



HPHC Insurance
Company

2023

PROVIDER FEE SCHEDULE



20 PARK PLAZA, #496
BOSTON, MA 02116



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GENERAL PRACTITIONER FEE SCHEDULE

Effective January 2023

Note: This fee schedule applies to procedures performed by a General Dentist only.



ADA CODE

PATIENT FEE

DIAGNOSTIC PROCEDURES

D0120	Periodic oral evaluation	25
D0150	Comprehensive oral evaluation	N/C*
D0140	Limited oral evaluation	82
D0160	Detailed oral evaluation (problem focused)	132
D0170	Re-evaluation (problem focused)	70
D0210	Intra oral-complete series of x-rays	128
D0220	Intraoral X-ray film, single first	34
D0230	Intraoral X-ray films, each additional	31
D0270	Bitewing X-ray film, single	39
D0272	Bitewing X-ray films, two	48
D0274	Bitewing X-ray films, four	72
D0330	Panoramic film	132
D0460	Pulp vitality test	82

ADA CODE

PATIENT FEE

PREVENTIVE PROCEDURES

D1110	Prophylaxis (Cleaning)-adult	82
D1120	Prophylaxis (Cleaning)-child	74
D1208	Topical fluoride application-adult	38
D1330	Oral hygiene instruction	N/C*
D1351	Sealant per tooth	52
D1510	Space maintainer-fixed unilateral type	408
D1515	Space maintainer-fixed bilateral type	464

ADA CODE

PATIENT FEE

RESTORATIVE PROCEDURES

D2140	Amalgam - 1 surface	158
D2150	Amalgam - 2 surfaces	166
D2160	Amalgam - 3 surfaces	192
D2161	Amalgam - 4+ surfaces	232
D2330	Resin - 1 surface - anterior	168
D2331	Resin - 2 surfaces - anterior	186
D2332	Resin - 3 surfaces - anterior	246
D2335	Resin - 4 surfaces or involving incisal angle.	262
D2391	Resin- composite, one surface, posterior	182
D2392	Resin- composite, two surfaces, posterior	242
D2393	Resin- composite, three surfaces, posterior	278
D2394	Resin- composite, four surfaces, posterior	312
D2710	Crown resin composite (indirect)	494
D2740	Crown porcelain/ceramic	1264
D2750	Crown porcelain fused to high noble metal	1185
D2751	Crown porcelain predominantly base metal	1165
D2790	Crown full cast (high noble)	1135
D2791	Crown full cast (base metal)	1080
D2920	Re-cement crown	114
D2930	Prefab'd SS crown - Primary tooth	315

D2931	Prefab'd SS crown - Permanent tooth	348
D2932	Prefab'd resin crown	332
D2940	Protective Restoration	112
D2950	Core buildup, including any pins	398
D2951	Pin retention/tooth, in add. to rest	66
D2952	Cast post/core in addition to crown	388
D2954	Prefab'd post/core in add. to crown	376
D2970	Temporary Crown	374
D2980	Crown repair	246

ADA CODE

PATIENT FEE

ENDODONTIC PROCEDURES

D3110	Pulp cap-direct (excl. final rest.)	82
D3120	Pulp cap-indirect(excl. final rest.)	82
D3220	Therapeutic pulpotomy (excl. final rest.)	178
D3310	Root canal - anterior (excl. final rest.)	918
D3320	Endodontic Therapy, premolar tooth (excl. final rest.)	1045
D3330	Endodontic Therapy, molar tooth (exc. Final rest.)	1252
D3346	Re-treatment of root canal (anterior)	1186
D3347	Re-treatment of root canal (premolar)	1208
D3348	Re-treatment of root canal (posterior)	1246
D3410	Apicoectomy (anterior)	896
D3421	Apicoectomy (premolar)	944
D3425	Apicoectomy (posterior)	1168
D3450	Root amputation (per)	448

ADA CODE

PATIENT FEE

PERIODONTIC PROCEDURES

D0180	Comprehensive perio, evaluation	90
D4210	Gingivectomy or gingivoplasty-per quad.	644
D4211	Gingivectomy or gingivoplasty-1-3 teeth	340
D4240	Gingival flap proc.,w/root planing/4+.	938
D4241	Gingival flap procedure.,w/root planning/1-3	632
D4249	Clinical crown lengthening	972
D4260	Osseous surg., incl. flap entry-close/4+	1346
D4261	Osseous surg., incl. flap entry-closed/1-3	1148
D4270	Pedicle soft tissue graft procedure	852
D4341	Periodontal scaling and root planning-4 or more teeth/quad	254
D4342	Periodontal scaling and root planning-1 to 3 teeth/quad	208
D4381	Delivery of antimicrobials	125
D4910	Periodontal maint.(follow active therapy)	154

ADA CODE

PATIENT FEE

PROSTHODONTIC PROCEDURES

D5110	Complete upper denture, including 6-mos post-insertion care	1244
D5120	Complete lower denture, including 6-mos post-insertion care	1244
D5130	Immediate upper denture, (w/6-mos post care) (does not incl. req. future rebasing/relining procedure(s) or a complete new dentures)	1342
D5140	Immediate upper denture, (w/6-mos post care) (does not incl. req. future rebasing/relining procedure(s) or a complete new dentures)	1342
D5211/2	Upper or lower part. denture-acrylic base Incl. any conventional clasps & rests.	1154
D5213/4	Upper or lower part.-predominantly base cast base w/acrylic saddles incl. any conventional clasps & rests	1272
D5410/1	Adj. complete denture-upper or lower (after 6-mos)	98
D5421/2	Adj. partial denture-upper or lower (after 6-mos)	98
D5511	Repair broken complete denture base, mandibular mandibular	152
D5520	Replace missing/broken teeth, comp. dent./tooth	174
D5611	Repair resin partial denture base, mandibular	166
D5630	Repair or replace denture broken clasp	212
D5640	Repair broken teeth-part.denture (per tooth)	166
D5650	Add tooth to existing partial denture	232
D5660	Add Clasp to existing partial denture	232
D5710/1	Rebase upper/lower compl. denture(LAB)	524
D5720/1	Rebase upper/lower partial denture (LAB)	524
D5730/1	Reline upper/lower deture (Chairside)	322
D5750/1	Reline upper/lower denture (LAB)	424
D5810/1	Temporary complete denture (upper or lower)	654
D5820/1	Temp. partial-stayplate denture (upper or lower)	542

ADA CODE

PATIENT FEE

FIXED PROSTHODONTIC PROCEDURES

D6241	Pontic - porcelain fuse to metal	1080
D6545	Cast-metal retainer for acid etch bridge	472
D6740	Crown-porcelain ceramic	1135
D6751	Crown- (abutment) porcelain fuse to metal	1085
D6791	Crown- (abutment) full cast base metal	1065
D6930	Recement bridge - per abutment	146

ADA CODE

PATIENT FEE

ORAL SURGERY

D7111	Extraction - primary tooth	136
D7140	Extraction(simple)-single tooth	178
D7210	Surgical removal of erupted tooth per tooth	362
D7250	Surgical removal of residual tooth roots	342
D7510	Incision/drainage of abscess	262

Surgical procedures listed above include the administration of local anesthesia only.

The administration of nitrous oxide, intravenous sedation or general anesthesia is available at a 20% discount to the subscriber.

ADA CODE

PATIENT FEE

COSMETIC PROCEDURES

D2960	Bonding (per tooth) full face build up	788
D2962	Porcelain laminate veneer per tooth	1080
D9972	External Bleaching - per arch	275

ADA CODE

PATIENT FEE

ADJUNCTIVE GENERAL SERVICES UNCLASSIFIED

D0016	Failed appt. (w/o 24hr notice) per 15 min	85
D9110	Palliative (ER) treatment of minor pain	105
D9940	Occlusal guard/Night Guard	515

PLAN GUIDELINES

Listed are most office procedures.

Subscribers receive 20% discount from the usual and customary fees on procedures not listed.

*Oral examinations and diagnosis at no charge is in conjunction with cleaning or x-rays or any other procedures only.

If a patient chooses to do initial oral examination only, then the \$55 comprehensive oral examination fee (ADA0150) will apply.

Universal Dental Plan is NOT dental insurance. It is a Discount Dental Plan.



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SPECIALIST FEE SCHEDULE

Effective January 2023

Note: This fee schedule applies to procedures performed by a Board Specialized Dentist only.



ADA CODE

PATIENT FEE

ORAL SURGERY

D0150	Comprehensive oral examination	90
D7140	Extraction (simple) – Single Tooth	224
D7210	Surgical removal of erupted tooth per tooth	412
D7220	Removal of impacted tooth – soft tissue	418
D7230	Removal of impacted tooth – partial bony	448
D7240	Removal of impacted tooth –complete bony	508
D7241	Removal of impacted tooth –complete bony w/ unusual surgical complications	608
D7250	Surgical removal of residual tooth roots	346
D7280	Surgical access of an unerupted tooth	518
D7310	Alveolectomy/plasty in conj. w/ ext./quad	352
D7320	Alveolectomy/plasty not in conj. w/ext./quad	512
D7960	Frenulectomy (frenectomy or frenotomy)	525
D7970	Excision of hyperplastic tissue – per arch	534
D7971	Excision of periocoronar gingiva	292

ADA CODE

PATIENT FEE

ENDODONTIC PROCEDURES

D0140	Comprehensive oral examination	90
D3310	Root canal - anterior (excl. nal rest.)	1025
D3320	Root canal - bicuspid (excl. nal rest.)	1184
D3330	Root canal – 3 or 4 canals (excl. nal rest.)	1466
D3410	Apicoectomy (per tooth)	998
D3426	Apicoectomy (per tooth) – each add. root	532
D3450	Root amputations – per root	645
D3920	Hemisection (incl. root removal; excl. RC)	528

ADA CODE

PATIENT FEE

PERIODONTIC PROCEDURES

D0180	Comprehensive oral examination	90
D4240	Gingival ap proc.,incl.root planing/quad.	1168
D4260	Osseous surg., incl. ap entry-close/quad	1482
D4270	Pedicle soft tissue graft procedure	1046
D4341	Periodontal scaling and root planing – 4 or more teeth/quad	298
D4342	Periodontal scaling and root planing – 1 to 3 teeth/quad	272

ORTHODONTIC PROCEDURES

MEMBER FEE

20% off

TMJ DENTISTRY

MEMBER FEE

20% off

PEDIATRIC DENTISTRY

MEMBER FEE

20% off

PROSTHODONTIC DENTISTRY

MEMBER FEE

20% off

IMPLANTOLOGY

MEMBER FEE

20% off



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