

SECURECARE DENTAL

The Copay Plan - Plan Code 111

Schedule of Patient Copayments Specialist

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	\$ 11.00
Limited Oral Exam – Problem Focused	D0140	\$ 32.00
Comprehensive Oral Exam	D0150	\$ 30.00
Extensive Oral Evaluation – Problem Focused	D0160	\$ 129.00
Re Evaluation – Limited, Prob Focused New/Est	D0170	\$ 18.00
Comprehensive Periodontal Eval, New or Est	D0180	\$ 43.00
Intraoral – Complete Series (includes bitewings)	D0210	\$ 45.00
Intraoral – Periapical – 1 st film	D0220	\$ 10.00
Intraoral – Periapical – Each Additional Film	D0230	\$ 8.00
Intraoral – Occlusal Film	D0240	\$ 15.00
Extraoral – 1 st Film	D0250	\$ 15.00
Extraoral – Each Additional Film	D0260	\$ 20.00
Bitewing – 1 Film	D0270	\$ 11.00
Bitewing – 2 Films	D0272	\$ 12.00
Bitewing – 4 Films	D0274	\$ 18.00
Vertical Bitewings – 7 to 8 films	D0277	\$ 24.00
Panoramic Film	D0330	\$ 35.00
Pulp Vitality Tests	D0460	No Charge
Diagnostic Casts	D0470	No Charge
Type I – Preventative Services		
Prophy – Adult	D1110	\$ 15.00
Prophy – Child	D1120	\$ 11.00
Fluoride – (Including Prophy) Child	D1201	\$ 20.00
Fluoride – (Prophy Not Included) Child	D1203	\$ 23.00

COVERED SERVICES

Type I – Preventative Services (continued)

Fluoride – (Prophy Not Incl) Adult-Up to Age 16	D1204	\$ 24.00
Fluoride - (Including Prophy) Adult-Up to 16	D1205	\$ 15.00
Sealant (1/3 yrs Permanent Molars Up to 16)	D1351	\$ 29.00
Space Maintainer – Fixed – Unilateral	D1510	\$ 153.00
Space Maintainer – Fixed – Bilateral	D1515	\$ 165.00
Space Maintainer – Removable – Unilateral	D1520	\$ 191.00
Space Maintainer – Removable – Bilateral	D1525	\$ 245.00
Recementation of Space Maintainer (Once only)	D1550	\$ 46.00

Type II – Restorative Dentistry

Amalgam – 1 Surface, Prim or Perm	D2140	\$ 89.00
Amalgam – 2 Surfaces, Prim or Perm	D2150	\$ 110.00
Amalgam – 3 Surfaces, Prim or Perm	D2160	\$ 132.00
Amalgam – 4+ Surfaces, Prim or Perm	D2161	\$ 145.00
Resin-Based Composite – 1 Surface, Anterior	D2330	\$ 80.00
Resin-Based Composite – 2 Surfaces, Anterior	D2331	\$ 89.00
Resin-Based Composite – 3 Surfaces, Anterior	D2332	\$ 106.00
Resin-Based Composite – 4+ Surfaces, Anterior	D2335	\$ 128.00
Resin-Based Composite Crown, Anterior	D2390	\$ 107.00
Resin-Based Composite – 1 Surface, Posterior	D2391	\$ 85.00
Resin-Based Composite – 2 Surfaces, Posterior	D2392	\$ 105.00
Resin-Based Composite – 3 Surfaces, Posterior	D2393	\$ 116.00
Resin-Based Composite – 4+ Surfaces, Posterior	D2394	\$ 151.00

Type III – Restorative Dentistry

Inlay – Metallic – 1 Surface	D2510	\$ 476.00
Inlay – Metallic – 2 Surfaces	D2520	\$ 467.00
Inlay – Metallic – 3+ Surfaces	D2530	\$ 582.00
Onlay – Metallic – 2 Surfaces	D2542	\$ 549.00
Onlay – Metallic – 3 Surfaces	D2543	\$ 502.00
Onlay – Metallic – 4+ Surfaces	D2544	\$ 521.00
Inlay – Porcelain/Ceramic – 1 Surface	D2610	\$ 574.00
Inlay – Porcelain/Ceramic – 2 Surfaces	D2620	\$ 583.00
Inlay – Porcelain/Ceramic – 3+ Surfaces	D2630	\$ 550.00
Onlay – Porcelain/Ceramic – 2 Surfaces	D2642	\$ 570.00
Onlay – Porcelain/Ceramic – 3 Surfaces	D2643	\$ 549.00
Onlay – Porcelain/Ceramic – 4+ Surfaces	D2644	\$ 507.00
Inlay – Resin-Based Composite – 1 Surface	D2650	\$ 339.00
Inlay – Resin-Based Composite – 2 Surfaces	D2651	\$ 390.00
Inlay – Resin-Based Composite – 3+ Surfaces	D2652	\$ 405.00
Onlay – Resin-Based Composite – 2 Surfaces	D2662	\$ 345.00
Onlay – Resin-Based Composite – 3 Surfaces	D2663	\$ 430.00
Crown – Resin – Lab	D2710	\$ 237.00
Crown – Resin Fused to High Noble Metal	D2720	\$ 579.00
Crown – Resin Fused to Base Metal	D2721	\$ 580.00
Crown – Resin Fused to Noble Metal	D2722	\$ 591.00
Crown – Porcelain/Ceramic Substrate	D2740	\$ 539.00
Crown – Porcelain Fused to High Noble Metal	D2750	\$ 529.00
Crown – Porcelain Fused to Predom. Base Metal	D2751	\$ 488.00
Crown – Porcelain Fused to Noble Metal	D2752	\$ 504.00
Crown – ¾ Cast High Noble Metal	D2780	\$ 590.00
Crown – ¾ Cast Predominantly Base Metal	D2781	\$ 510.00
Crown – ¾ Cast Noble Metal	D2782	\$ 510.00
Crown – ¾ Porcelain/Ceramic	D2783	\$ 584.00
Crown – Full Cast High Noble Metal	D2790	\$ 573.00
Crown – Full Cast Predominantly Base Metal	D2791	\$ 604.00

ADA CODE COPAY

COVERED SERVICES

Type III – Restorative Dentistry (continued)

Crown – Full Cast Noble Metal	D2792	\$ 579.00
Recemement Inlay	D2910	\$ 46.00
Recemement Crown	D2920	\$ 52.00
Prefabricated Stainless Steel Crown – Primary	D2930	\$ 172.00
Prefabricated Stainless Steel Crown – Permanent	D2931	\$ 173.00
Prefabricated Resin Crown	D2932	\$ 213.00
Sedative Filling	D2940	\$ 54.00
Core Build Up, Including any Pins	D2950	\$ 160.00
Pin Retention – Per Tooth In Add. To Restoration	D2951	\$ 31.00
Cast Post and Core in Addition to Crown	D2952	\$ 215.00
Prefabricated Post and Core in Add. To Crown	D2954	\$ 188.00
Post Removal (not in conjunction w/Endo)	D2955	No Charge
Each Add. Prefabricated Post – same tooth	D2957	\$ 67.00
Labial Veneer (resin laminate) – Chairside	D2960	\$ 543.00
Labial Veneer (resin laminate) – Laboratory	D2961	\$ 574.00
Labial Veneer (porcelain laminate) – Laboratory	D2962	\$ 518.00
Temporary Crown (fractured tooth)	D2970	No Charge
Crown Repair, By Report	D2980	By Report

Type III – Endodontics

Pulp Cap – Direct (Excluding Final Restoration)	D3110	\$ 50.00
Pulp Cap – Indirect (Excluding Final Restoration)	D3120	\$ 34.00
Therapeutic Pulpotomy (Excl Final Restoration)	D3220	\$ 102.00
Pulpal Debridement, Primary and Permanent	D3221	\$ 114.00
Pulpal Therapy Anterior, Primary	D3230	\$ 101.00
Pulpal Therapy Posterior, Primary	D3240	\$ 112.00
Root Canal – Anterior (Excl Final Restoration)	D3310	\$ 361.00
Root Canal – Bicuspid (Excl. Final Restoration)	D3320	\$ 364.00
Root Canal – Molar (Excl. Final Restoration)	D3330	\$ 545.00
Treatment of Root Canal Obstruction, non surg.	D3331	\$ 127.00
Incomplete Endo. Therapy, Inop, Fractured	D3332	\$ 387.00
Internal Root Repair of Perforation Defects	D3333	\$ 158.00
Retreatment of Previous RCT – Anterior	D3346	\$ 645.00
Retreatment of Previous RCT – Bicuspid	D3347	\$ 752.00
Retreatment of Previous RCT – Molar	D3348	\$ 956.00
Apexification/Recalcification – Initial Visit	D3351	\$ 242.00
Apexification/Recalcification – Med Replace	D3352	\$ 82.00
Apexification/Recalcification – Final Visit	D3353	\$ 377.00
Apicoectomy/Periradicular – Anterior	D3410	\$ 513.00
Apicoectomy/Periradicular – Bicuspid, 1st Root	D3421	\$ 500.00
Apicoectomy/Periradicular – Molar, 1st Root	D3425	\$ 629.00
Apicoectomy/Periradicular Each Add. Root	D3426	\$ 86.00
Retrograde Filling – Per Root	D3430	\$ 139.00
Root Amputation – Per Root	D3450	\$ 264.00
Hemisection (Incl any Root Rem) – Not Incl RCT	D3920	\$ 242.00
Canal Preparation/Post Fitting	D3950	No Charge

Type III – Periodontics

Gingivectomy/Gingivoplasty – 4+ teeth/quad	D4210	\$ 667.00
Gingivectomy/Gingivoplasty – 1-3 teeth/quad	D4211	\$ 275.00
Gingival Flap-Inc. Root Planing, 4+ teeth/quad	D4240	\$ 686.00
Gingival Flap-Inc. Root Planing, 1-3 teeth/quad	D4241	\$ 354.00
Crown Lengthening Hard Tissue (Only when Performed w/Crown)	D4249	\$ 792.00
Osseous Surgery – 4+ teeth/quad	D4260	\$ 1,237.00

COVERED SERVICES	ADA CODE	COPAY
Type III – Periodontics (continued)		
Osscus Surgery – 1-3 teeth/quad	D4261	\$ 570.00
Pedicle Soft Tissue Graft Procedure	D4270	\$ 894.00
Free Soft Tissue Graft Procedure	D4271	\$ 857.00
Subepithelial Connective Tissue Graft	D4273	\$ 304.00
Distal Wedge	D4274	\$ 192.00
Soft Tissue Allograft	D4275	\$ 462.00
Comb. Connective Tissue/Double Pedicle Graft	D4276	\$ 362.00
Intracoronar Splint	D4320	\$ 281.00
Extracoronar Splint	D4321	\$ 251.00
Perio. Scaling & Root Planing – 4+ teeth/quad	D4341	\$ 143.00
Perio. Scaling & Root Planing – 1-3 teeth/quad	D4342	\$ 90.00
Full Mouth Debridement	D4355	\$ 114.00
Periodontal Maintenance Procedures	D4910	\$ 95.00
Type III – Removable Prosthetics		
Complete Denture – Upper	D5110	\$ 783.00
Complete Denture – Lower	D5120	\$ 783.00
Immediate Denture – Upper	D5130	\$ 914.00
Immediate Denture – Lower	D5140	\$ 914.00
Upper Partial Denture – Resin Base	D5211	\$ 824.00
Lower Partial Denture – Resin Base	D5212	\$ 975.00
Upper Partial – Cast Metal with Resin Base	D5213	\$ 929.00
Lower Partial – Cast Metal with Resin Base	D5214	\$ 929.00
Removable Unilateral Partial – 1 Pc Cast Metal	D5281	\$ 593.00
Adjust Complete Denture – Upper	D5410	\$ 55.00
Adjust Complete Denture – Lower	D5411	\$ 55.00
Adjust Partial Denture – Upper	D5421	\$ 49.00
Adjust Partial Denture – Lower	D5422	\$ 49.00
Repair Broken Complete Denture Base	D5510	\$ 99.00
Replace Missing or Broken Teeth – Per Tooth	D5520	\$ 81.00
Repair Resin Denture Base	D5610	\$ 102.00
Repair Cast Framework	D5620	\$ 104.00
Repair or Replace Broken Clasp	D5630	\$ 144.00
Replace Broken Teeth– Per Tooth	D5640	\$ 102.00
Add Tooth to Existing Partial Denture	D5650	\$ 131.00
Add Clasp to Existing Partial Denture	D5660	\$ 139.00
Replace All Teeth+Acrylic Cast Metal Frame (Upper)	D5670	\$ 358.00
Replace All Teeth and Acrylic on Cast Metal Frame (Lower)	D5671	\$ 358.00
Rebase Complete Upper Denture	D5710	\$ 307.00
Rebase Complete Lower Denture	D5711	\$ 287.00
Rebase Upper Partial Denture	D5720	\$ 317.00
Rebase Lower Partial Denture	D5721	\$ 317.00
Reline Complete Upper Denture (Chairside)	D5730	\$ 242.00
Reline Complete Lower Denture (Chairside)	D5731	\$ 250.00
Reline Upper Partial Denture (Chairside)	D5740	\$ 219.00
Reline Lower Partial Denture (Chairside)	D5741	\$ 219.00
Reline Complete Upper Denture (Laboratory)	D5750	\$ 249.00
Reline Complete Lower Denture (Laboratory)	D5751	\$ 249.00
Reline Upper Partial Denture (Laboratory)	D5760	\$ 255.00
Reline Lower Partial Denture (Laboratory)	D5761	\$ 255.00
Tissue Conditioning – Upper	D5850	\$ 66.00
Tissue Conditioning – Lower	D5851	\$ 65.00

COVERED SERVICES	ADA CODE	COPAY
Type III – Pontics		
Pontic – Cast High Noble Metal	D6210	\$ 549.00
Pontic – Cast Predominantly Base Metal	D6211	\$ 581.00
Pontic – Cast Noble Metal	D6212	\$ 569.00
Pontic – Porcelain Fused to High Noble Metal	D6240	\$ 518.00
Pontic – Porcelain Fused to Predom. Base Metal	D6241	\$ 501.00
Pontic – Porcelain Fused to Noble Metal	D6242	\$ 496.00
Pontic – Porcelain/Ceramic	D6245	\$ 533.00
Retainer – Cast Metal/Resin Bond Fxd	D6545	\$ 231.00
Retainer – Porc/Ceramic/Resin Bond Fxd	D6548	\$ 264.00
Inlay – Porcelain/Ceramic, 2 Surfaces	D6600	\$ 526.00
Inlay – Porcelain/Ceramic, 3+ Surfaces	D6601	\$ 511.00
Inlay – Cast High Noble Metal, 2 Surfaces	D6602	\$ 521.00
Inlay – Cast High Noble Metal, 3+ Surfaces	D6603	\$ 564.00
Inlay – Cast Predom. Base Metal, 2 Surfaces	D6604	\$ 524.00
Inlay – Cast Predom. Base Metal, 3+ Surf	D6605	\$ 554.00
Inlay – Cast Noble Metal, 2 Surfaces	D6606	\$ 515.00
Inlay – Cast Noble Metal, 3+ Surfaces	D6607	\$ 556.00
Onlay – Porcelain/Ceramic, 2 Surfaces	D6608	\$ 481.00
Onlay – Porcelain/Ceramic, 3+ Surfaces	D6609	\$ 509.00
Onlay – Cast High Noble Metal, 2 Surfaces	D6610	\$ 565.00
Onlay – Cast High Noble Metal, 3+ Surfaces	D6611	\$ 587.00
Onlay – Cast Predom. Base Metal, 2 Surfaces	D6612	\$ 590.00
Onlay – Cast Predom. Base Metal, 3+ Surfaces	D6613	\$ 564.00
Onlay – Cast Noble Metal, 2 Surfaces	D6614	\$ 553.00
Onlay – Cast Noble Metal, 3+ Surfaces	D6615	\$ 536.00
Crown – Resin Fused to High Noble Metal	D6720	\$ 655.00
Crown – Resin Fused to Base Metal	D6721	\$ 655.00
Crown – Resin Fused to Noble Metal	D6722	\$ 649.00
Crown – Porcelain/Ceramic Substrate	D6740	\$ 651.00
Crown – Porcelain Fused to High Noble Metal	D6750	\$ 598.00
Crown – Porcelain Fused to Predom. Base Metal	D6751	\$ 519.00
Crown – Porcelain Fused to Noble Metal	D6752	\$ 592.00
Crown – ¾ Cast High Noble Metal	D6780	\$ 621.00
Crown – ¾ Cast Predominantly Base Metal	D6781	\$ 601.00
Crown – ¾ Cast Noble Metal	D6782	\$ 513.00
Crown – Full Cast High Noble Metal	D6790	\$ 607.00
Crown – Full Cast Predominantly Base Metal	D6791	\$ 654.00
Crown – Full Cast Noble Metal	D6792	\$ 648.00
Recement Fixed Partial Denture	D6930	\$ 73.00
Stress Breaker	D6940	\$ 110.00
Cast Post+Core Fxd Part'1 Denture Retainer	D6970	\$ 151.00
Cast Post – Part of Fixed Part'1 Denture Retainer	D6971	\$ 156.00
Prefab Post & Core Add Fxd Part'1 Denture Rpr	D6972	\$ 160.00
Core Build Up for Retainer, Including any Pins	D6973	\$ 120.00
Each Additional Cast Post – Same Tooth	D6976	\$ 87.00
Each Add Prefabricated Post – Same Tooth	D6977	\$ 83.00
Fixed Partial Denture Repair - by Report	D6980	\$ 72.00
Type II – Oral Surgery		
Coronal Remnants – Deciduous Tooth	D7111	\$ 68.00
Extraction – Erupted Tooth or Exposed Root	D7140	\$ 85.00
Surgical Removal of Erupted Tooth	D7210	\$ 138.00
Removal of Impacted Tooth – Soft Tissue	D7220	\$ 184.00
Removal of Impacted Tooth – Partially Bony	D7230	\$ 219.00
Removal of Impacted Tooth – Completely Bony	D7240	\$ 316.00
Surgical Removal of Residual Tooth Roots	D7250	\$ 135.00

COVERED SERVICES	ADA CODE	COPAY
Type II – Oral Surgery (continued)		
Oroantral Fistula Closure	D7260	\$ 1,904.00
Tooth Reimplantation and/or Stabilization	D7270	\$ 277.00
Tooth Transplantation and/or Stabilization	D7272	\$ 669.00
Surg. Exp. Of Impact'd/Unerupt'd Tooth-Ortho	D7280	\$ 250.00
Surg. Exp. Of Impact'd/Unerupt'd Tth-Aid Erup	D7281	\$ 311.00
Biopsy of Oral Tissue – Hard (Bone, Tooth)	D7285	\$ 661.00
Biopsy of Oral Tissue – Soft (All Others)	D7286	\$ 255.00
Alveoplasty in Conjunction w/Extract-Per Quad	D7310	\$ 189.00
Alveoplasty not in Conjunction w/Extract-Per Quad	D7320	\$ 271.00
Vestibuloplasty-Ridge Ext (2nd Epithel)	D7340	\$ 1,457.00
Vestibuloplasty-Ridge Ext (Grafts, Hypertissue)	D7350	\$ 4,653.00
Excision of Malignant Tumor-up to 1.25 cm	D7440	\$ 941.00
Excision of Malignant Tumor - > than 1.25cm	D7441	\$ 1531.00
Removal of Odont Cyst/Tumor <= 1.25cm	D7450	\$ 476.00
Removal of Odont Cyst/Tumor > 1.25cm	D7451	\$ 778.00
Removal of Nonodon Cyst/Tmr<= 1.25cm	D7460	\$ 492.00
Removal of Nonodon Cyst/Tmr > 1.25 cm	D7461	\$ 810.00
Removal of Exostosis – Per Site	D7471	\$ 586.00
Removal of Toral Palatinus	D7472	\$ 679.00
Removal of Torus Mandibularus	D7473	\$ 636.00
Surgical Reduction of Osseous Tuberosity	D7485	\$ 559.00
I/D of Abscess – Intraoral Soft Tissue	D7510	\$ 166.00
I/D of Abscess – Extraoral Soft Tissue	D7520	\$ 796.00
Removal of F.B., Skin, or Subc. Areolar Tissue	D7530	\$ 298.00
Removal of Reaction Producing Foreign Bodies	D7540	\$ 271.00
Sequestrectomy for Osteomyelitis	D7550	\$ 259.00
Maxillary Sinusotomy for Removal of Tooth	D7560	\$ 1,772.00
Suture of Recent Small Wounds up to 5cm	D7910	\$ 277.00
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$ 248.00
Excision of Hyperplastic Tissue – Per Arch	D7970	\$ 387.00
Excision of Pericoronar Gingiva	D7971	\$ 97.00
Surgical Reduction of Fibrous Tuberosity	D7972	\$ 372.00
Sialolithotomy	D7980	\$ 787.00
Closure of Salivary Fistula	D7983	\$ 1,718.00
Type/Miscellaneous Services		
I Palliative (Emergency) Treatment	D9110	\$ 56.00
III General Anesthesia – First 30 Minutes *	D9220	\$ 298.00
III General Anesthesia – Each Add 15 Minutes*	D9221	\$ 118.00
III Analgesia, Anxiolysis, Inhal Nitrous Oxide*	D9230	\$ 26.00
III IV Sedation/Analgesia – First 30 Min*	D9241	\$ 176.00
III IV Sedation/Analgesia – Each Add 15 Min*	D9242	\$ 94.00
III Non-IV Conscious Sedation *	D9248	\$ 51.00
I Consultation	D9310	\$ 85.00
I Office Visit for Observ- Reg Schd hrs	D9430	\$ 13.00
II Therapeutic Injection (Antibiotics Only)	D9610	\$ 43.00
II Treatment of Complications (Post Surgical)	D9930	\$ 23.00
III Occlusal Guard (For Bruxism)	D9940	\$ 325.00
III Occlusal Adjustment - Limited	D9951	\$ 91.00
III Occlusal Adjustment – Complete	D9952	\$ 501.00

* Covered Only when performed in conjunction with covered oral surgery