Prophylaxis-Adult (Regular Cleaning) | \$80.00 | \$0.00 |
| D9430 | Office Visit for Observation | \$55.00 | \$25.00 |
| D2390 | Resin Composite-1s, Posterior (1-surface white filling on a back tooth) | \$208.00 | \$105.00 |
| D2950 | Core Buildup, Include any pins (filling under a crown) | \$250.00 | \$120.00 |
| D7210 | Extract, Erupted Tooth, Removal of other tissue (Extraction) | \$310.00 | \$105.00 |
| D2392 | Resin Composite-2s, Posterior (2-surface white filling on a back tooth) | \$275.00 | \$135.00 |
| D2393 | Resin Composite-3s, Posterior (3-surface white filling on a back tooth) | \$330.00 | \$155.00 |
| D4341 | Perio Scale/Root Pin-4+ Per Quad (Deep cleaning per quadrant) | \$235.00 | \$130.00 |

Note: Gold Plan members pay a \$25 office visit fee for each visit, but exams, xrays, and two regular cleanings are covered each year (in the absence of periodontal disease).

Last Updated: February 2018