



## 500 Series Patient Charge Schedule for: Universal Health Care, Freedom Health, & Optimum Healthcare

This is a **SAMPLE** Patient Charge Schedule. Please consult with the dental office regarding all charges prior to treatment.

ADA Codes	Dental Treatment	Patient Charges	ADA Codes	Dental Treatment	Patient Charges
<b>DIAGNOSTIC</b>			<b>ENDODONTICS**</b>		
0150	Comprehensive Oral Exam (One per year)	N/C	0460	Pulp Vitality Test	N/C
0150	Comprehensive Oral Exam- Each additional	25.00	3120	Indirect pulp cap	55.00
0470	Diagnostic Models	N/C	3220	Pulpotomy (excluding final restoration)	65.00
0502	Oral Cancer Exam	N/C	3310	Anterior Root Canal	365.00
1340	Preventive Dental Care Training	N/C	3320	Bicuspid Root Canal	400.00
9998	Diagnosis and Treat. Plan Presentation	N/C	3330	Molar Root Canal	495.00
0120	Periodic Oral Exam	10.00	3410-3426	Apicoectomy per canal (separate procedure)	335.00
0140	Limited Oral Exam	N/C	<b>EXTRACTIONS/ORAL SURGERY**</b>		
0180	Comprehensive Periodontal Evaluation	50.00	7140	Simple Extraction	65.00
<b>(Limit of 1 \$0 Co-pay evaluation per year refers to codes 0150 or 0120 or 0140 )</b>			7210	Surgical Extraction	102.00
<b>RADIOGRAPHS (X-RAYS)</b>			7220	Soft tissue impaction	135.00
0210	Intraoral Complete Series including bitewings <b>(Once per three years)</b>	N/C	7230	Partial bony impaction	160.00
0210	Intraoral Complete Series including bitewings (each additional)	25.00	7240	Complete bony impaction	210.00
0220	X-Rays single	N/C	7250	Surgical root recovery (including flaps and sutures)	115.00
0230	Each Additional X-ray	5.00	7471	Removal of Exostosis (maxilla or mandible)	170.00
0240	Occlusal Film	10.00	7510	Incision and drainage of abscess (intraoral, extraoral)	75.00
0270	Bitewing- Single Film	N/C	7960	Frenectomy (separate procedure)	120.00
0272	Bitewings(2) (Once per year)	N/C	7970	Excision of hyperplastic tissue (per arch)	115.00
0274	Bitewings(4) (Once per year)	N/C	7310	Alveoplasty (per quadrant) with extractions (min.2 teeth)	90.00
0330	X-Rays Panoramic Film <b>(Once per three years)</b>	40.00	7320	Alveoplasty without extraction	135.00
0321	Temporomandibular Joint Film	75.00	<b>PROSTHODONTICS **</b>		
<b>PREVENTIVE</b>			<b>(Standard Complete Denture includes adjustments within 30 days)</b>		
1110	Prophylaxis (Once per six months)	N/C	5110	Complete Upper Denture (Standard)	560.00
1120	Prophylaxis (Once per six months)	N/C	5120	Complete Lower Denture (Standard)	560.00
1201	Topical fluoride treatment	N/C	5130	Immediate Upper Denture (does not include Reline charge) (Standard)	585.00
1204	Topical fluoride treatment	N/C	5140	Immediate Lower Denture (does not include Reline charge)(Standard)	585.00
1330	Oral Hygiene Instructions	N/C	<b>PARTIAL DENTURES (includes adjustments within 30 days) #</b>		
1111	Additional prophylaxis (Adult/Child)	35.00	5211/5212	Upper/lower resin base with 2 clasps	585.00
1351	Sealants per tooth (to age 14)	18.00	5213/5214	Upper/lower cast metal base with 2 clasps	645.00
<b>ANESTHESIA</b>			<b>REPAIRS TO PROSTHETICS (Complete or Partial) #</b>		
9215	Local anesthesia	N/C	5510	Repair broken complete denture no teeth damage	50.00
9230	Nitrous Oxide (per 20 Minutes)	35.00	5520/5640	Replace missing or broken teeth (each tooth)	45.00
<b>SPACE MAINTAINERS #</b>			5520	Each additional tooth	45.00
1510	Fixed	115.00	5630	Repair or replace broken clasp	45.00
1515	Bilateral Fixed	150.00	5650	Add tooth to existing partial	60.00
1520/1525	Removable	170.00	<b>RELINE OF UPPER OR LOWER DENTURE#</b>		
<b>RESTORATIVE (Fillings)</b>			5730/5731/	Complete or Partial reline (chair side)	80.00
2940	Sedative restoration	45.00	5740/5741		
<b>AMALGAM (Silver) Adult/Child</b>			5750/5751/	Complete or Partial reline (lab)	80.00
2140	One surface	45.00	5760/5761		
2150	Two surfaces	55.00	<b>MISCELLANEOUS</b>		
2160	Three surfaces	65.00	9110	Emergency visit (palliative treatment) for dental pain during office hours)	28.00
2161	Four surfaces	95.00	9430	Office Visit	N/C
<b>RESIN RESTORATIONS (including acid etch)</b>			9440	Emergency visit (after office hours)	40.00
2330	One surface Anterior	85.00	9999	Broken appointment (without 24 hours notice) per 15 minutes	12.00
2331	Two surface Anterior	90.00	<b>Max. \$40.00 per broken appointment. No charge for severe emergencies</b>		
2332	Three surface Anterior	95.00	9310	Consultation (2 <sup>nd</sup> Opinion)	N/C
2335/2336	Four or more Surfaces or Involving Incisal Angle	115.00	<b>ORTHODONTICS (Braces)**</b>		
<b>COSMETIC SERVICES #</b>			8000	Initial consultation	N/C
2960	Labial Veneer (Laminate) chairside	225.00	8100	Treatment plan/records	UCR less 25%
2961	Labial Veneer (Resin Laminate) lab process	280.00	8560/8580	Routine 24 Months Banded Case	UCR less 25%
2962	Labial Veneer (Porcelain Laminate) lab process	450.00	<b>*The above patient charges are exclusive of precious (high noble) and semi-precious metals. Charges listed for crowns applied to pontics and abutments.</b>		
<b>CROWN &amp; BRIDGE/PONTICS/ABUTMENT CROWN **</b>			<p>The above procedures are performed as needed and deemed necessary by your attending panel of dentists subject to the limitations, exclusions and governing administrative policies of the program. All procedures listed may not be performed by the participating general dentist, therefore you are encouraged to discuss availability of the scheduled services with your participating general dentist. Charges for procedures not listed on the patient charge schedule, that are performed by the selected general dentist, shall be at a 25% reduction of that general dentist's usual and customary fees.</p> <p>NOTE: when crown and/or bridgework exceed six units, a copayment of an additional \$30.00 may be charged for each of the six units and for each additional unit.</p> <p><b># Patient is responsible for additional lab fees.</b></p>		
2970	Temporary Crown (in conjunction with permanent crown)	N/C			
2930/2931	Stainless Steel Crown (Prim. Teeth only)	135.00			
2751/6241/	Porcelain Fused to Metal Crown (non-precious)	485.00			
6751					
2791/6211/	Full Cast Crown	445.00			
6791					
2750	Porcelain Fused to High Noble	505.00			
2951	Retention Pin (per pin exclusive of filling)	28.00			
2952/2954	Post/Pin and Core Build-up in addition to Crown	95.00			
6930/2920/	Recement Bridge/crown/inlay onlay per tooth	38.00			
2910					
<b># Patient is responsible for additional lab fees.</b>					
<b>ADJUNCTIVE SERVICES</b>			<b>**SPECIALTY CARE</b>		
9951	Occlusal adjustment (limited)	30.00	**Should the services of a specialist be needed (Endodontist, Pedodontist, Periodontist, Oral Surgeon, Orthodontist), be necessary, you may be referred by your participating general dentist, or may refer yourself to any participating specialist listed in the MCNA directory. If you are treated by a participating specialist, you will receive a 25% reduction of that specialist's usual & customary charges. Payment for services performed by a non participating specialist will be the responsibility of the member. Specialist's services are available only in areas where MCNA has a participating specialist.		
9952	Occlusal adjustment (complete)	135.00			
<b>PERIODONTICS (Gum Treatment)**</b>					
4210	Gingivectomy/gingivoplasty (per quadrant)	135.00			
4260	Osseous surgery (per quadrant)	375.00			
4341	Periodontal scaling and root planing (per quadrant)	100.00			
4355	Full Mouth Debridement	75.00			
4910	Periodontal Maintenance Prophylaxis	85.00			
4999	Antimicrobial irrigation per visit	18.00			
4381	Localized delivery of chemotherapeutic agents	55.00			
9910	Application of Desensitizing Medicaments/quadrant	17.00			
9940/9941	Night guard (hard or soft) #	80.00			