

Suave Dental SavingsPlan®

2022 Fee Schedule

ADA Code	Procedure Description	UCR Price	Suave Member Price
D0120	Periodic oral evaluation	59	0
D0140	Limited oral evaluation Prob Focused	87	0
D0145	Oral evaluation < 3 yrs of age, Counsel Primary	50	0
D0150	Comprehensive oral evaluation – New/Est Patient	102	0
D0180	Comprehensive Perio evaluation – New/Est Patient	114	0
D0210	Intraoral Full Mouth Images	155	0
D0220	Intraoral Periapical Images	35	0
D0230	Intraoral-periapical each add'l	30	0
D0240	Intraoral Occlusal Image	48	0
D0270	Bitewing Single Image	35	0
D0272	Bitewing Two Image	54	0
D0273	Bitewing Three Image	64	0
D0274	Bitewing Four Image	77	0
D0330	Panoramic Image	131	0
D0350	2D Oral/Facial Photo Images	83	0
D0460	Pulp vitality tests	50	0
D0470	Diagnostic Casts	233	120
D1110	Prophylaxis-adult	107	0
D1120	Prophylaxis-child	85	0
D1206	Topical Applic Fluoride Varnish	54	0
D1208	Tropical Applic Fluoride – Excluding Varnish	55	0
D1351	Sealant-per tooth	80	30
D1510	Space maint-fixed-unilateral	350	230
D1516	Space maint-fixed-bilateral, maxillary	350	322
D1517	Space maint-fixed-bilateral, mandibular	350	322
D1520	Space maint-remov-unilateral	50	25
D1525	Space maint-remov-bilateral	50	25
D1550	Re-cement/bnd space maint	80	53

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D1555	Removal of fixed space maint	50	25
D2140	Amalgam-1 surf. prim/perm	184	140
D2150	Amalgam-2 surf. prim/perm	227	172
D2160	Amalgam-3 surf. prim/perm	283	184
D2161	Amalgam-4+ surf. prim/perm	345	230
D2330	Resin-one surface, anterior	239	174
D2331	Resin-two surfaces, anterior	294	214
D2332	Resin-three surfaces, anterior	367	203
D2335	Resin-4+ w/incis angle-anterior	470	230
D2390	Resin composite crown, anterior	543	403
D2391	Resin composite-1s, posterior	212	174
D2392	Resin composite-2s, posterior	271	214
D2393	Resin composite-3s, posterior	333	230
D2394	Resin composite-4+s, posterior	398	288
D2410	Gold foil-one surface	682	460
D2420	Gold foil-two surfaces	741	748
D2430	Gold foil-three surfaces	878	805
D2510	Inlay-metallic-one surface	958	748
D2520	Inlay-metallic-two surfaces	1100	978
D2530	Inlay-metallic-three + surfaces	1253	1050
D2542	Onlay-metallic-two surfaces	814	748
D2543	Onlay-metallic-three surfaces	1285	978
D2544	Onlay-metallic-four + surfaces	1400	1208
D2610	Inlay-porcel/ceramic-1 surface	1123	746
D2620	Inlay-porcel/ceramic-2 surface	1145	978
D2630	Inlay-porcel/ceramic-3+ surface	1261	1203
D2642	Onlay-porcel/ceram-2 surface	1205	976
D2643	Onlay-porcel/ceram-3 surface	1234	1203
D2644	Onlay-porcel/ceram-4 + surface	1284	1433

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2022 Fee Schedule

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D2650	Inlay-resin composite-1 surface	646	394
D2651	Inlay-resin composite-2 surface	690	505
D2652	Inlay-resin composite-3+surface	745	628
D2662	Onlay-resin composite-1 surface	737	617
D2663	Onlay-resin composite-2 surface	877	746
D2664	Onlay-resin composite-3+surface	1409	1203
D2710	Indirect Resin-Based Crown	1053	748
D2712	Crown-3/4 resin comp(indirect)	1053	748
D2720	Crown-resin w/high noble metal	1278	978
D2721	Crown-resin w/ most base metal	1078	748
D2722	Crown-resin with noble metal	1005	978
D2740	Crown - porcelain/ceramic	1078	978
D2750	Crown-porc fuse high noble mtl	1550	1438
D2751	Crown-porc fused to base metal	1319	650
D2752	Crown-porc fused noble metal	1174	978
D2780	Crown-3/4 cast high noble metal	1284	1222
D2781	Crown-3/4 cast most base metal	1391	978
D2782	Crown-3/4 cast noble metal	1174	748
D2783	Crown-3/4 porcelain/ceramic	1284	978
D2790	Crown-full cast high noble mtl	1228	1093
D2791	Crown-full cast base metal	1164	863
D2792	Crown-full cast noble metal	1170	748
D2794	Crown-titanium	1291	1093
D2799	Provisional crown	519	288
D2910	Recement/bnd inlay/onlay/vr/prt	136	105
D2915	Recmnt/bnd Ind/prefab post/core	136	105
D2920	Re-cement or re-bond crown	133	88
D2930	Prefab stain steel crn-primary	311	203
D2931	Prefab stain steel crown-perm	359	230

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ADA Code	Procedure Description	UCR Price	Suave Member Price
D2932	Prefabricated resin crown	411	230
D2933	Prefab stl crown w/resin window	400	288
D2934	Prefab stl crown – Esthetic coat (Primary)	459	403
D2940	Protective Restoration	155	111
D2950	Core buildup, include any pins	309	173
D2951	Pin retention-/tooth, (+ rest)	175	111
D2952	Post/core in add to crown, fabr	476	173
D2953	Each add'l fabr post-same tooth	476	317
D2954	Prefab post/core in add to crn	387	230
D2955	Post removal (not with endo)	341	230
D2957	Each + prefab post-same tooth	341	230
D2960	Labial veneer(laminate)-chairsd	1113	1003
D2961	Labial veneer (resin lamin)-lab	1284	803
D2962	Labial veneer (porceln lam)-lab	1347	1003
D2970	Temporary crown (fractured th)	300	174
D3110	Pulp cap-direct, (ex rest)	98	59
D3120	Pulp cap-indirect, (ex rest)	98	59
D3220	Therapeutic pulpotomy-pulp remv	242	161
D3221	Pulpal debridemnt-prim/perm th	272	173
D3230	Pulpal therapy-anterior,primary	290	88
D3240	Pulpal therapy-posterior, prim	352	111
D3310	RCT-Anterior	950	748
D3320	RCT-premolar	1200	863
D3330	RCT-Molar	1400	978
D3331	Treatmnt of root canal obstruct	857	690
D3333	Int root repair of perf defects	650	459
D3346	Retreat, prev RCT - anterior	1200	1118
D3347	Retreat, prev RCT - premolar	1500	1233

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D3348	Retreat, prev RCT - molar	1800	1348
D3351	Apexification/recalcif, initial	519	518
D3352	Apexification/recalcif, interim	255	214
D3353	Apexification/recalcif, final	715	638
D3410	Apicoectomy/Periradic surg-ant	715	638
D3421	Apicoectomy-premolar-1st root	1146	803
D3425	Apicoect/Perirad-molar/1st root	1298	917
D3470	Intentional replant, inc splint	879	632
D3920	Hemisection, no root can ther	543	403
D3950	Canal prep/fit of dowel/post	337	174
D4210	Gingivectomy-4+ per quadrant	736	518
D4211	Gingivectomy-1-3 per quadrant	535	288
D4240	Ging flap,root pln, 4+ per quad	858	688
D4241	Ging flap rt pln 1-3 per quad	702	518
D4245	Apically positioned flap	938	688
D4249	Clinic crown lengthen-hard tiss	902	632
D4260	Osseous surgery- 4+ per quad	1311	976
D4261	Osseous surgery- 1-3 per quad	1511	861
D4263	Bone replace graft-1st site/qu	785	403
D4264	Bone replace graft-each add/qu	636	403
D4266	Guided tiss regen-resorb-per	889	603
D4267	Guided tiss regen-nonresorb-per	1024	688
D4268	Surg revision proc, per tooth	941	743
D4270	Pedicle soft tissue graft proc	988	824
D4320	Provisional splinting-intracor	880	573
D4321	Provisional splinting-extracor	880	569
D4341	Perio scale/root pln-4+per quad	296	173
D4342	Perio scale/root pln-1-3th,quad	222	104
D4355	Full mouth debridemnt,eval/diag	280	173

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D4381	Local deliv antimicrb ag-th B/R	151	59
D4910	Periodontal maintenance	250	167
D4920	Unscheduled dressing change	375	174
D4921	Gingival irrigation – per quadrant	65	29
D5110	Complete denture - maxillary	2500	1548
D5120	Complete denture - mandibular	2500	1548
D5130	Immediate denture - maxillary	2385	1548
D5140	Immediate denture - mandibular	2385	1548
D5211	Maxillary partial - resin base	1629	746
D5212	Mandibular partial - resin base	1629	746
D5213	Maxil partl-cast metal w/resin	2320	1719
D5214	Mand partl-cast metal w/resin	2320	1719
D5221	Immediate Maxillary partial denture – Resin base	2083	746
D5222	Immediate Mandibular partial denture – Resin base	2083	746
D5223	Immediate Maxillary partial denture – Case metal	2376	1719
D5224	Immediate Mandibular partial denture – Cast metal	2373	1719
D5225	Maxillary partial-flexible base	2520	1719
D5226	Mandibul partial-flexible base	2520	1719
D5281	Removable unilat part denture	1201	1090
D5410	Adjust complete denture-maxil	157	111
D5411	Adjust complete denture-mand	157	111
D5421	Adjust partial denture-maxil	106	111
D5422	Adjust partial denture-mand	106	99
D5510	Repair complete denture base	355	230
D5511	Repair broken complete denture base, Mandibular	355	230
D5512	Repair broken complete denture base, Maxillary	355	230
D5520	Replace teeth-comp dent (ea th)	355	230
D5610	Repair resin denture base	355	230
D5620	Repair cast framework	343	230

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ADA Code	Procedure Description	UCR Price	Suave Member Price
D5630	Rpr or rplce brkn clasp, per th	317	99
D5640	Replace broken teeth-per tooth	231	105
D5650	Add tooth to exist part denture	272	230
D5660	Add clasp, exst prt dent per th	319	174
D5710	Rebase complete maxil denture	692	459
D5711	Rebase complete mand denture	691	459
D5720	Rebase maxil partial denture	666	345
D5721	Rebase mand partial denture	666	345
D5730	Reline complete maxil-chairside	444	317
D5731	Reline complete mand-chairside	444	317
D5740	Reline maxil partial-chairside	440	317
D5741	Reline mand partial-chairside	440	317
D5750	Reline complete maxillary (lab)	543	317
D5751	Reline complete mand (lab)	558	317
D5760	Reline maxillary partial (lab)	545	317
D5761	Reline mandibular partial (lab)	548	317
D5810	Interim comp denture (maxil)	1029	688
D5811	Interim comp denture (mand)	1037	688
D5820	Interim partial denture (maxil)	839	861
D5821	Interim partial denture (mand)	839	861
D5850	Tissue condition, maxillary	247	99
D5851	Tissue condition, mandibular	247	99
D5863	Overdenture – Complete Maxillary	3109	1548
D5864	Overdenture – Partial Maxillary	3095	1548
D5865	Overdenture – Complete Mandibular	3253	1548
D5866	Overdenture – Partial Mandibular	3120	1725
D6010	Surg place implant: endosteal	2271	1725
D6012	Plcmnt of intrm impl: endosteal	1955	1375
D6052	Semi-precision attachment Abutment	1146	403

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D6055	Dent implant sup connecting bar	3508	1725
D6056	Prefab abutment-incl placement	879	661
D6057	Custom abutment-incl placement	1037	661
D6058	Abutment supported porc/cer crn	1629	138
D6059	Abtmt supp porc fused to hi-nob	1645	1380
D6060	Abtmt supp porc fused-base metl	1645	1380
D6061	Abtmt supp porc fused-mtl crown	1645	1380
D6062	Abtmt supp cast mtl crown-hinob	2200	1438
D6063	Abtmt supp cast mtl crown-base	2200	1380
D6064	Abtmt supp cast mtl crown-noble	1768	1380
D6065	Implant supp porc/cer crown	2200	978
D6066	Implant supp porc fused mtl crn	2200	978
D6067	Implant supported metal crown	2200	1553
D6068	Abtmt supp ret for porc/cer FPD	1659	978
D6069	Abut sup ret-porc fsd mtl FPDhn	1659	1200
D6210	Pontic-cast high noble metal	1375	1208
D6211	Pontic-cast predominantly base	1126	1093
D6212	Pontic-cast noble metal	1137	1093
D6214	Pontic-titanium	1375	1322
D6240	Pontic-porcelain fused to hnob	1375	975
D6241	Pontic-porcelain fused to base	1126	950
D6242	Pontic-porcelain fused to nobl	1384	1150
D6245	Pontic-porcelain/ceramic	1036	978
D6250	Pontic-resin w/ high noble met	1384	1093
D6251	Pontic-resin w/ predomnt base	1234	892
D6252	Pontic-resin with noble metal	1384	1093
D6253	Provisional pontic	1384	518
D6545	Retainer-cast for resin bonded	1036	518
D6750	Crown-porcelain fused-hi noble	1234	978

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D6751	Crown-porcelain fused-base mtl	1144	978
D6752	Crown-porcelain fused-noble mtl	1177	1093
D6780	Crown-3/4 cast high noble metal	1200	782
D6781	Crown-3/4 cast most base metal	1200	782
D6782	Crown-3/4 cast noble metal	1200	1183
D6783	Crown-3/4 porcelain/ceramic	1155	976
D6790	Retainer crn-full cast hi nob	1200	782
D6791	Retainer crn-full cast base	1200	782
D6792	Retainer crn-full cast nob met	1173	732
D6793	Provisional retainer crown	670	732
D7111	Ext of Primary	270	173
D7140	Ext,erupted tooth-exposed root	275	173
D7210	Surgical ext	350	230
D7220	Extraction-impacted/soft tis	400	345
D7230	Extraction-impacted/part bony	464	403
D7240	Extraction-impacted/compl bony	572	403
D7241	Remov impact-comp bony w/ comp	671	518
D7250	Removal residual tooth roots	360	288
D7280	Exposure of an unerupted tooth	562	345
D7285	Incisional biop oral tiss-hard	579	403
D7286	Incisional biop oral tiss-soft	435	403
D7310	Alveoloplasty w/ext 4+, per quad	600	412
D7311	Alveoloplasty w/ext 1-3 th/per quad	499	207
D7320	Alveoloplasty w/o ext 4+, per quad	918	378
D7321	Alveoloplasty w/o 1-3 th/per quad	755	173
D7473	Mandibularis/Maxillary	3354	1605
D7460	Rem benign nonodont-di<=1.25cm	525	324
D7461	Rem benign nonodont-diam>1.25cm	1050	552
D7510	Incis/drain abscess-intra soft	215	174

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D7511	Incis/drain absces-int soft comp	298	174
D7520	Incis/drain abscess-extra soft	298	174
D7521	Incis/drain absces-ext soft comp	298	174
D7953	Bone repl grft ridge prsv/site	800	403
D7960	Frenulectomy-separate procedur	695	345
D7970	Excision, hyperplast tiss-arch	600	288
D7971	Excision of pericoronal gingiva	600	230
D9110	Emerg treatment, palliative	154	174
D9440	Office visit-after regular hrs	218	174
D9910	Application of desensitize med	74	59
D9911	Apply desensitiz' resin, per th	94	42
D9940	Occlusal guard, by report	686	288
D9941	Fabricate athletic mouthguards	316	174
D9944	Occlusar Guard – Hard appliance, Full Arch	300	288
D9974	Bleaching per tooth, internal	387	174
ZSD004	Valplast/Combo	500	288