

SECURECARE DENTAL

The Copay Plan - Plan Code 120

Schedule of Patient Copayments General Dentist

GENERAL INFORMATION

The Copay Plan is a fee-for-service dental plan designed with convenient copays. Patients are responsible for the copays listed. SECURECARE DENTAL will compensate you the remainder up to the maximum allowable in the SPDO Fee Schedule. **When "No Charge" is listed, provider is reimbursed 100% of the SPDO Fee Schedule.**

Lab fees are included in the SPDO Fee Schedule unless indicated specifically by separate code.

THIS IS NOT A PRE-PAID CAPITATION PLAN. You must submit claims according to the instructions provided in this Provider Manual for reimbursement.

OFFICE VISIT COPAY See ID CARD

COVERED SERVICES	ADA CODE	COPAY
Type I – Diagnostic/Evaluation Services		
Periodic Oral Exam	D0120	\$ 12.00
Limited Oral Exam – Problem Focused	D0140	\$ 10.00
Comprehensive Oral Exam	D0150	\$ 10.00
Extensive Oral Evaluation – Problem Focused	D0160	\$ 10.00
Re Evaluation – Limited, Prob Focused New/Est	D0170	\$ 10.00
Comprehensive Periodontal Eval, New or Est	D0180	\$ 10.00
Intraoral – Complete Series (includes bitewings)	D0210	\$ 10.00
Intraoral – Periapical – 1 st film	D0220	No Charge
Intraoral – Periapical – Each Additional Film	D0230	No Charge
Intraoral – Occlusal Film	D0240	No Charge
Extraoral – 1 st Film	D0250	No Charge
Extraoral – Each Additional Film	D0260	No Charge
Bitewing – 1 Film	D0270	No Charge
Bitewing – 2 Films	D0272	No Charge
Bitewing – 4 Films	D0274	No Charge
Vertical Bitewings – 7 to 8 films	D0277	No Charge
Panoramic Film	D0330	No Charge
Pulp Vitality Tests	D0460	No Charge
Diagnostic Casts	D0470	No Charge
Type I – Preventative Services		
Prophy – Adult	D1110	\$ 10.00
Prophy – Child	D1120	\$ 10.00
Fluoride – (Including Prophy) Child	D1201	\$ 12.00
Fluoride–(Prophy Not Included) Child	D1203	No Charge

COVERED SERVICES

Type I – Preventative Services (continued)

Fluoride–(Prophy Not Incl)Adult-Up to Age 16	D1204	No Charge
Fluoride - (Including Prophy)Adult-Up to 16	D1205	\$ 12.00
Sealant (1/3 yrs Permanent Molars Up to 16)	D1351	\$ 20.00
Space Maintainer – Fixed – Unilateral	D1510	\$ 51.00
Space Maintainer – Fixed – Bilateral	D1515	\$ 51.00
Space Maintainer – Removable – Unilateral	D1520	\$ 51.00
Space Maintainer – Removable – Bilateral	D1525	\$ 51.00
Recementation of Space Maintainer (Once only)	D1550	\$ 15.00

Type II – Restorative Dentistry

Amalgam – 1 Surface, Prim or Perm	D2140	\$ 30.00
Amalgam – 2 Surfaces, Prim or Perm	D2150	\$ 30.00
Amalgam – 3 Surfaces, Prim or Perm	D2160	\$ 30.00
Amalgam – 4+ Surfaces, Prim or Perm	D2161	\$ 26.00
Resin-Based Composite – 1 Surface, Anterior	D2330	\$ 40.00
Resin-Based Composite – 2 Surfaces, Anterior	D2331	\$ 40.00
Resin-Based Composite – 3 Surfaces, Anterior	D2332	\$ 40.00
Resin-Based Composite – 4+ Surfaces, Anterior	D2335	\$ 40.00
Resin-Based Composite Crown, Anterior	D2390	\$ 29.00
Resin-Based Composite – 1 Surface, Posterior	D2391	\$ 40.00
Resin-Based Composite – 2 Surfaces, Posterior	D2392	\$ 40.00
Resin-Based Composite – 3 Surfaces, Posterior	D2393	\$ 45.00
Resin-Based Composite – 4+ Surfaces, Posterior	D2394	\$ 45.00

Type III – Restorative Dentistry

Inlay – Metallic – 1 Surface	D2510	\$ 133.00
Inlay – Metallic – 2 Surfaces	D2520	\$ 158.00
Inlay – Metallic – 3+ Surfaces	D2530	\$ 214.00
Onlay – Metallic – 2 Surfaces	D2542	\$ 209.00
Onlay – Metallic – 3 Surfaces	D2543	\$ 219.00
Onlay – Metallic – 4+ Surfaces	D2544	\$ 219.00
Inlay – Porcelain/Ceramic – 1 Surface	D2610	\$ 148.00
Inlay – Porcelain/Ceramic – 2 Surfaces	D2620	\$ 214.00
Inlay – Porcelain/Ceramic – 3+ Surfaces	D2630	\$ 230.00
Onlay – Porcelain/Ceramic – 2 Surfaces	D2642	\$ 204.00
Onlay – Porcelain/Ceramic – 3 Surfaces	D2643	\$ 214.00
Onlay – Porcelain/Ceramic – 4+ Surfaces	D2644	\$ 316.00
Inlay – Resin-Based Composite – 1 Surface	D2650	\$ 77.00
Inlay – Resin-Based Composite – 2 Surfaces	D2651	\$ 107.00
Inlay – Resin-Based Composite – 3+ Surfaces	D2652	\$ 143.00
Onlay – Resin-Based Composite – 2 Surfaces	D2662	\$ 138.00
Onlay – Resin-Based Composite – 3 Surfaces	D2663	\$ 179.00
Crown – Resin – Lab	D2710	\$ 97.00
Crown – Resin Fused to High Noble Metal	D2720	\$ 270.00
Crown – Resin Fused to Base Metal	D2721	\$ 260.00
Crown – Resin Fused to Noble Metal	D2722	\$ 265.00
Crown – Porcelain/Ceramic Substrate	D2740	\$ 325.00
Crown – Porcelain Fused to High Noble Metal	D2750	\$ 325.00
Crown – Porcelain Fused to Predom. Base Metal	D2751	\$ 265.00
Crown – Porcelain Fused to Noble Metal	D2752	\$ 260.00
Crown – ¾ Cast High Noble Metal	D2780	\$ 311.00
Crown – ¾ Cast Predominantly Base Metal	D2781	\$ 245.00
Crown – ¾ Cast Noble Metal	D2782	\$ 250.00
Crown – ¾ Porcelain/Ceramic	D2783	\$ 245.00
Crown – Full Cast High Noble Metal	D2790	\$ 265.00
Crown – Full Cast Predominantly Base Metal	D2791	\$ 235.00

ADA CODE

COPAY

COVERED SERVICES

Type III – Restorative Dentistry (continued)

Crown – Full Cast Noble Metal	D2792	\$ 255.00
Recemement Inlay	D2910	\$ 12.00
Recemement Crown	D2920	\$ 12.00
Prefabricated Stainless Steel Crown –Primary	D2930	\$ 47.00
Prefabricated Stainless Steel Crown –Permanent	D2931	\$ 43.00
Prefabricated Resin Crown	D2932	\$ 58.00
Sedative Filling	D2940	\$ 5.00
Core Build Up, Including any Pins	D2950	\$ 43.00
Pin Retention–Per Tooth In Add. To Restoration	D2951	\$ 10.00
Cast Post and Core in Addition to Crown	D2952	\$ 58.00
Prefabricated Post and Core in Add. To Crown	D2954	\$ 62.00
Post Removal (not in conjunction w/Endo)	D2955	No Charge
Each Add. Prefabricated Post – same tooth	D2957	\$ 26.00
Labial Veneer (resin laminate) – Chairside	D2960	\$ 133.00
Labial Veneer (resin laminate) – Laboratory	D2961	\$ 230.00
Labial Veneer (porcelain laminate) – Laboratory	D2962	\$ 240.00
Temporary Crown (fractured tooth)	D2970	No Charge
Crown Repair, By Report	D2980	\$ 41.00

Type III – Endodontics

Pulp Cap–Direct (Excluding Final Restoration)	D3110	\$ 13.00
Pulp Cap–Indirect (Excluding Final Restoration)	D3120	\$ 10.00
Therapeutic Pulpotomy (Excl Final Restoration)	D3220	\$ 43.00
Pulpal Debridement, Primary and Permanent	D3221	\$ 31.00
Pulpal Therapy Anterior, Primary	D3230	\$ 41.00
Pulpal Therapy Posterior, Primary	D3240	\$ 36.00
Root Canal – Anterior (Excl Final Restoration)	D3310	\$ 180.00
Root Canal – Bicuspid (Excl. Final Restoration)	D3320	\$ 185.00
Root Canal – Molar (Excl. Final Restoration)	D3330	\$ 275.00
Treatment of Root Canal Obstruction, non surg.	D3331	\$ 92.00
Incomplete Endo. Therapy, Inop, Fractured	D3332	\$ 122.00
Internal Root Repair of Perforation Defects	D3333	\$ 117.00
Retreatment of Previous RCT – Anterior	D3346	\$ 214.00
Retreatment of Previous RCT – Bicuspid	D3347	\$ 291.00
Retreatment of Previous RCT – Molar	D3348	\$ 306.00
Apexification/Recalcification – Initial Visit	D3351	\$ 31.00
Apexification/Recalcification – Med Replace	D3352	\$ 31.00
Apexification/Recalcification – Final Visit	D3353	\$ 31.00
Apicoectomy/Periradicular – Anterior	D3410	\$ 148.00
Apicoectomy/Periradicular – Bicuspid, 1st Root	D3421	\$ 137.00
Apicoectomy/Periradicular – Molar, 1st Root	D3425	\$ 153.00
Apicoectomy/Periradicular Each Add. Root	D3426	\$ 31.00
Retrograde Filling – Per Root	D3430	\$ 31.00
Root Amputation – Per Root	D3450	\$ 68.00
Hemisection (Incl any Root Rem)-Not Incl RCT	D3920	\$ 68.00
Canal Preparation/Post Fitting	D3950	No Charge

Type III – Periodontics

Gingivectomy/Gingivoplasty – 4+ teeth/quad	D4210	\$ 148.00
Gingivectomy/Gingivoplasty – 1-3 teeth/quad	D4211	\$ 41.00
Gingival Flap-Inc. Root Planing, 4+ teeth/quad	D4240	\$ 189.00
Gingival Flap-Inc. Root Planing, 1-3 teeth/quad	D4241	\$ 122.00
Crown Lengthening Hard Tissue(Only when Performed w/Crown)	D4249	\$ 255.00
Osseous Surgery – 4+ teeth/quad	D4260	\$ 306.00

COVERED SERVICES	ADA CODE	COPAY	COVERED SERVICES	ADA CODE	COPAY	COVERED SERVICES	ADA CODE	COPAY
Type III – Periodontics (continued)			Type III – Pontics			Type II – Oral Surgery (continued)		
Osscous Surgery – 1-3 teeth/quad	D4261	\$ 199.00	Pontic – Cast High Noble Metal	D6210	\$ 260.00	Oroantral Fistula Closure	D7260	\$ 179.00
Pedicle Soft Tissue Graft Procedure	D4270	\$ 66.00	Pontic – Cast Predominantly Base Metal	D6211	\$ 245.00	Tooth Reimplantation and/or Stabilization	D7270	\$ 153.00
Free Soft Tissue Graft Procedure	D4271	\$ 143.00	Pontic – Cast Noble Metal	D6212	\$ 255.00	Tooth Transplantation and/or Stabilization	D7272	\$ 153.00
Subepithelial Connective Tissue Graft	D4273	\$ 337.00	Pontic – Porcelain Fused to High Noble Metal	D6240	\$ 296.00	Surg. Exp. Of Impact'd/Unerupt'd Tooth-Ortho	D7280	\$ 117.00
Distal Wedge	D4274	\$ 184.00	Pontic – Porcelain Fused to Predom. Base Metal	D6241	\$ 291.00	Surg. Exp. Of Impact'd/Unerupt'd Th-Aid Erup	D7281	\$ 117.00
Soft Tissue Allograft	D4275	\$ 255.00	Pontic – Porcelain Fused to Noble Metal	D6242	\$ 265.00	Biopsy of Oral Tissue – Hard (Bone, Tooth)	D7285	\$ 41.00
Comb. Connective Tissue/Double Pedicle Graft	D4276	\$ 342.00	Pontic – Porcelain/Ceramic	D6245	\$ 299.00	Biopsy of Oral Tissue – Soft (All Others)	D7286	\$ 41.00
Intracoronaral Splint	D4320	\$ 72.00	Retainer – Cast Metal/Resin Bond Fxd	D6545	\$ 163.00	Alveoplasty in Conjunction w/Extract-Per Quad	D7310	\$ 61.00
Extracoronaral Splint	D4321	\$ 71.00	Retainer – Porc/Ceramic/Resin Bond Fxd	D6548	\$ 153.00	Alveoplasty not in Conjunction w/Extract-Per Quad	D7320	\$ 92.00
Perio. Scaling & Root Planing – 4+ teeth/quad	D4341	\$ 65.00	Inlay – Porcelain/Ceramic, 2 Surfaces	D6600	\$ 224.00	Vestibuloplasty-Ridge Ext (2nd Epithel)	D7340	\$ 122.00
Perio. Scaling & Root Planing – 1-3 teeth/quad	D4342	\$ 44.00	Inlay – Porcelain/Ceramic, 3+ Surfaces	D6601	\$ 235.00	Vestibuloplasty-Ridge Ext (Grafts, Hypertissue)	D7350	\$ 184.00
Full Mouth Debridement	D4355	\$ 50.00	Inlay – Cast High Noble Metal, 2 Surfaces	D6602	\$ 224.00	Excision of Malignant Tumor-up to 1.25 cm	D7440	\$ 138.00
Periodontal Maintenance Procedures	D4910	\$ 46.00	Inlay – Cast High Noble Metal, 3+ Surfaces	D6603	\$ 260.00	Excision of Malignant Tumor - > than 1.25cm	D7441	\$ 179.00
			Inlay – Cast Predom. Base Metal, 2 Surfaces	D6604	\$ 204.00	Removal of Odont Cyst/Tumor <= 1.25cm	D7450	\$ 194.00
			Inlay – Cast Predom. Base Metal, 3+ Surf	D6605	\$ 235.00	Removal of Odont Cyst/Tumor > 1.25cm	D7451	\$ 219.00
			Inlay – Cast Noble Metal, 2 Surfaces	D6606	\$ 230.00	Removal of Nonodon Cyst/Tmr<= 1.25cm	D7460	\$ 209.00
Type III – Removable Prosthetics			Inlay – Cast Noble Metal, 3+ Surfaces	D6607	\$ 255.00	Removal of Nonodon Cyst/Tmr > 1.25 cm	D7461	\$ 245.00
Complete Denture – Upper	D5110	\$ 350.00	Onlay – Porcelain/Ceramic, 2 Surfaces	D6608	\$ 255.00	Removal of Exostosis – Per Site	D7471	\$ 64.00
Complete Denture – Lower	D5120	\$ 350.00	Onlay – Porcelain/Ceramic, 3+ Surfaces	D6609	\$ 265.00	Removal of Toral Palatinus	D7472	\$ 163.00
Immediate Denture – Upper	D5130	\$ 337.00	Onlay – Cast High Noble Metal, 2 Surfaces	D6610	\$ 219.00	Removal of Torus Mandibularis	D7473	\$ 163.00
Immediate Denture – Lower	D5140	\$ 337.00	Onlay – Cast High Noble Metal, 3+ Surfaces	D6611	\$ 270.00	Surgical Reduction of Osseous Tuberosity	D7485	\$ 163.00
Upper Partial Denture – Resin Base	D5211	\$ 260.00	Onlay – Cast Predom. Base Metal, 2 Surfaces	D6612	\$ 204.00	I/D of Abscess – Intraoral Soft Tissue	D7510	\$ 38.00
Lower Partial Denture – Resin Base	D5212	\$ 260.00	Onlay – Cast Predom. Base Metal, 3+ Surfaces	D6613	\$ 255.00	I/D of Abscess – Extraoral Soft Tissue	D7520	\$ 82.00
Upper Partial – Cast Metal with Resin Base	D5213	\$ 380.00	Onlay – Cast Noble Metal, 2 Surfaces	D6614	\$ 214.00	Removal of F.B., Skin, or Subc. Areolar Tissue	D7530	\$ 38.00
Lower Partial – Cast Metal with Resin Base	D5214	\$ 380.00	Onlay – Cast Noble Metal, 3+ Surfaces	D6615	\$ 275.00	Removal of Reaction Producing Foreign Bodies	D7540	\$ 82.00
Removable Unilateral Partial – 1 Pc Cast Metal	D5281	\$ 173.00	Crown – Resin Fused to High Noble Metal	D6720	\$ 255.00	Sequestrectomy for Osteomyelitis	D7550	\$ 38.00
Adjust Complete Denture – Upper	D5410	\$ 15.00	Crown – Resin Fused to Base Metal	D6721	\$ 240.00	Maxillary Sinusotomy for Removal of Tooth	D7560	\$ 38.00
Adjust Complete Denture – Lower	D5411	\$ 15.00	Crown – Resin Fused to Noble Metal	D6722	\$ 245.00	Suture of Recent Small Wounds up to 5cm	D7910	\$ 38.00
Adjust Partial Denture – Upper	D5421	\$ 15.00	Crown – Porcelain/Ceramic Substrate	D6740	\$ 362.00	Frenulectomy (Frenectomy or Frenotomy)	D7960	\$ 71.00
Adjust Partial Denture – Lower	D5422	\$ 15.00	Crown – Porcelain Fused to High Noble Metal	D6750	\$ 350.00	Excision of Hyperplastic Tissue – Per Arch	D7970	\$ 68.00
Repair Broken Complete Denture Base	D5510	\$ 37.00	Crown – Porcelain Fused to Predom. Base Metal	D6751	\$ 235.00	Excision of Pericoronaral Gingiva	D7971	\$ 53.00
Replace Missing or Broken Teeth – Per Tooth	D5520	\$ 31.00	Crown – Porcelain Fused to Noble Metal	D6752	\$ 350.00	Surgical Reduction of Fibrous Tuberosity	D7972	\$ 204.00
Repair Resin Denture Base	D5610	\$ 31.00	Crown – ¾ Cast High Noble Metal	D6780	\$ 289.00	Sialolithotomy	D7980	\$ 179.00
Repair Cast Framework	D5620	\$ 36.00	Crown – ¾ Cast Predominantly Base Metal	D6781	\$ 245.00	Closure of Salivary Fistula	D7983	\$ 179.00
Repair or Replace Broken Clasp	D5630	\$ 36.00	Crown – ¾ Cast Noble Metal	D6782	\$ 240.00			
Replace Broken Teeth– Per Tooth	D5640	\$ 36.00	Crown – Full Cast High Noble Metal	D6790	\$ 255.00	Type/Miscellaneous Services		
Add Tooth to Existing Partial Denture	D5650	\$ 36.00	Crown – Full Cast Predominantly Base Metal	D6791	\$ 250.00	I Palliative (Emergency) Treatment	D9110	\$ 10.00
Add Clasp to Existing Partial Denture	D5660	\$ 36.00	Crown – Full Cast Noble Metal	D6792	\$ 265.00	III General Anesthesia – First 30 Minutes *	D9220	\$ 90.00
Replace All Teeth+Acrylic Cast Metal Frame (Upper)	D5670	\$ 128.00	Recement Fixed Partial Denture	D6930	\$ 10.00	III General Anesthesia – Each Add 15 Minutes*	D9221	\$ 26.00
Replace All Teeth and Acrylic on Cast Metal Frame (Lower)	D5671	\$ 128.00	Stress Breaker	D6940	\$ 33.00	III Analgesia, Anxiolysis, Inhal Nitrous Oxide*	D9230	\$ 10.00
Rebase Complete Upper Denture	D5710	\$ 66.00	Cast Post+Core Fxd Part'1 Denture Retainer	D6970	\$ 41.00	III IV Sedation/Analgesia – First 30 Min*	D9241	\$ 122.00
Rebase Complete Lower Denture	D5711	\$ 66.00	Cast Post – Part of Fixed Part'1 Denture Retainer	D6971	\$ 51.00	III IV Sedation/Analgesia – Each Add 15 Min*	D9242	\$ 26.00
Rebase Upper Partial Denture	D5720	\$ 66.00	Prefab Post & Core Add Fxd Part'1 Denture Rpr	D6972	\$ 51.00	III Non-IV Conscious Sedation *	D9248	\$ 43.00
Rebase Lower Partial Denture	D5721	\$ 66.00	Core Build Up for Retainer, Including any Pins	D6973	\$ 41.00	I Consultation	D9310	No Charge
Reline Complete Upper Denture (Chairside)	D5730	\$ 66.00	Each Additional Cast Post – Same Tooth	D6976	\$ 61.00	I Office Visit for Observ- Reg Schd hrs	D9430	No Charge
Reline Complete Lower Denture (Chairside)	D5731	\$ 66.00	Each Add Prefabricated Post – Same Tooth	D6977	\$ 56.00	II Therapeutic Injection (Antibiotics Only)	D9610	\$ 31.00
Reline Upper Partial Denture (Chairside)	D5740	\$ 66.00	Fixed Partial Denture Repair - by Report	D6980	\$ 66.00	II Treatment of Complications (Post Surgical)	D9930	\$ 10.00
Reline Lower Partial Denture (Chairside)	D5741	\$ 66.00				III Occlusal Guard (For Bruxism)	D9940	\$ 58.00
Reline Complete Upper Denture (Laboratory)	D5750	\$ 66.00	Type II – Oral Surgery			III Occlusal Adjustment - Limited	D9951	\$ 33.00
Reline Complete Lower Denture (Laboratory)	D5751	\$ 66.00	Coronal Remnants – Deciduous Tooth	D7111	\$ 24.00	III Occlusal Adjustment – Complete	D9952	\$ 77.00
Reline Upper Partial Denture (Laboratory)	D5760	\$ 66.00	Extraction – Erupted Tooth or Exposed Root	D7140	\$ 40.00			
Reline Lower Partial Denture (Laboratory)	D5761	\$ 66.00	Surgical Removal of Erupted Tooth	D7210	\$ 78.00			
Tissue Conditioning – Upper	D5850	\$ 16.00	Removal of Impacted Tooth – Soft Tissue	D7220	\$ 69.00			
Tissue Conditioning – Lower	D5851	\$ 15.00	Removal of Impacted Tooth – Partially Bony	D7230	\$ 78.00			
			Removal of Impacted Tooth – Completely Bony	D7240	\$ 143.00			
			Surgical Removal of Residual Tooth Roots	D7250	\$ 37.00			

* Covered Only when performed in conjunction with covered oral surgery