

2021 PLATINUM LOYALTY PLAN FEE SCHEDULE

ADA CODE	PROCEDURE DESCRIPTION	FEES
D0120	Periodic oral evaluation	\$32.00
D0140	Limited oral evaluation - problem focused	\$48.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$43.00
D0150	Comprehensive oral evaluation - new or established patient	\$57.00
D0170	Re-evaluation - limited, problem focused (Established patient; not post-operative visit)	\$44.00
D0171	Re-evaluation - post-operative office visit	\$34.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$60.00
D0190	Screening of a patient	\$36.00
D0191	Assessment of a patient	\$34.00
D0210	Intraoral - complete series (including bitewings)	\$89.00
D0220	Intraoral - periapical - first film	\$18.00
D0230	Intraoral - periapical - each additional film	\$15.00
D0240	Intraoral - occlusal film	\$26.00
D0250	Extra-oral - D2 projection radiographic images created using a stationary radiation source, and detector	\$40.00
D0251	Extra-oral posterior dental radiographic image	\$39.00
D0270	Bitewing - single film	\$18.00
D0272	Bitewings - two films	\$30.00
D0273	Bitewings, three films	\$36.00
D0274	Bitewings - four films	\$43.00
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	\$88.00
D0310	Sialography	\$237.00
D0320	Sialography	\$382.00
D0321	Other temporomandibular joint films, by report	\$173.60
D0322	Tomographic survey	\$328.00
D0330	Panoramic film	\$76.00
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$81.00
D0350	2D Oral/facial photographic image obtained intra-orally or extra-orally	\$47.00
D0351	3D photographic image	\$65.00
D0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	\$298.40
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	\$313.60
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	\$304.80
D0367	Cone beam CT capture and interpretation with field of view of both jaws with or without cranium	\$313.60
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	\$304.80
D0369	Maxillofacial MRI capture and interpretation	\$312.00
D0370	Maxillofacial ultrasound capture and interpretation	\$438.40
D0371	Sialoendoscopy capture and interpretation	\$435.20
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw	\$278.40

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D0381	Cone beam CT image capture with field of view of one full dental arch - mandible	\$307.20
D0382	Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	\$310.40
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	\$175.00
D0384	Cone beam CT capture for TMJ series including two or more exposures	\$291.20
D0385	Maxillofacial MRI image capture	\$436.80
D0386	Maxillofacial ultrasound image capture	\$393.60
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$254.40
D0393	Treatment simulation using 3D image volume	\$229.60
D0394	Digital subtraction of two or more images or image volumes of the same modality	\$236.00
D0395	Fusion of two or more 3D image volumes of one or more modalities	\$285.60
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission or written report	\$112.00
D0415	Collection of microorganisms for culture and sensitivity	\$111.00
D0416	Viral culture	\$105.00
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	\$120.00
D0418	Analysis of saliva sample	\$99.00
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	\$97.00
D0423	Genetic test for susceptibility to diseases - specimen analysis	\$100.00
D0425	Caries susceptibility tests	\$47.00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$44.00
D0460	Pulp vitality tests	\$37.00
D0470	Diagnostic casts	\$73.00
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$78.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$106.00
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$124.00
D0475	Decalcification procedures	\$129.00
D0476	Special stains for microorganisms	\$191.00
D0477	Special stains, not for microorganisms	\$197.00
D0478	Immunohistochemical stains	\$107.00
D0479	Tissue in-situ hybridization, including interpretation	\$149.00
D0480	Processing and interpretation of exfoliative cytologic smears, including the preparation and transmission of written report	\$109.00
D0481	Electron microscopy-diagnostic	\$128.00
D0482	Direct immunofluorescence	\$66.00
D0483	Indirect immunofluorescence	\$79.00
D0484	Consultation on slides prepared elsewhere	\$108.00

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D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	\$125.00
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$101.00
D0502	Other oral pathology procedures, by report	\$168.00
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	\$0.00
D0601	Caries risk assessment and documentation, with a finding of low risk	\$67.20
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$61.60
D0603	Caries risk assessment and documentation, with a finding of high risk	\$61.60
D0999	Unspecified diagnostic procedure, by report	\$114.40
D1110	Prophylaxis - adult	\$60.00
D1120	Prophylaxis - child	\$43.00
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$27.00
D1208	Topical application of fluoride - excluding varnish	\$24.00
D1310	Nutritional counseling for control of dental disease	\$44.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$48.00
D1330	Oral hygiene instructions	\$47.20
D1351	Sealant - per tooth	\$36.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$68.00
D1353	Sealant repair - per tooth	\$36.00
D1354	Interim caries arresting medicament application	\$37.00
D1510	Space maintainer - fixed - unilateral	\$213.00
D1515	Space maintainer - fixed - bilateral	\$288.00
D1520	Space maintainer - removable - unilateral	\$258.00
D1525	Space maintainer - removable - bilateral	\$328.00
D1550	Re-cement or re-bond space maintainer	\$54.00
D1555	Removal of fixed space maintainer	\$53.00
D1575	Distal shoe space maintainer - fixed - unilateral	\$204.00
D1999	Unspecified preventive procedure, by report	\$112.80
D2140	Amalgam - one surface, primary or permanent	\$96.00
D2150	Amalgam - two surfaces, primary or permanent	\$120.00
D2160	Amalgam - three surfaces, primary or permanent	\$147.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$174.00
D2330	Resin-based composite - one surface, anterior	\$113.00
D2331	Resin-based composite - two surfaces, anterior	\$126.00
D2332	Resin-based composite - three surfaces, anterior	\$147.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$193.00
D2390	Resin-based composite crown, anterior	\$304.00
D2391	Resin-based composite - one surface, posterior	\$123.00
D2392	Resin-based composite - two surfaces, posterior	\$159.00
D2393	Resin-based composite - three surfaces, posterior	\$195.00
D2394	Resin-based composite - four or more surfaces, posterior	\$235.00
D2410	Gold foil - one surface	\$422.00

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ADA CODE	PROCEDURE DESCRIPTION	FEES
D2420	Gold foil - two surfaces	\$491.00
D2430	Gold foil - three surfaces	\$546.00
D2510	Inlay - metallic - one surface	\$571.00
D2520	Inlay - metallic - two surfaces	\$615.00
D2530	Inlay - metallic- three or more surfaces	\$655.00
D2542	Onlay - metallic - two surfaces	\$675.00
D2543	Onlay - metallic - three surfaces	\$712.00
D2544	Onlay - metallic - four or more surfaces	\$743.00
D2610	Inlay - porcelain/ceramic - one surface	\$617.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$646.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$680.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$695.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$722.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$750.00
D2650	Inlay - resin-based composite composite/resin - one surface	\$573.00
D2651	Inlay - resin-based composite composite/resin - two surfaces	\$592.00
D2652	Inlay - resin-based composite composite/resin - three or more surfaces	\$623.00
D2662	Onlay - resin-based composite composite/resin - two surfaces	\$632.00
D2663	Onlay - resin-based composite composite/resin - three surfaces	\$661.00
D2664	Onlay - resin-based composite composite/resin - four or more surfaces	\$687.00
D2710	Crown - resin - based composite (indirect)	\$624.00
D2712	Crown - 3/4 resin - based composite (indirect)	\$677.00
D2720	Crown - resin with high noble metal	\$722.00
D2721	Crown - resin with predominantly base metal	\$685.00
D2722	Crown - resin with noble metal	\$707.00
D2740	Crown - porcelain/ceramic substrate	\$780.00
D2750	Crown - porcelain fused to high noble metal	\$781.00
D2751	Crown - porcelain fused to predominantly base metal	\$712.00
D2752	Crown - porcelain fused to noble metal	\$744.00
D2780	Crown - 3/4 cast high noble metal	\$747.00
D2781	Crown - 3/4 cast predominately base metal	\$702.00
D2782	Crown - 3/4 cast noble metal	\$723.00
D2783	Crown - 3/4 porcelain/ceramic	\$762.00
D2790	Crown - full cast high noble metal	\$801.00
D2791	Crown - full cast predominantly base metal	\$705.00
D2792	Crown - full cast noble metal	\$742.00
D2794	Crown - titanium	\$764.00
D2799	Provisional crown	\$295.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$76.00
D2915	Re-cement or rebond indirectly fabricated or prefabricated post and core	\$73.00
D2920	Re-cement or re-bond crown	\$73.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$160.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$238.00
D2930	Prefabricated stainless steel crown - primary tooth	\$183.00

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D2931	Prefabricated stainless steel crown - permanent tooth	\$208.00
D2932	Prefabricated resin crown	\$229.00
D2933	Prefabricated stainless steel crown with resin window	\$236.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$248.00
D2940	Protective restoration	\$80.00
D2941	Interim therapeutic restoration - primary dentition	\$101.00
D2949	Restorative foundation for an indirect restoration	\$138.00
D2950	Core buildup, including any pins	\$180.00
D2951	Pin retention - per tooth, in addition to restoration	\$48.00
D2952	Cast post and core in addition to crown	\$277.00
D2953	Each additional cast post - same tooth	\$202.00
D2954	Prefabricated post and core in addition to crown	\$232.00
D2955	Post removal (not in conjunction with endodontic therapy)	\$198.00
D2957	Each additional prefabricated post - same tooth	\$131.00
D2960	Labial veneer (resin laminate) - chairside	\$431.00
D2961	Labial veneer (resin laminate) - laboratory	\$647.00
D2962	Labial veneer (porcelain laminate) - laboratory	\$796.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$126.00
D2975	Coping	\$420.00
D2980	Crown repair, necessitated by restorative material failure	\$191.00
D2981	Inlay repair necessitated by restorative material failure	\$183.00
D2982	Onlay repair necessitated by restorative material failure	\$189.00
D2983	Veneer repair necessitated by restorative material failure	\$193.00
D2990	Resin infiltration of incipient smooth surface lesions	\$115.00
D2999	Unspecified restorative procedure, by report	\$188.80
D3110	Pulp cap - direct (excluding final restoration)	\$55.00
D3120	Pulp cap - indirect (excluding final restoration)	\$55.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinoenamel junction and application of medicament	\$135.00
D3221	Pulpal debridement, primary and permanent teeth	\$156.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$195.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$185.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$207.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$516.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$586.00
D3330	Endodontic therapy, molar (excluding final restoration)	\$711.00
D3331	Treatment of root canal obstruction; non-surgical access	\$387.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$303.00
D3333	Internal root repair of perforation defects	\$225.00
D3346	Retreatment of previous root canal therapy - anterior	\$592.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$672.00

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ADA CODE	PROCEDURE DESCRIPTION	FEES
D3348	Retreatment of previous root canal therapy - molar	\$800.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$239.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$174.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$356.00
D3355	Pulpal regeneration - initial visit	\$361.60
D3356	Pulpal regeneration - interim medication replacement	\$226.40
D3357	Pulpal regeneration - completion of treatment	\$241.00
D3410	Apicoectomy/periradicular surgery - anterior	\$478.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$534.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$599.00
D3426	Apicoectomy/periradicular surgery - (each additional root)	\$270.00
D3427	Periradicular surgery without apicoectomy	\$414.00
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	\$352.00
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$272.00
D3430	Retrograde filling - per root	\$186.00
D3431	Biologic materials to aid in soft osseous tissue regeneration in conjunction with periradicular surgery	\$304.00
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$324.00
D3450	Root amputation - per root	\$324.00
D3460	Endodontic endosseous implant	\$1,005.00
D3470	Intentional reimplantation (including necessary splinting)	\$531.00
D3910	Surgical procedure for isolation of tooth with rubber dam	\$147.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$306.00
D3950	Canal preparation and fitting of preformed dowel or post	\$167.00
D3999	Unspecified endodontic procedure, by report	\$230.40
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$415.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$209.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$174.00
D4230	Anatomical crown exposure – four or more contiguous teeth per quadrant	\$507.00
D4231	Anatomical crown exposure – one to three teeth per quadrant	\$394.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$497.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$414.00
D4245	Apically positioned flap	\$528.00
D4249	Clinical crown lengthening - hard tissue	\$519.00

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ADA CODE	PROCEDURE DESCRIPTION	FEES
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$728.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$592.00
D4263	Bone replacement graft - first site in quadrant	\$429.00
D4264	Bone replacement graft - each additional site in quadrant	\$333.00
D4265	Bioogic materials to aid in soft and osseous tissue regeneration	\$355.00
D4266	Guided tissue regeneration - resorbable barrier, per site	\$508.00
D4267	Guided tissue regeneration - nonresorbable barrier, per site, (includes membrane removal)	\$582.00
D4268	Surgical revision procedure, per tooth	\$530.00
D4270	Pedicle soft tissue graft procedure	\$555.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$729.00
D4274	Distal/distal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$450.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$688.00
D4276	Combined connective tissue and double pedicle graft, per tooth	\$725.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$645.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in <u>same graft site</u>	\$420.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in <u>same frate site</u>	\$517.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or <u>edentuious tooth position in same frate site</u>	\$507.00
D4320	Provisional splinting - intracoronal	\$340.00
D4321	Provisional splinting - extracoronal	\$311.00
D4341	Periodontal scaling and root planing, - four or more teeth per quadrant	\$174.00
D4342	Periodontal scaling and root planing, - one to three teeth per quadrant	\$124.00
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$93.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$123.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$102.40
D4910	Periodontal maintenance	\$92.00
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$68.00
D4921	Givgival irrigation - per quadrant	\$30.00
D4999	Unspecified periodontal procedure, by report	\$135.20
D5110	Complete denture - maxillary	\$1,134.00
D5120	Complete denture - mandibular	\$1,179.00

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ADA CODE	PROCEDURE DESCRIPTION	FEES
D5130	Immediate denture - maxillary	\$1,258.00
D5140	Immediate denture - mandibular	\$1,263.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$923.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$923.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,218.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,228.00
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$972.00
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$963.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,198.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,194.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$1,082.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$1,076.00
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$663.00
D5410	Adjust complete denture - maxillary	\$60.00
D5411	Adjust complete denture - mandibular	\$60.00
D5421	Adjust partial denture - maxillary	\$60.00
D5422	Adjust partial denture - mandibular	\$59.00
D5510	Repair broken complete denture base	\$144.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$128.00
D5610	Repair resin denture base	\$141.00
D5620	Repair cast framework	\$196.00
D5630	Repair or replace broken clasp - per tooth	\$183.00
D5640	Replace broken teeth - per tooth	\$128.00
D5650	Add tooth to existing partial denture	\$154.00
D5660	Add clasp to existing partial denture - per tooth	\$183.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$499.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$508.00
D5710	Rebase complete maxillary denture	\$404.00
D5711	Rebase complete mandibular denture	\$407.00
D5720	Rebase maxillary partial denture	\$386.00
D5721	Rebase mandibular partial denture	\$385.00
D5730	Reline complete maxillary denture (chairside)	\$255.00
D5731	Reline complete mandibular denture (chairside)	\$253.00
D5740	Reline maxillary partial denture (chairside)	\$251.00
D5741	Reline mandibular partial denture (chairside)	\$251.00
D5750	Reline complete maxillary denture (laboratory)	\$313.00
D5751	Reline complete mandibular denture (laboratory)	\$323.00

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ADA CODE	PROCEDURE DESCRIPTION	FEES
D5760	Reline maxillary partial denture (laboratory)	\$319.00
D5761	Reline mandibular partial denture (laboratory)	\$319.00
D5810	Interim complete denture (maxillary)	\$586.00
D5811	Interim complete denture (mandibular)	\$585.00
D5820	Interim partial denture (maxillary)	\$477.00
D5821	Interim partial denture (mandibular)	\$474.00
D5986	Fluoride gel carrier	\$181.60
D5987	Commissure splint	\$902.40
D6010	Surgical placement of implant body; endosteal implant	\$1,297.00
D6011	Second stage implant surgery	\$267.00
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$1,068.00
D6013	Surgical placement of mini implant	\$635.00
D6040	Surgical placement; eposteal implant	\$6,298.40
D6050	Surgical placement; transosteal implant	\$3,486.00
D6051	Interim adutment	\$323.00
D6052	Semi-precision attachment abutment	\$502.00
D6055	Dental implant supported connecting bar	\$2,007.00
D6056	Prefabricated abutment - includes placement	\$498.00
D6057	Custom abutment - includes placement	\$602.00
D6058	Abutment supported porcelain/ceramic crown	\$964.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$972.00
D6060	Abutment supported porcelain fused to metal crown (predominately base metal)	\$891.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$917.00
D6062	Abutment supported cast metal crown (high noble metal)	\$942.00
D6063	Abutment supported cast metal crown (predominately base metal)	\$882.00
D6064	Abutment supported cast metal crown (noble metal)	\$917.00
D6065	Implant supported porcelain/ceramic crown	\$1,009.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$1,030.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$1,043.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$973.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$972.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$921.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$988.00
D6073	Abutment supported retainer for cast metal FPD (predominately base metal)	\$915.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$912.00
D6075	Implant supported retainer for ceramic FPD	\$1,017.00
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$1,031.00
D6080	Implant maintenance procedures, including removal or prosthesis, cleansing prosthesis and abutments and reinsertion of prosthesis	\$195.00

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ADA CODE	PROCEDURE DESCRIPTION	FEES
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$186.00
D6090	Repair implant supported prosthesis, by report	\$632.00
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$389.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$102.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$123.00
D6094	Abutment supported crown - (titanium)	\$934.00
D6095	Repair implant abutment, by report	\$616.80
D6101	Debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	\$450.00
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	\$545.00
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately	\$465.00
D6104	Bone graft at time of implant placement	\$408.00
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$1,839.00
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	\$1,816.00
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	\$1,778.00
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	\$1,815.00
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	\$4,418.00
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	\$4,043.00
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	\$3,084.00
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	\$3,138.00
D6190	Radiographic/surgical implant index, by report	\$363.20
D6194	Abutment supported retainer crown for FPD - titanium	\$906.00
D6199	Unspecified implant procedure, by report	\$727.20
D6205	Pontic - indirect resin based composite	\$663.00
D6210	Pontic - cast high noble metal	\$765.00
D6211	Pontic - cast predominantly base metal	\$706.00
D6212	Pontic - cast noble metal	\$728.00
D6214	Pontic - titanium	\$747.00
D6240	Pontic - porcelain fused to high noble metal	\$777.00
D6241	Pontic - porcelain fused to predominantly base metal	\$712.00
D6242	Pontic - porcelain fused to noble metal	\$744.00
D6245	Pontic - porcelain/ceramic	\$777.00
D6250	Pontic - resin with high noble metal	\$744.00

2021 PLATINUM LOYALTY PLAN FEE SCHEDULE

ADA CODE	PROCEDURE DESCRIPTION	FEES
D6251	Pontic - resin with predominantly base metal	\$724.00
D6252	Pontic - resin with noble metal	\$714.00
D6253	Provisional pontic	\$472.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$568.00
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$636.00
D6549	Resin retainer - for resin bonded fixed prosthesis	\$576.00
D6600	Inlay - porcelain/ceramic, two surfaces	\$657.00
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$697.00
D6602	Inlay - cast high noble metal, two surfaces	\$666.00
D6603	Inlay - cast high noble metal, three or more surfaces	\$699.00
D6604	Inlay - cast predominantly base metal, two surfaces	\$655.00
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$680.00
D6606	Inlay - cast noble metal, two surfaces	\$663.00
D6607	Inlay - cast noble metal, three or more surfaces	\$657.00
D6608	Onlay - porcelain.ceramic, two surfaces	\$712.00
D6609	Onlay - porcelain.ceramic, three or more surfaces	\$746.00
D6610	Onlay - cast high noble metal, two surfaces	\$725.00
D6611	Onlay - cast high noble metal, three or more surfaces	\$747.00
D6612	Onlay - cast predominantly base metal, two surfaces	\$689.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$714.00
D6614	Onlay - cast noble metal, two surfaces	\$693.00
D6615	Onlay - cast noble metal, three or more surfaces	\$733.00
D6624	Inlay - titanium	\$712.00
D6634	Onlay - titanium	\$744.00
D6710	Crown - indirect resin based composite	\$671.00
D6720	Crown - resin with high noble metal	\$733.00
D6721	Crown - resin with predominantly base metal	\$701.00
D6722	Crown - resin with noble metal	\$730.00
D6740	Crown - porcelain/ceramic	\$781.00
D6750	Crown - porcelain fused to high noble metal	\$783.00
D6751	Crown - porcelain fused to predominantly base metal	\$718.00
D6752	Crown - porcelain fused to noble metal	\$744.00
D6780	Crown - 3/4 cast high noble metal	\$744.00
D6781	Crown - 3/4 cast predominately base metal	\$714.00
D6782	Crown - 3/4 cast noble metal	\$734.00
D6783	Crown - 3/4 porcelain/ceramic	\$747.00
D6790	Crown - full cast high noble metal	\$777.00
D6791	Crown - full cast predominantly base metal	\$705.00
D6792	Crown - full cast noble metal	\$731.00
D6793	Provisional retainer crown	\$349.00
D6794	Crown - titanium	\$730.00
D6920	Connector bar	\$692.00
D6930	Re-cement or re-bond fixed partial denture	\$117.00
D6940	Stress breaker	\$282.00
D6950	Precision attachment	\$438.00

2021 PLATINUM LOYALTY PLAN FEE SCHEDULE

ADA CODE	PROCEDURE DESCRIPTION	FEES
D6980	Fixed partial denture repair, by report	\$344.00
D6985	Pediatric partial denture, fixed	\$601.00
D6999	Unspecified, fixed prosthodontic procedure, by report	\$466.40
D7111	Extraction, coronal remnants - deciduous tooth	\$90.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$121.00
D7210	Extraction, erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$189.00
D7220	Removal of impacted tooth - soft tissue	\$216.00
D7230	Removal of impacted tooth - partially bony	\$270.00
D7240	Removal of impacted tooth - completely bony	\$328.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$384.00
D7250	Removal of residual tooth roots (cutting procedure)	\$206.00
D7251	Coronectomy	\$303.00
D7260	Oroantral fistula closure (Range: \$300 - \$1500 depending on complexity)	\$659.00
D7261	Primary closure of a sinus perforation	\$504.00
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth	\$375.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$495.00
D7280	Exposure of an unerupted tooth	\$321.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$323.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$318.00
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$290.00
D7286	Incisional biopsy of oral tissue - soft	\$223.00
D7287	Exfoliative cytology sample collection	\$120.00
D7288	Brush biopsy - transepithelial sample collection	\$128.00
D7290	Surgical repositioning of teeth	\$323.00
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$264.00
D7292	Placement: temporary anchorage device [screw retained plate] requiring flap	\$2,464.00
D7293	Placement of temporary anchorage device without flap	\$2,051.20
D7294	Placement of temporary anchorage device without flap	\$1,300.00
D7295	Bone harvest,auto graft proc	\$821.60
D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$202.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth of tooth spaces, per quadrant	\$204.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$298.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth of tooth spaces, per quadrant	\$281.00
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$1,158.40
D7350	Vestibuloplasty - ridge extension	\$2,132.00
D7410	Excision of benign lesion up to 1.25 cm	\$380.80
D7411	Excision of benign lesion greater than 1.25 cm	\$544.80
D7412	Excision of benign lesion, complicated	\$818.40
D7413	Excision of malignant lesion up to 1.25 cm	\$662.40

2021 PLATINUM LOYALTY PLAN FEE SCHEDULE

ADA CODE	PROCEDURE DESCRIPTION	FEES
D7415	Excision of malignant lesion, complicated	\$1,077.60
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$762.40
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	\$1,318.40
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$549.60
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$798.40
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$508.00
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$811.20
D7465	Destruction of lesion by physical or chemical method, by report	\$379.20
D7471	Removal of lateral exostosis - (maxilla or mandible)	\$465.00
D7473	Removal of torus mandibularis	\$534.00
D7485	Reduction of osseous tuberosity	\$485.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$163.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$237.00
D7520	Incision and drainage of abscess - extraoral soft tissue	\$306.00
D7630	Mandible - open reduction (teeth immobilized, if present)	\$3,785.60
D7640	Mandible - closed reduction (teeth immobilized, if present)	\$2,856.80
D7650	Malar and/or zygomatic arch - open reduction	\$3,156.00
D7912	Complicated suture - greater than 5 cm	\$728.80
D7921	Collection and application of autologous blood concentrate product	\$370.40
D7940	Osteoplasty - orthognathic deformities	\$3,416.00
D7941	Osteotomy - mandibular rami	\$7,520.00
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	\$7,253.60
D7944	Osteotomy - segmented or subapical - per sextant or quadrant	\$5,833.60
D7945	Osteotomy - body of mandible	\$5,932.80
D7951	Sinus augmentation with bone or bone substitutes	\$2,608.00
D7952	Sinus augmentation via a vertical approach	\$1,742.40
D7953	Bone replacement graft for ridge perservation - per site	\$616.80
D7955	Repair of maxillofacial soft and hard tissue defect	\$2,951.20
D7960	Frenulectomy - also know as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$380.80
D7963	Frenuloplasty	\$433.60
D7970	Excision of hyperplastic tissue - per arch	\$436.00
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$305.60
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	\$2,100.80
D7999	Unspecified oral surgery procedure, by report	\$554.40
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$86.00
D9120	Fixed partial denture sectioning	\$153.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$200.00
D9211	Regional block anesthesia	\$78.40
D9212	Trigeminal division block anesthesia	\$215.20

2021 PLATINUM LOYALTY PLAN FEE SCHEDULE

ADA CODE	PROCEDURE DESCRIPTION	FEES
D9215	Local anesthesia	\$56.00
D9219	Evaluation for deep sedation or general anesthesia	\$90.40
D9223	Deep sedation/General anesthesia - each 15 minute increment	\$144.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$50.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	\$128.00
D9248	Non-intravenous conscious sedation	\$272.00
D9310	Consultation (diagnostic service provided by a dentist or physician other than practitioner providing treatment)	\$84.00
D9311	Consultation with a medical health care professional	\$84.00
D9410	House/extended care facility call	\$154.00
D9420	Hospital call	\$193.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$50.00
D9440	Office visit - after regularly scheduled hours	\$117.00
D9450	Case presentation, detailed and extensive treatment planning	\$97.00
D9610	Therapeutic drug injection, by report	\$93.60
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$125.00
D9630	Other drugs and/or medicaments dispensed in the office for home use	\$38.40
D9910	Application of desensitizing medicament	\$37.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$48.00
D9920	Behavior management, by report	\$129.60
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$108.80
D9932	Cleaning and inspection of removable complete denture, maxillary	\$24.00
D9420	Hospital call	\$193.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$50.00
D9440	Office visit - after regularly scheduled hours	\$117.00
D9450	Case presentation, detailed and extensive treatment planning	\$97.00
D9610	Therapeutic drug injection, by report	\$93.60
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$125.00
D9630	Other drugs and/or medicaments dispensed in the office for home use	\$38.40
D9910	Application of desensitizing medicament	\$37.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$48.00
D9920	Behavior management, by report	\$129.60
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$108.80
D9932	Cleaning and inspection of removable complete denture, maxillary	\$24.00
D9933	Cleaning and inspection of removable complete denture, mandibular	\$24.00
D9934	Cleaning and inspection of removable partial denture, maxillary	\$24.00
D9935	Cleaning and inspection of removable partial denture, mandibular	\$24.00
D9940	Occlusal guard, by report	\$504.80
D9941	Fabrication of athletic mouthguard	\$161.00
D9942	Repair and/or reline of occlusal guard	\$164.00

2021 PLATINUM LOYALTY PLAN FEE SCHEDULE

ADA CODE	PROCEDURE DESCRIPTION	FEES
D9943	Occlusal guard adjustment	\$87.20
D9950	Occlusion analysis - mounted case	\$232.00
D9951	Occlusal adjustment - limited	\$118.00
D9952	Occlusal adjustment - complete	\$446.00
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	\$111.00
D9972	External bleaching - per arch - performed in office	\$349.00
D9973	External bleaching - per tooth	\$207.20

