



EasyCare Discount Dental Plan - Fee Schedule

Fees listed on the Fee schedule apply to procedures performed by a licensed general dentist or as specified on the Fee scheduled. Services of a dental specialist (Endodontist, Oral Surgeons, Periodontists, Pediatric Dentist) are available at a 35% discount off of the specialist usual and customary rate. Exclusions and Limitations apply.

Right Care Dental's EasyCare Loyalty Program is an internal program offered by RIGHT CARE DENTAL, LLC, and THIS PROGRAM IS NOT INSURANCE, or a registered or regulated insurance or discount plan and reduced Fees under the Program are not insurance benefits. It is not intended to replace health insurance. The Program is a loyalty program offered to Right Care Dental patients who join to save on their dental care. The Program member benefits are available exclusively at Right Care Dental practices in Florida. Refer to Right Care Dental's website for practice locations www.rightcaredental.com

DIAGNOSTIC PROCEDURES		
GD Procedure Code	ADA Description	EasyCare Fee
D0120	Periodic oral evaluation-established	\$0
D0140	Limited oral evaluation - Problem focused	\$0
D0145	Oral Eval of Pt < 3 yrs old	\$54
D0150	Comp oral eval-new/estab pat	\$0
D0160	Detail/extensive oral eval, B/R	\$123
D0170	Limited re-evaluation estab pat	\$58
D0171	Re-evaluation-post op Office Visit	\$0
D0180	Comprehensive perio evaluation	\$90
D0190	Screening of patient	\$64
D0191	Assessment of patient	\$56
D0210	Intraoral-complete series	\$0
D0220	Intraoral-periapical-1st image	\$0
D0230	Intraoral-periapical-each add'l	\$0
D0240	Intraoral-occlusal image	\$0
D0250	Extraoral 2D images	\$0
D0251	Extra-Oral Posterior Radiographic Image	\$0
D0270	Bitewing-single image	\$0
D0272	Bitewings-two films	\$0
D0273	Bitewings-three images	\$0
D0274	Bitewings-four films	\$0
D0277	Vertical bitewings-7 to 8 images	\$0
D0310	Sialography	\$288
D0320	TMJ arthrogram, incl injection	\$448
D0321	Other TMJ images, by report	\$162
D0322	Tomographic survey	\$389
D0330	Panoramic image	\$0



D0340	2D cephalometric image	\$95
D0350	2D Oral/facial photo images-intra/extra	\$0
D0351	3D photographic image	\$125
D0364	cone beam CT capture < one whole jaw	\$275
D0365	cone beam CT capt & interpret mandible	\$294
D0366	cone beam CT capt & interpret maxilla	\$283
D0367	cone beam CT capt & interpret both jaws	\$283
D0368	cone beam CT for TMJ including 2+ expose	\$294
D0369	maxillofacial MRI & interpretation	\$545
D0370	maxillofacial ultrasound & Interpret	\$316
D0371	Sialoendoscopy Capture & Interpret	\$402
D0380	cone beam CT < one whole jaw	\$246
D0381	cone beam CT image of mandible	\$268
D0382	cone beam CT image of maxilla	\$272
D0383	cone beam CT image of both jaws	\$277
D0384	cone beam CT for TMJ 2 +exposures	\$275
D0385	maxillofacial MRI image	\$389
D0386	Maxillofacial Ultrasound Image Capture	\$342
D0391	interpret image Dr not associated	\$174
D0393	TX simulation using 3D volume	\$203
D0394	Digital Subtract 2+ Img Same Modality	\$214
D0395	fusion of two+ 3D image of 1+ mod	\$244
D0412	Blood Glucose Level Test - In-Office	\$49
D0414	Lab Microbial Specimen	\$163
D0415	Bacteriologic studies	\$138
D0416	Viral Culture	\$128
D0417	Collection of saliva sample	\$155
D0418	Analysis of saliva sample	\$122
D0419	Assessment of salivary flow measurement	\$0
D0422	Col & Prep Genetic Material-Lab & Report	\$56
D0423	Genetic Test-Susceptibility to Disease	\$65
D0425	Caries susceptibility tests	\$69
D0431	Advanced Oral Cancer Screening	\$35
D0460	Pulp vitality tests	\$47
D0470	Diagnostic casts	\$93
D0472	Accession of tiss, gr exam/rpt	\$98
D0473	Acc of tissue, gr mic exam/rpt	\$129
D0474	Acc of tiss-gr mic ex surg mar	\$147
D0475	Decalcification Procedures	\$158
D0476	Special stains for microorganis	\$227



D0477	Special stains not microorganis	\$227
D0478	Immunohistochemical stains	\$129
D0479	Tissue in-situ hybrid w/interpr	\$174
D0480	Proc & intrp of cytologic smear	\$127
D0481	Electron Microscopy	\$162
D0482	Direct Immunofuorescence	\$84
D0483	Indirect Immunofluorescence	\$96
D0484	Consultation Slides (elsewhere)	\$132
D0485	Consultation Biopsy Material	\$152
D0486	Accession Of Transepithelial Cytologic	\$129
D0502	Other oral path procedure, B/R	\$128
D0600	NON Ionizing Diagnostic PROC	\$182
D0601	caries assessment & Doc, low risk	\$60
D0602	Caries risk assessment & Doc, moderate	\$57
D0603	Caries risk assessment & Doc, high risk	\$59
D0604	Antigen testing includes Coronavirus	\$15
D0605	Antibody testing included Coroavirus Image	\$15
D0701	Only Pano Xray	\$65
D0702	Image Only 2-D Ceph	\$75
D0703	Image Only Oral/Facial Image	\$50
D0704	Image Only 3-D Image	\$71
D0705	Image Only Extra Oral Posterior	\$59
D0706	Image Only Occlusal xray	\$38
D0707	Image Only Periapical Xray	\$36
D0708	Image Only Bitewing Xray	\$36
D0709	Image Only Full Mouth Xray	\$82
D0999	Unspecified Diagnostic Procedure by Report	\$0

PREVENTATIVE PROCEDURES

GD Procedure Code	ADA Description	EasyCare Fee
D1110	Prophy Adult	\$35
D1120	Prophylaxis-child	\$35
D1206	Topical Application Of Varnish	\$35
D1208	Topical Application Of Fluoride Nutritional	\$25
D1310	counseling	\$52
D1320	Tobacco counseling	\$60
D1321	Conseling for High Risk Substance Use Oral	\$60
D1330	hygiene instruction	\$43
D1351	Sealant-per tooth	\$30
D1352	Preventive Restoration, Perm Th	\$88



D1353	Sealant Repair - per tooth	\$48
D1354	Interim Caries Arresting Medicament Appl	\$62
D1355	Caries Preventive Medicament per Tth	\$62
D1510	Space maint-fixed-unilateral	\$248
D1516	Space Maintainer-fixed bilateral, Maxillary	\$333
D1517	Space Maintainer-fixed bilateral, Mandibular	\$333
D1520	Space maint-remov-unilateral	\$303
D1526	Space Maintainer-Removable bilateral, Max	\$387
D1527	Space Maintainer-Removable bilateral, Man	\$387
D1551	Re-cement/Re-bond bilateral Space Maxlry	\$65
D1552	Re-cement/Re-bond bilateral Space Mand	\$65
D1553	Re-cement/Re-bond unilateral by Quad	\$65
D1556	Remove fix unilateral sp maint by Quad	\$65
D1557	Remove fix bilateral sp maint maxillary	\$65
D1558	Remove fix bilateral sp maint mandblar	\$65
D1575	Distal Space Maintainer Fixed	\$241
D1999	Unspecified Preventive Procedure by Report	\$30

RESTORATIVE PROCEDURES

GD Procedure Code	ADA Description	EasyCare Fee
D2140	Amalgam-1 surf. prim/perm	\$116
D2150	Amalgam-2 surf. prim/perm	\$145
D2160	Amalgam-3 surf. prim/perm	\$179
D2161	Amalgam-4+ surf. prim/perm	\$210
D2330	Resin-one surface, anterior	\$100
D2331	Resin-two surfaces, anterior	\$125
D2332	Resin-three surfaces, anterior	\$150
D2335	Resin-4+ w/incis angle-anterior	\$249
D2390	Resin composite crown, anterior	\$363
D2391	Resin composite-1s, posterior	\$75
D2392	Resin composite-2s, posterior	\$150
D2393	Resin composite-3s, posterior	\$175
D2394	Resin composite-4+s, posterior	\$272
D2510	Inlay-metallic-one surface	\$710
D2520	Inlay-metallic-two surfaces	\$744
D2530	Inlay-metallic-three + surfaces	\$780
D2542	Onlay-metallic-two surfaces	\$814
D2543	Onlay-metallic-three surfaces	\$831
D2544	Onlay-metallic-four + surfaces	\$866
D2610	Inlay-porcel/ceramic-1 surface	\$757



D2620	Inlay-porcel/ceramic-2 surface	\$766
D2630	Inlay-porcel/ceramic-3+ surface	\$800
D2642	Onlay-porcel/ceram-2 surface	\$812
D2643	Onlay-porcel/ceram-3 surface	\$835
D2644	Onlay-porcel/ceram-4 + surface	\$871
D2710	Crown-resin (indirect) Lab	\$753
D2740	Crown-porcelain/ceramic substr	\$800
D2750	Crown-porc fuse high noble mtl	\$850
D2751	Crown-porc fused to base metal	\$829
D2752	Crown-porc fused noble metal	\$860
D2753	Crown-Porcelain fused to titanium/alloy	\$1,072
D2783	Crown-3/4 porcelain/ceramic	\$879
D2790	Crown-full cast high noble mtl	\$929
D2792	Crown-full cast noble metal	\$860
D2794	Crown - Titanium	\$864
D2799	Provisional Crown - Further Tx Prior To Final	\$350
D2910	Re-cement or re-bond inlay/onlay/veneer	\$93
D2915	Recement or Rebond indir or prefab Post Core	\$94
D2920	Re-cement or Re-bond crown	\$93
D2921	Reattach Tooth Frag Incisal Edge Or Cusp	\$202
D2928	Prefab Porcelain/ceramic Crown Permanent	\$188
D2929	Prefab Porcelain/ceramic Crown - Primary	\$287
D2930	Prefab stain steel crn-primary	\$213
D2931	Prefab stain steel crown-perm	\$251
D2932	Prefabricated resin crown	\$279
D2933	Prefab stl crown w/resin window	\$286
D2934	Prefab Esthetic Stainless Crown	\$288
D2940	Protective Restoration not for base or liner	\$103
D2941	Interim Therapeutic Restore - Primary	\$145
D2949	Restorative Foundation Indirect Restore	\$173
D2950	Crown buildup, including pins	\$150
D2951	Pin retention-/tooth, (+ rest)	\$60
D2952	Cast post & core in add to crown	\$328
D2953	Each add'l cast post-same tooth	\$248
D2954	Prefab post&core in add to crn	\$270
D2955	Post removal (not with endo)	\$233
D2957	Each + prefab post-same tooth	\$164
D2960	Labial veneer(laminate)-chairsd	\$543
D2961	Labial veneer (resin lamin)-lab	\$792
D2962	Labial veneer (porceln lam)-lab	\$918



D2971	Additional Pro Construct Crown	\$199
D2975	Coping	\$475
D2980	Crown repair necessitated by material failure	\$236
D2981	Inlay Repair Material Failure	\$225
D2982	Onlay Repair Material Failure	\$227
D2983	Veneer Repair Material Failure	\$237
D2990	Resin Infiltration Smooth Surface	\$142
D2999	Unspecified Restorative by Report	\$0

ENDODONTIC PROCEDURES

GD Procedure Code	ADA Description	EasyCare Fee
D3000	Tooth May Require Endo	\$0
D3110	Pulp cap-direct, (+rest)	\$68
D3120	Pulp cap-indirect, (+ rest)	\$68
D3199	USE CODE D0171 - Endo Post Op	\$0
D3220	Therapeutic pulpotomy(exc rest)	\$165
D3221	Pulpal debridemnt-prim/perm th	\$187
D3222	Partial pulpototomy apexogen	\$236
D3230	Pulpal therapy-anterior,primary	\$218
D3240	Pulpal therapy-posterior, prim	\$240
D3310	Root canal therapy - anterior	\$500
D3320	Root canal therapy - bicuspid	\$686
D3330	Root canal therapy - molar	\$826
D3331	Treatment Rct Obstruct/non-surg	\$465
D3332	Incomplt endo therapy-inopbl th	\$356
D3333	Int root repair of perf defects	\$275
D3346	Retreat, prev RCT - anterior	\$692
D3347	Retreat, prev RCT - bicuspid	\$786
D3348	Retreat, prev RCT - molar	\$935
D3351	Apexification/recalcif,initial or repair	\$291
D3352	Apexification/recalcif, interim	\$210
D3353	Apexification/recalcif, final	\$416
D3355	Pupal Regeneration - Initial Visit	\$342
D3356	Pupal Regeneration Medication Replace	\$215
D3357	pupal regeneration completed TX	\$387
D3410	Apicoectomy/Periradic surg-ant	\$552
D3421	Apicoect/Perirad-bicus/1st root	\$619
D3425	Apicoect/Perirad-molar/1st root	\$692
D3426	Apicoect/Perirad (each + root)	\$324
D3427	INACTIVE Periradicular Surgery W/out Apico	\$512



D3428	Bone Graft W/periradicular 1site	\$462
D3429	Bone Graft W/perirad + Same Site	\$403
D3430	Retrograde filling-per root	\$223
D3431	Biologic W/periradicular Surg	\$411
D3432	Guided Tissue Regeneration Per Site	\$450
D3450	Root amputation-per root	\$393
D3460	Endodontic endosseous implant Intentional	\$1,175
D3470	replant, inc splint	\$631
D3471	Surgical Repair Root Resportion Anterior	\$455
D3472	Surgical Repair Root Resportion PreMolar	\$455
D3473	Surgical Repair Root Resportion Molar	\$455
D3501	Surgical Exposure w/o Repair Anterior	\$455
D3502	Surgical Exposure w/o Repair PreMolar	\$455
D3503	Surgical Exposure w/o Repair Molar	\$455
D3910	Surg isolation of th w/rub dam Hemisection,	\$184
D3920	no root canal there	\$366
D3950	Canal prep/fit of dowel/post	\$200
D3999	Unspecified Endodontic Procedure by Report	\$0

PERIODONTAL PROCEDURES

GD Procedure Code	ADA Description	EasyCare Fee
D4000	May Require Crown Lengthening	\$0
D4110	Perio Charting	\$0
D4210	Gingivectomy-4+ per quadrant	\$427
D4211	Gingivectomy-1-3 th, per quad	\$281
D4212	Gingivectomy/plasty Access Per Tooth	\$231
D4230	Crown Exposure 4+ Teeth /Space Per Quad	\$619
D4231	Crown Exposure 1-3 Teeth/Space Per Quad	\$465
D4240	Ging flap,root pln, 4+ per quad	\$378
D4241	Ging flap,root pln, 1-3 th,quad	\$489
D4245	Apically positioned flap	\$513
D4249	Clinic crown lengthen-hard tiss	\$610
D4260	Osseous surgery incl flap & closure-4+ per Q	\$610
D4261	Osseous surgery incl flap & closure 1-3 th, Q	\$513
D4263	Bone replace graft-1st site/qu	\$366
D4264	Bone replace graft-each add/qu	\$420
D4265	Bio mat, sft&osseous tiss regen	\$293
D4266	Guided tiss regen-resorb-per	\$366
D4267	Guided tiss regen-nonresorb-per	\$562
D4268	Surg revision proc, per tooth	\$605



D4270	Pedicle soft tissue graft proc	\$673
D4273	Autogenous Graft 1st Site	\$610
D4274	Distal/proximal wedge procedure	\$366
D4275	Non-autogenous Con Tis Graft Prc	\$318
D4276	Comb cnct tiss&dbl pedicle grft	\$867
D4277	Free Soft Tissue Graft 1st tooth	\$610
D4278	Free Soft Tissue Graft additional tooth	\$464
D4283	Autogenous Graft Additional Sites	\$667
D4285	Non-Auto Connective Tissue Graft/Add TH	\$659
D4320	Provisional splinting-intracor	\$415
D4321	Provisional splinting-extracor	\$355
D4341	Perio scale&root pln-4+per quad	\$165
D4342	Perio scale&root pln-1-3th	\$115
D4346	Scaling w/Mod-Sev. Inflammation -full mouth	\$75
D4355	Full mouth debridemnt,eval/diag	\$85
D4381	Local delivery of antimicrobial	\$50
D4910	Periodontal maintenance	\$65
D4920	Unscheduled dressing change	\$82
D4921	Gingival Irrigation -Per Quadrant	\$15
D4999	Unspecitfied Periodontal Procedure by Report	\$26

PROSTHODONTICS (REMOVABLE) PROCEDURES

GD Procedure Code	ADA Description	EasyCare Fee
D5110	Complete denture - maxillary	\$950
D5120	Complete denture - mandibular	\$950
D5130	Immediate denture - maxillary	\$900
D5140	Immediate denture - mandibular	\$900
D5211	Maxillary partial - resin clasp/rest/teeth	\$825
D5212	Mandibular partial - resin clasp/rest/teeth	\$825
D5213	Maxil partial-Metal Base W/sdls	\$1,426
D5214	Mand partial-Metal Base W/sdls	\$1,429
D5221	Immediate Maxillary Partial-Resin Base	\$488
D5222	Immediate Mandibular Partial-Resin Base	\$488
D5223	Immediate Maxillary Part-Cast Metal	\$1,105
D5224	Immediate Mandibular Part-Cast Mtl	\$1,105
D5225	Maxi partial-Flex Base	\$1,244
D5226	Mand partial-Flex Base	\$1,239
D5282	Removable Unilateral Partial Cast Metal, Maxi	\$792
D5283	Removable Unilateral Partial Cast Metal, Mand	\$792
D5284	Removable unilateral part dent flex per quad	\$792



D5286	Removable unilateral part dent resin per quad	\$792
D5410	Adjust complete denture-maxil	\$73
D5411	Adjust complete denture-mand	\$71
D5421	Adjust partial denture-maxil	\$71
D5422	Adjust partial denture-mand	\$71
D5511	Repair Broken Complete Denture Base, Mandibul	\$181
D5512	Repair Broken Complete Denture Base, Maxillar	\$181
D5520	Replace teeth-comp dent (ea th)	\$152
D5611	Repair Resin Parial Denture Base, Mandibular	\$150
D5612	Repair Resin Parial Denture Base, Maxillary	\$150
D5621	Repair Cast Partial Framework, Mandibular	\$239
D5622	Repair Cast Partial Framework, Maxillary	\$239
D5630	Repair or Replace Broken Retentive/Clasping	\$216
D5640	Replace broken teeth-per tooth	\$158
D5650	Add tooth to exist part denture	\$185
D5660	Add clasp, exist part denture ea tooth	\$214
D5670	Replace all th&acrylic-maxil	\$587
D5671	Replace all th&acrylic-mand	\$603
D5710	Rebase complete maxil denture	\$472
D5711	Rebase complete mand denture	\$470
D5720	Rebase maxil partial denture	\$454
D5721	Rebase mand partial denture	\$454
D5730	Reline complete maxil-chairside	\$303
D5731	Reline complete mand-chairside	\$303
D5740	Reline maxil partial-chairside	\$293
D5741	Reline mand partial-chairside	\$296
D5750	Reline complete maxillary (lab)	\$376
D5751	Reline complete mand (lab)	\$378
D5760	Reline maxillary partial (lab)	\$372
D5761	Reline mandibular partial (lab)	\$373
D5810	Interim comp denture (maxil)	\$695
D5811	Interim comp denture (mand)	\$704
D5820	Interim partial denture (maxil)	\$569
D5821	Interim partial denture (mand)	\$566
D5850	Tissue condition, maxillary	\$168
D5851	Tissue condition, mandibular	\$166
D5862	Precision attachment, B/R	\$674
D5863	Overdenture - Complete Maxillary	\$1,975
D5864	Overdenture - Partial Maxillary	\$1,759
D5865	Overdenture - Complete Mandibular	\$1,975



D5866	Overdenture - Partial Mandibular	\$1,789
D5867	Replcmt prec attachmt-part/full	\$314
D5875	Mod of remvble prosth-post surg	\$344
D5876	Add Metal to Acrylic Full Denture-Per Arch	\$179
D5899	Unspecified Removable Prosthodontic by Report	\$0
D5937	Trismus appliance (not TMD)	\$557
D5951	Feeding aid	\$772
D5982	Surgical stent	\$358
D5983	Radiation carrier	\$1
D5984	Radiation shield	\$1
D5985	Radiation cone locator	\$1
D5986	Fluoride gel carrier	\$167
D5987	Commissure splint	\$820
D5988	Surgical splint	\$582
D5991	Vesiculobullous Medic Carrier	\$176
D5994	INACTIVE Perio Medicine Seal Lab Both Arches	\$390
D5995	Perio Medicine W/periph Seal Lab Maxillary	\$300
D5996	Perio Medicine W/periph Seal Lab Mandibular	\$300
D5999	Unspecified Maxillofacial Prosthesis by Report	\$0

IMPLANT PROCEDURES

GD Procedure Code	ADA Description	EasyCare Fee
D6010	Surg place implant: endosteal	\$1,000
D6011	2nd Stage Implant Surgery	\$250
D6012	Plcmnt of intrm impl: endosteal	\$1,314
D6013	Surgical Placement Of Mini Implant	\$895
D6040	Surgic place: eposteal implant	\$5,751
D6050	Surg place: transosteal implant	\$4,142
D6051	Interim Abutment	\$402
D6052	INACTIVE Semi-precision Attach Abutment	\$674
D6055	Dent implant sup connecting bar	\$2,443
D6056	Prefabricated abutment	\$597
D6057	Custom fabricated abutment	\$300
D6058	Abutment supported porc/cer crn	\$1000
D6059	Abtmt supp porc fused to High Noble	\$1,117
D6062	Abtmt supp cast mtl crown-hinob	\$1,101
D6064	Abtmt supp cast mtl crown-noble	\$1,062
D6065	Implant supp porc/cer crown	\$1,170
D6066	Implant supp porc fused mtl crn	\$1,170
D6067	Implant supported metal crown	\$1,195



D6068	Abtmt supp ret for porc/cer FPD	\$1,126
D6069	Abut sup ret-porc fsd mtl FPDhn	\$1,118
D6070	Abut sup ret-porc fsd mtl FPDhm	\$1,098
D6071	Abut sup ret-porc fsd mtl FPDno	\$1,074
D6072	Abut sup ret-cast mtl FPD-hinob	\$1,143
D6074	Abut sup ret-cast mtl FPD-noble	\$1,065
D6075	Implant supp ret-ceramic FPD	\$1,178
D6076	Implnt supp ret-prc fuse mtlFPD	\$1,180
D6077	Implant supp ret-cast metal FPD	\$1,213
D6080	Implant maintenance procedures	\$240
D6081	Scale & debride of Single implant w/o flap	\$82
D6083	Implant supported porc/crn noble metal	\$1,404
D6084	Implant supported porc/crn titanium	\$1,638
D6085	Provisional Implant crown	\$357
D6087	Implant supported crown noble alloys	\$1,274
D6088	Implant supported crown titanium/alloys	\$1,673
D6090	Repair implant sup prosth, B/R	\$580
D6091	Rpl attchmt imp/abut sup prosth	\$465
D6092	Recement or Rebond impl/abut sup crown	\$124
D6093	Recement or Rebond impl/abut sup FPD	\$147
D6094	Abutmnt Supported Crwn-titanium	\$1,074
D6095	Repair implant abutment, B/R	\$551
D6096	Remove Broken Implant Retaining Screw	\$163
D6097	Abutment supported prc/crn titanium	\$1,564
D6099	Implant retainer FPD porcelain/noble	\$1,288
D6100	Implant removal, by report	\$592
D6101	Debride Of Peri-implant Defect & Surf Clean	\$542
D6102	Debride&osseous Cont Of Defect & Surf Clean	\$682
D6103	Bone Graft Repair Of Periiimplant Defect	\$580
D6104	Bone Graft At Time Of Implant Placement	\$506
D6110	Imp/abut remov,comp edent arch Maxillary	\$2,305
D6111	Imp/abut remov,comp edent arch Mandibular	\$2,270
D6112	Imp/abut remov,part edent arch Maxillary	\$2,173
D6113	Imp/abut remov,part edent arch Mandibular	\$2,201
D6114	Implnt/abut supp fxd comp edent Maxillary	\$6,604
D6115	Implnt/abut supp fxd comp edent Mand	\$6,701
D6116	Implnt/abut supp fxd part edent Max	\$3,835
D6117	Implnt/abut supp fxd part edent Mand	\$4,066
D6118	Imp Supported Interim Fixed Dent Edent Mand	\$1,170
D6119	Imp Supported Interim Fixed Dent Edent Max	\$1,170



D6120	Implant retainer prc/titanium	\$1,651
D6122	Implant retainer FPD noble alloys	\$1,278
D6123	Implant retainer FPD titanium	\$1,599
D6190	Radiographic/surgical Implant	\$327
D6191	Semi-Precious Abutment Placement	\$674
D6192	Semi-Precious Attachment Placement	\$674
D6194	Abutmnt Supported ret/fpd titan	\$1,082
D6195	Abutment retainer porcelain/titanium	\$1,651
D6199	Post op visit-implant	\$0
D6210	Pontic-cast high noble metal	\$895
D6212	Pontic-cast noble metal	\$851
D6240	Pontic-porcelain fused to hnob	\$895
D6242	Pontic-porcelain fused to nobl	\$862
D6243	Pontic crown porcelain/titanium	\$1,252
D6245	Pontic-porcelain/ceramic	\$899
D6253	Provisional pontic	\$596
D6548	Ret-porc/cer-resin bnd fxd pros	\$757
D6600	Inlay-porcelain/ceramic, 2 surf	\$791
D6601	Inlay-porcelain/ceramic, 3+surf	\$824
D6602	Inlay-cast high noble met,2surf	\$792
D6603	Inlay-cast high nob met, 3+surf	\$822
D6608	Onlay-porcelain/ceramic, 2 surf	\$823
D6609	Onlay-porcelain/ceramic, 3+surf	\$861
D6610	Onlay-cast high noble met,2surf	\$843
D6611	Onlay-cast high nob met, 3+surf	\$874
D6740	AbutmentCrown-porcelain/ceramic	\$938
D6750	Abutment crn-porc fused-hi nob	\$895
D6752	Abutment crn-porc fused-nob met	\$860
D6753	Retainer crn porcelain/titanium	\$1,252
D6784	Retainer Crown 3/4 Titanium	\$1,238
D6790	Retainer crn-full cast hi nob	\$895
D6793	Provisional retainer crown	\$448
D6794	Crown-titanium	\$856
D6920	Connector bar	\$812
D6930	Re-cement or Re-bond fixed partial denture	\$138
D6940	Stress breaker	\$341
D6950	Precision attachment	\$522
D6980	Fixed partial dent. repair material failure	\$310
D6985	Pediatric part'l denture, fixed	\$684
D6999	Unspecified Fixed Prosthodontic by Report	\$0

**PROTHODONTIST (FIXED) PROCEDURES**

GD Procedure Code	ADA Description	EasyCare Fee
D7000	Tooth May Require Extraction	\$0
D7111	Coronal remnants-deciduous th	\$110
D7140	Extract,erupted th/exposed rt	\$145
D7199	USE CODE D0171 Post Op-oral surgery	\$0
D7210	Extraction-surgical/erupt tooth	\$170
D7220	Extraction-impacted/soft tis	\$255
D7230	Extraction-impacted/part bony	\$316
D7240	Extraction-impacted/compl bony	\$382
D7241	Remov impact-comp bony w/ comp	\$440
D7250	Surgic removl resid tooth root	\$242
D7251	Coronectomy-part tooth removal	\$351
D7260	Oral antral fistula closure	\$897
D7261	Prim closure sinus perforation	\$602
D7270	Reimplantation/stabilization	\$448
D7272	Tooth transplantation	\$559
D7280	Surgical access unerupted tooth	\$379
D7282	Mobiliz erupt/malpos th-erupt	\$382
D7283	Plcmt Device facilitate Eruption impacted	\$377
D7285	Incisional Biopsy of oral tissue-hard	\$361
D7286	Incisional Biopsy of oral	\$267
D7287	Cytology sample collection	\$151
D7288	Brush Biopsy-sample Collection	\$163
D7290	Surgical reposition of teeth	\$379
D7291	T/SC Fiberotomy, B/R	\$234
D7292	Surgical Plcmnt: temp anch scrw rtnd plt	\$2,337
D7293	Surgical Plcmnt: temp anch w/ surg flap	\$1,854
D7294	Surgical Plcmnt: temp anch w/o surg flap	\$1,226
D7295	Bone Harvest for Grafting	\$683
D7310	Alveoplasty w/ extract- /quad	\$238
D7311	Alveoplasty Conjct W/extraction	\$245
D7320	Alveoplasty w/o extract /quad	\$344
D7321	Alveoplasty Not Conjct W/extrac	\$334
D7340	Vestibuloplasty-ridge ext -2nd	\$927
D7350	Vestiplasty-ridge ext (inc)	\$1,808
D7410	Excision benign lesion<=1.25cm	\$329
D7411	Excision benign lesion>1.25 cm	\$493
D7412	Excision benign lesion,complic	\$697



D7413	Excision malig lesion<=1.25cm	\$569
D7414	Excision malig lesion>1.25cm	\$859
D7415	Excision malig lesion,complic	\$964
D7440	Ex malig tumor-diam <= 1.25 cm	\$576
D7441	Ex malig tumor-diam > 1.25 cm	\$1,060
D7450	Rem benign odont-diam<=1.25cm	\$485
D7451	Rem benign odont-diam>1.25 cm	\$654
D7460	Rem benign nonodont-di<=1.25cm	\$447
D7461	Rem benign nonodont-diam>1.25cm	\$729
D7465	Destruct lesion-phys/chem B/R	\$335
D7471	Removal of Lateral Exostosis	\$566
D7472	Removal of torus palatinus	\$686
D7473	Removal of torus mandibularis	\$655
D7485	Surg reduc, osseous tuberosity	\$604
D7510	Incis&drain abscess-intra soft	\$196
D7511	Incision&drainage Intraoral Abs	\$279
D7520	Incis&drain abscess-extra soft	\$370
D7521	Incision&drainage Extraoral Abs	\$517
D7530	Remove foreign body from tissue	\$285
D7540	Remove foreign body from bone	\$520
D7550	Partial ostect/sequestrectomy	\$448
D7830	Manipulation under anesthesia	\$784
D7880	Occlusal orthotic device	\$805
D7881	Occlusal Orthodontic Device Adjustment	\$65
D7899	Unspecified TMD Therapy by Report	\$0
D7910	Suture of small wounds to 5cm	\$241
D7911	Complicated suture-up to 5 cm	\$405
D7912	Complicated suture-over 5 cm	\$642
D7922	Intra-socket dressing for heostasis/clot OS	\$98
D7951	Sinus augmentation w/bone	\$1,293
D7952	Sinus Augmentation Vertical Appch	\$569
D7953	Bone Replacemnt Grft/rdg Site GP ONLY	\$427
D7960	INACTIVE Frenulectomy-separate procedure	\$355
D7961	Buccal / Lingual Frenulectomy	\$342
D7962	Lingual Frenulectomy	\$342
D7963	Frenuloplasty	\$387
D7970	Excision, hyperplast tiss-arch	\$397
D7971	Excision-pericoronal ging /arch	\$214
D7993	Surgical Placement Cranio Implant	\$1,287
D7994	Surgical Placement Zygomatic Implant	\$1,353



D7997	Appliance removal-incl archbar	\$269
D7999	Unspecified Oral Surgery Procedure by Report	\$0

ORTHODONTIC PROCEDURES

GD Procedure Code	ADA Description	EasyCare Fee
D8010	Limited ortho trt, primary dent	\$2,051
D8020	Limited ortho trt, transitional	\$2,318
D8030	Limited ortho treat, adolescent	\$2,778
D8040	Limited ortho treat, adult dent	\$3,033
D8050	Intercep orth trt, primary dent	\$2,330
D8060	Interceptive orth,transitional	\$2,471
D8070	Comp Ortho Transitional/Banding	\$4,542
D8080	Comp Ortho Adolescent/Banding	\$4,604
D8090	Comp Ortho Adult/Banding	\$4,604
D8210	Removable appliance therapy	\$786
D8220	Fixed appliance therapy	\$864
D8660	Pre-orthodontic treatment visit	\$364
D8681	Removable Orthodontic Retainer Adjustment	\$133
D8690	Ortho treatment (bill/contract)	\$276
D8695	Remove of Fixed Appliance Not for Completion	\$188
D8696	Repair Of Orthodontic Appliance Maxillary	\$113
D8697	Repair Of Orthodontic Appliance Mandibular	\$113
D8698	Re-cement/re-bond Fixed Retainer Maxillary	\$75
D8699	Re-cement/re-bond Fixed Retainer Mandibular	\$75
D8701	Repair Fixed Retainer W/reattach Maxillary	\$113
D8702	Repair Fixed Retainer W/reattach Mandibular	\$113
D8703	Replace Lost Or Broken Retainer Maxillary	\$150
D8704	Replace Lost Or Broken Retainer Mandibular	\$150
D8999	Unspecified Ortho Procedure Rept	\$1

ADJUNCTIVE GENERAL PROCEDURES

GD Procedure Code	ADA Description	EasyCare Fee
D9110	Emerg treatment, palliative	\$103
D9120	Fixed Partial Dntr Sectioning	\$181
D9130	TMJ - Non-Invasive Physical Therapies	\$250
D9210	Local anesthesia not op/surg	\$59
D9211	Regional block anesthesia	\$71
D9215	Local anesthesia	\$51
D9230	Nitrous Oxide (per 30 mins)	\$64
D9248	Non IV conscious sedation	\$247



D9310	Consultation-per session	\$104
D9311	Consultation with medical health care prof	\$110
D9410	House/extended care facility	\$183
D9420	Hospital Call	\$241
D9430	Office visit for observation	\$63
D9440	Office visit-after regular hrs	\$140
D9450	Case present,detailed/extens tx	\$121
D9610	Therapeutic drug injection, B/R	\$100
D9612	Therap parenteral drugs, 2+	\$100
D9613	Infiltration Release Therapeutic Rx	\$163
D9630	Other Drug &/or Meds By Report	\$35
D9910	Application of desensitize med	\$15
D9911	Apply desensitiz' resin, per th	\$62
D9920	Behavior management, by report	\$121
D9930	Treat complications-postsurgic	\$100
D9932	Cleaning/Inspection-Remov Comp Dent Max	\$49
D9933	Cleaning/Inspection-Remov Comp Dent Man	\$49
D9934	Cleaning/Inspection-Remov Part Dent Max	\$49
D9935	Cleaning/Inspection-Remov Part Dent Man	\$49
D9942	Repair And/or Reline Occl Grd	\$200
D9943	Occlusal Guard Adjustment	\$65
D9944	Occlusal Guard - Hard Appliance, full arch	\$465
D9945	Occlusal Guard - Soft Appliance, full arch	\$465
D9946	Occlusal Guard - Hard Appliance, Partial Arch	\$244
D9950	Occlusal analysis-mounted case	\$280
D9951	Occlusal adjustment-limited	\$152
D9952	Occlusal adjustment-complete	\$533
D9961	Duplicate/Copy Patient's Records	\$17
D9970	Enamel microabrasion	\$162
D9971	Odontoplasty 1-2 teeth-rmv enam	\$138
D9972	External bleaching-per arch - in office	\$255
D9973	External bleaching-per tooth	\$183
D9974	Internal bleaching-per tooth	\$224
D9975	External bleaching - take home	\$213
D9991	Dental Case Manage appointment compliance	\$80
D9992	Dental case management care coordination	\$80
D9993	Dental case manage motivational interview	\$100
D9994	Den Case Man PT edu Oral Health literacy	\$0
D9995	Teledentistry-Synchronous realtime	\$45
D9996	Teledentistry-Asynchronous info stored	\$10



D9999

Unspecified Adjunctive Procedure by Report

\$0