

Schedule of Member Fees For Network General Dentists Utah

Code	Procedure Description	Patient Fee	Code	Procedure Description	Patient Fee
PREVENTIVE			CROWNS (cont.)		
D120	Periodic oral examination	17	D2792	Crown - full cast noble metal	351
D150	Comprehensive oral exam	15	D2930	Prefab stainl stl crwn - prim tooth	63
D170	Re-evaluation	11	D2931	Prefab stainl stl crwn - perm tooth	65
D210	18 Films including bitewings	35	D3110	Pulp cap-direct excl. final rest.	19
D220	Intraoral - Periapical-first film	8	D3120	Pulp cap-indirect excl. final rest.	15
D230	Intraoral - Periapical-each add film	6	D3220	Therapeutic pulpotomy excl. final rest.	48
D240	Intraoral - Occlusal film	5	D3310	Root canal therapy - ant. Excl. final rest.	245
D250	Extraoral - first film	4	ENDODONTICS (ROOT CANALS)		
D260	Extraoral - each additional	4	D3320	Root canal therapy - bicuspid excl. final rest.	306
D272	Bitewings - two films	11	D3330	Root canal therapy - molar excl. final rest.	395
D330	Panoramic film	37	D3346	Retreatment of prev. root canal ther. - ant.	215
D1110	Prophylaxis - adult	37	D3347	Retreatment of prev. root canal ther. - bic.	266
D1120	Prophylaxis - child	25	D3348	Retreatment of prev. root canal ther. - mol.	340
BASIC			PERIODONTICS		
D140	Limited oral examination	10	D4341	Perio. Root planning 4+per quad	20% discount
D1351	Sealant - per tooth (age 14 and under)	19	D4355	Full mouth debridement	61
Amalgam (Silver) Fillings			D4910	Perio. Main. Proc. After active therapy	70
D2140	Amalgam - 1 surface	40	PROSTHODONTICS (DENTURES)		
D2150	Amalgam - 2 surface	50	D5110	Complete denture - upper	508
D2160	Amalgam - 3 surface	61	D5120	Complete denture - lower	508
D2161	Amalgam - 4 or more surfaces	70	D5130	Immediate denture - upper	529
Anterior Composite (White) Fillings			D5140	Immediate denture - lower	529
D2330	Resin - 1 surface anterior	62	D5211	Maxil. Part. denture - resin base	20% discount
D2331	Resin - 2 surface anterior	72	D5212	Mand. Part. denture - resin base	20% discount
D2332	Resin - 3 surface anterior	83	ORAL SURGERY		
D2335	Resin - 4 or more surfaces	97	D7111	Extraction of primary tooth	36
Posterior Composite (White) Fillings			D7140	Extraction of erupted tooth	45
D2391	Resin - 1 surface posterior	62	D7210	Surgical removal of erupted tooth	82
D2392	Resin - 2 surface posterior	82	D7220	Removal of impacted tooth - part. Bony	101
D2393	Resin - 3 surface posterior	100	D7230	Removal of impact. Tooth - compl. Bony	20% discount
D2394	Resin - 4 or more surfaces	106	D7240	Removal impact. Tooth - compl. Bony	20% discount
ONLAYS			D7510	Incision & drain intraoral abscess	20% discount
D2642	Onlay - porcelain / ceramic - 2 surfaces	325	MISCELLANEOUS		
D2643	Onlay - porcelain / ceramic - 3 surfaces	365	D0999	OSHA infection and sterilization	10
D2644	Onlay - porcelain / ceramic - 4 surfaces	410	D9110	Pall. - emerg. treat. of pain - minor proc.	29
CROWNS			D2940	Sedative fillings	30
D2740	Crown - porc./cream substrate	410	D9430	Office visit observ. - sched hrs. - no other serv.	25
D2750	Crown - porc. Hi nob. Metal	452	D9440	Office visit observ. - after regular scheduled hours	36
D2751	Crown - porc predom base metal	433	D9972	External bleaching per arch	20% discount
D2752	Crown - porc noble metal	440			
D2790	Crown - full cast hi nob. Metal	415			
D2791	Crown - full cast predom noble metal	347			

This is not a complete list of procedures. You will receive the complete version with your plan ID card. Any procedure not listed is available on a fee for service basis, no discount will apply. This sample of fees is valid through June 30, 2010.