2017 DORSEY DENTAL PLAN FEE SCHEDULE CODES (ADA)

If you have questions, please call us at 1-800-880-4343 or email at: help@DorseyDental.com

There is a $15.00 office charge per visit plus services rendered.

No charge procedures include: Pulp vitality tests, office or dental supplies, equipment and instruments necessary for treatment, infection control, acid etch, periodontal probing, temporary crown with permanent crown (chairside), and local anesthesia.

CODE	DISCOUNT	DESCRIPTION
No Code	$15	Office Visit Fee
		ALL Exams (50% of Usual and Customary Fees)
0120	50%	Periodic oral evaluation
0140	50%	Emergency evaluation (limited) oral evaluation problem focused
0145	50%	Oral evaluation of patient under 3 years old (including consult with primary care giver)
0150	50%	Initial comprehensive oral evaluation
0160	50%	Detailed and extensive Oral evaluation- Problem focused by report
		X-rays
0210	$55	Intraoral complete series (including bitewings)
0220	$9	Intraoral periapical - first film
0230	$9	Intraoral periapical - each additional film
0270	$9	Bitewing - single film
0272	$18	Bitewings - two films
0274	$36	Bitewings - four films
0330	$51	Panoramic film
0363-0391	25%	All CT Scans, MRIs, Ultrasounds
		Tests and Laboratory Examinations
0415	25%	Bacteriologic studies for determination of pathologic agents
0425	25%	Caries susceptibility tests
0460	$0	Pulp vitality tests
0470	25%	Diagnostic casts
0471	25%	Diagnostic photographs
		Prophylaxis and Other Preventive Services
1110	$66	Prophylaxis - adult
1120	$51	Prophylaxis - child
1206	$29	Tropical application of fluoride varnish
1208	$25	Topical application of fluoride (prophylaxis not included)
1310	$0	Nutritional counseling for the control of dental disease
1351	$24	Sealant- Per Tooth
		Space Maintainers (Passive Appliances)
1510	25%	Space maintainer - fixed - unilateral
1515	25%	Space maintainer - fixed - bilateral
1520	25%	Space maintainer - removable - unilateral
1525	25%	Space maintainer - removable - bilateral
1550	25%	Recementation of space maintainer
1555	25%	Removal of fixed space maintainer

CODE	DISCOUNT	DESCRIPTION
		Amalgams - Restorative Dentistry
2140	$78	Amalgam - one surface, permanent
2150	$92	Amalgam - two surfaces, permanent
2160	30%	Amalgam - three surfaces, permanent
2161	30%	Amalgam - four or more surfaces, permanent
		Resin Restorations
2330	$78 - $119	Resin - one surface, anterior
2331	$104 - $138	Resin - two surfaces, anterior
2332	30%	Resin - three surfaces, anterior
2335	30%	Resin - four or more surfaces, or involving incisal angle, anterior
2391	$78 - $119	Resin - one surface, posterior
2392	$104 - $138	Resin - two surfaces, posterior
2393	30%	Resin - three surface, posterior
2394	30%	Resin - four or more surfaces, posterior
		Inlay/Onlay Restorations
2510	25%	Inlay - metallic - one surface
2520	25%	Inlay - metallic - two surfaces
2530	25%	Inlay - metallic - three surfaces
2540	25%	Onlay - metallic - per tooth (in addition to inlay)
2620	25%	Inlay - porcelain/ceramic - two surfaces
2630	25%	Inlay - porcelain/ceramic - three surfaces
2640	25%	Onlay - porcelain/ceramic - per tooth (in addition to inlay)
2650	25%	Inlay - composite/resin - one surface (laboratory processed)
2651	25%	Inlay - composite/resin - two surfaces (laboratory processed)
		Crowns
2740	35%*	Crown – Porcelain/Ceramic Substrate
2750	35%*	Crown - porcelain fused to high noble metal
2751	$646	Crown - porcelain fused to predominantly base metal
2752	35%*	Crown - porcelain fused to noble metal
2790	35%*	Crown - full cast high noble metal
2791	$646	Crown - full cast predominantly base metal
2792	$646	Crown - full cast noble metal
2790	35%*	Crown - full cast high noble metal
2791	$646	Crown - full cast predominantly base metal
	NOTE	* The minimum fee for Crowns discounted by 35% is $646
		Build-Ups
2950	30%	Core build-up, including any pins
2951	30%	Pin retention - per tooth, in addition to restoration
2952	30%	Cast post and core, in addition to crown
2954	30%	Prefabricated post and core, in addition to crown
		Root Canals/Endodontics
3110	25%	Pulp Cap - direct (excluding final restoration)
3120	25%	Pulp Cap - indirect (excluding final restoration)
3220	25%	Therapeutic pulpotomy (excluding final restoration)
3310	$425	Anterior (excluding final restoration)
3320	$533	Bicuspid (excluding final restoration)
3330	25%	Molar (excluding final restoration)

CODE	DISCOUNT	DESCRIPTION
		Periodontics (Including usual post-operative care)
4210	25%	Gingivectomy or gingivoplasty - per quadrant
4211	25%	Gingivectomy or gingivoplasty - per quadrant
4212	25%	Gingivectomy or gingivolplasty to allow access for restorative procedure (per tooth)
4320	25%	Provisional splinting - intracoronal
4321	25%	Provisional splinting -extracoronal
4341	25%	Periodontal scaling and root planing - per quadrant
4355	25%	Gross scaling (full mouth debridement to enable periodontal evaluation)
4910	$73	Periodontal maintenance procedures (following active therapy)
		Dentures Full Denture Minimum Fee Is $600 • Partial Minimum Fee Is $700
5110	30%	Complete upper (denture relines and tissue conditioning are a 25% Discount)
5120	30%	Complete lower (denture relines and tissue conditioning are a 25% Discount)
5130	30%	Immediate upper (denture relines and tissue conditioning are a 25%
5140	30%	Immediate lower (denture relines and tissue conditioning are a 25% Discount)
5211	30%	Upper partial - resin base (including any conventional clasps, rests and teeth)
5212	30%	Lower partial - resin base (including any conventional clasps, rests and teeth)
		Repairs To Dentures
5510	25%	Repair broken complete denture base
5520	25%	Replace missing or broken teeth - complete denture (each tooth)
5610	25%	Repair resin saddle or base
5620	25%	Repair cast framework
5630	25%	Repair or replace broken clasp
5640	25%	Replace broken teeth - per tooth
5650	25%	Add tooth to existing partial denture
		Repairs To Rebase Procedures (Partial Listing)
5710	25%	Rebase complete maxillary denture
5711	25%	Rebase complete mandibular denture
5720	25%	Rebase maxillary partial denture
5721	25%	Rebase mandibular partial denture
5730	25%	Reline complete maxillary denture (chairside)
5731	25%	Reline complete mandibular denture (chairside)
5740	25%	Reline maxillary partial denture (chairside)
5741	25%	Reline mandibular partial denture (chairside)
		Interim Dentures
5810	30%	Interim complete denture (upper)
5811	30%	Interim complete denture (lower)
5820	30%	Interim partial denture (upper)
5821	30%	Interim partial denture (lower)
		Other Removable Prosthetic Services
5850	25%	Tissue conditioning, maxillary
5851	25%	Tissue conditioning, mandibular
		Overdenture
5860	30%	Overdenture - complete, by report
5861	30%	Overdenture - partial, by report
		Bridges
6210	35%*	Pontic - cast high noble metal
6211	$646	Pontic - cast predominantly base metal
6212	35%*	Pontic - cast noble metal
6240	35%*	Pontic - porcelain fused to high noble metal
6241	$646	Pontic - porcelain fused to predominantly base metal
6242	35%*	Pontic - porcelain fused to noble metal
6250	35%*	Pontic - resin with high noble metal
6251	$646	Pontic - resin with predominantly base metal
6252	35%*	Pontic - resin with noble metal

CODE	DISCOUNT	DESCRIPTION
6545	35%	Retainer - cast metal for resin bonded fixed prosthesis
6720	35%*	Crown - resin with high noble metal
6721	$646	Crown - resin with predominantly base metal
6722	35%*	Crown - resin with noble metal
6750	35%*	Crown - porcelain fused to high noble metal
6751	$646	Crown - porcelain fused to predominantly base metal
6752	35%*	Crown - porcelain fused to noble metal
6780	35%*	Crown - 3/4 cast high noble metal
6790	35%*	Crown - full cast high noble metal
6791	$646	Crown - full cast predominantly base metal
6792	35%*	Crown - full cast noble metal
	NOTE	* The minimum fee for Crowns discounted by 35% is $646
		Extractions
7110	25%	Single tooth routine/difficult (fee depends upon time spent)
7120	25%	Each additional tooth routine/difficult (fee depends upon time spent)
7130	25%	Root removal - exposed roots routine/difficult (fee depends upon time spent)
7210	25%	Surgical removal of erupted tooth requiring elevation
7220	25%	Removal of impacted tooth - soft tissue routine/difficult (fee depends upon time spent)
7250	25%	Surgical removal of residual tooth (root tip) - cutting procedure
		Alveoplasty
7310	25%	Alveoplasty in conjunction with extractions - per quadrant
7320	25%	Alveoplasty not in conjunction with extractions - per quadrant
		Emergency
9110	50%	Palliative (emergency) treatment of dental pain
		Anesthesia
9211	$0	Regional block anesthesia
9212	$0	Trigeminal division block anesthesia
9215	$0	Local anesthesia
		Nitrous Oxide
9230	$20	Analgesia (nitrous oxide) per 30 minutes
		Professional Visit - After Hours
9440	25%	Office visit after regular scheduled hours (per office visit payment of $15 is not charged)
		Miscellaneous Procedures
9941	25%	Fabrication of athletic mouthguards
9950	25%	Occlusion analysis - mounted case
No Code	$0	Any temporary crown with permanent crown (chairside)
		Missed Appointment Charge
No code	$40	Cancellation without 24 hours' notice

Any Service Code Not Listed is Discounted at 25%

DORSEY DISCOUNT SERVICES – EXCLUSIONS & LIMITATIONS

GENERAL PLAN EXCLUSIONS & LIMITATIONS

- Any medical procedures requiring oral surgery.
- Dispensing of drugs.
- Any dental treatment requiring hospitalization.
- Any work that cannot be performed because of health problems as indicated by the member's physician or the Dorsey network dentist.
- Any treatment requested or appliance made which in the opinion of the treating dentist is not necessary for maintaining or improving the eligible member's health.
- Any treatment covered or provided by Worker's Compensation or employer's liability laws by a federal or state government agency or provided without cost by any municipality, county or other governmental subdivision.
- Any procedure considered to be experimental by the providing dentist.
- Any dental care provided by a nonparticipating general dentist or specialist.
- Dental treatment and expenses incurred for treatment started prior to the member's eligibility to receive benefits under this plan, or started after a member's termination.
- General anesthesia and intravenous sedation are discounted at dentist's discretion.
- The $9 fee per x-ray does not cover TMJ films. They are covered at a 25% discount.
- Proprietary technologies delivered through Dental offices (e.g. Zoom and Invisalign) are discounted at dentist's discretion.

ORTHODONTIC PLAN EXCLUSIONS & LIMITATIONS

- Patients under current treatment in orthodontics at the time of joining Dorsey are not eligible for treatment under this plan.
- Failure to follow prescribed treatment or accidents occurring during the treatment may result in extra fees.
- If your membership terminates, you will be responsible for the payment of the balance due for treatment at the dentist's normal fee.