

## 2020 Rivardo Plan Fee Schedule

| Code:            | Procedure:                    | Your cost: | UCR:       |
|------------------|-------------------------------|------------|------------|
| <u>Hygiene:</u>  |                               |            |            |
| D0120            | Periodic oral exam            | \$21.60    | \$54.00    |
| D0140            | Limited oral exam             | \$56.40    | \$94.00    |
| D0150            | Comprehensive oral exam       | \$60.00    | \$100.00   |
| D0220            | 1 <sup>st</sup> periapical    | \$21.00    | \$35.00    |
| D0230            | each additional periapical    | \$15.00    | \$25.00    |
| D0272            | Bite Wing 2 films             | \$27.00    | \$45.00    |
| D0274            | Bite Wing 4 films             | \$40.80    | \$68.00    |
| D0330            | Panoramic xray                | \$59.40    | \$99.00    |
| D1110            | Adult Prophy                  | \$64.80    | \$108.00   |
| D1120            | Child Prophy (under age 14)   | \$45.00    | \$75.00    |
| D1208            | Fluoride                      | \$20.00    | \$45.00    |
| D1351            | Sealant                       | \$30.00    | \$50.00    |
| D4341            | Periodontal sc & rt plng/quad | \$132.00   | \$220.00   |
| D4910            | Periodontal maintenance       | \$66.00    | \$110.00   |
| <u>Fillings:</u> |                               |            |            |
| D2330            | Resin 1 surface anterior      | \$102.90   | \$147.00   |
| D2331            | Resin 2 surface anterior      | \$137.20   | \$196.00   |
| D2332            | Resin 3 surface anterior      | \$152.60   | \$218.00   |
| D2335            | Resin 4+ surface anterior     | \$168.00   | \$240.00   |
| D2391            | Resin 1 surface posterior     | \$102.90   | \$147.00   |
| D2392            | Resin 2 surface posterior     | \$114.10   | \$163.00   |
| D2393            | Resin 3 surface posterior     | \$160.30   | \$229.00   |
| D2394            | Resin 4+ surface posterior    | \$175.70   | \$251.00   |
|                  | Smoothing – tooth surfaces    | \$40.00    |            |
|                  | Temporary filling             | \$65.00    |            |
| <u>Crowns:</u>   |                               |            |            |
| D2740            | Porcelain Crown               | \$836.00   | \$1,045.00 |
| D2750            | Porcelain crown high noble    | \$836.00   | \$1,045.00 |
| D2751            | Porcelain crown base metal    | \$792.00   | \$990.00   |
| D2920            | Crown recement                | \$40.00    | \$50.00    |
| D2950            | Core build up                 | \$123.20   | \$154.00   |
| D2954            | Post & core build up          | \$157.60   | \$197.00   |
| D6245            | Pontic (for bridge)           | \$780.00   | \$935.00   |

|       |                                  | <u>Root canals:</u>       |            |
|-------|----------------------------------|---------------------------|------------|
| D3310 | Anterior root canal              | \$523.60                  | \$748.00   |
| D3320 | Bicuspid root canal              | \$558.60                  | \$798.00   |
| D3330 | Molar root canal                 | \$635.80                  | \$908.00   |
|       |                                  | <u>Dentures:</u>          |            |
| D5110 | Complete max. denture            | \$1,136.10                | \$1,623.00 |
| D5120 | Complete mand. Denture           | \$1,136.10                | \$1,623.00 |
| D5410 | Adjust max. denture              | \$44.00                   |            |
| D5411 | Adjust mand. Denture             | \$44.00                   |            |
| D5510 | Repair denture base              | chair time plus lab fees  |            |
| D5520 | Replace broken/missing denture   | chair time plus lab fees  |            |
|       | Cost per tooth                   |                           |            |
| D5730 | Reline max. denture              | case by case basis        |            |
| D5731 | Reline mand. Denture             | case by case basis        |            |
|       |                                  | <u>Extraction:</u>        |            |
| D7140 | Simple extraction                | \$123.20                  | \$154.00   |
| D7210 | Surgical extraction              | \$200.00                  | \$250.00   |
| D7220 | Soft tissue extraction           | \$198.40                  | \$248.00   |
| D7250 | Root tip removal                 | \$200.00                  | \$250.00   |
|       |                                  | <u>Implant Procedure:</u> |            |
| D6010 | Surgical implant                 | \$1,408.00                | \$1,760.00 |
| D7953 | Bone graft                       | \$400.00                  | \$500.00   |
| D4266 | Barrier membrane (resorbable)    | \$185.00                  | \$222.00   |
| D4267 | Barrier membrane (nonresorbable) | \$315.00                  | \$385.00   |
| D6059 | Implant crown                    | \$792.00                  | \$990.00   |
| D6057 | Abutment                         | \$448.00                  | \$560.00   |
|       | Surgical guide                   | \$250.00                  |            |
| D9110 | Emergency appointment            | \$49.80                   | \$83.00    |
| D2962 | Veneer (single tooth)            | \$1,150.00                | \$1,350.00 |
| D9944 | Occlusal guard                   | \$340.00                  | \$400.00   |

