

	General Dentist Contracted Patient Co-pay	General Dentist Non-Contracted Dental Select Payment
D6750	Crown - porc fused to high noble metal (note 2)	214
D6751	Crown - porcelain fused to predom. base metal	323
D6752	Crown - porcelain fused to noble metal	321
D6780	Crown - 3/4 cast high noble metal (note 2)	288
D6781	Crown - 3/4 cast base metal	288
D6782	Crown - 3/4 cast noble metal	288
D6783	Crown - 3/4 porcelain/ceramic (note 3)	288
D6789	Crown - full cast high noble metal (note 2)	322
D6790	Crown - full cast predominantly base metal	312
D6791	Crown - full cast noble metal	308
D6792	Remerent bridge	61
D6930	Cast post and core	120
D6971	Cast post as part of fixed partial denture retainer	105
D6972	Prefab post and core	102
D6973	Core build up for retainer, including pins	56
D6976	Each additional cast post - same tooth	45
D6977	Each additional prefab post - same tooth	39
D6999	Lab Fee (see notes 2 & 3)	See notes 2 & 3
D7111	Extraction of primary tooth	26
D7140	Extraction of erupted tooth or exposed tooth	33
D7210	Surgical removal of erupted tooth	75
D7220	Removal impacted tooth - soft tissue	96
D7230	Removal impacted tooth - partial bony	121
D7240	Removal impacted tooth - completely bony	148
D7241	Removal impacted tooth	187
D7250	Surgical removal residual tooth roots	114
D7270	Tooth reimplantation/stabilization	204
D7280	Surgical access of an unerupted tooth	145
D7285	Biopsy of oral tissue-hard (bone, tooth)	20% Discount
D7286	Biopsy of oral tissue-soft (all others)	20% Discount
D7287	Cytology sample	20% Discount
D7288	Brush biopsy - Trans epithelial sample collection	20% Discount
D7290	Surgical repositioning of teeth	113
D7310	Alveoplasty in conj, w/ extraction - per quad	71
D7311	Alveoplasty in conj, w/ extractions - 1 - 3 teeth	40
D7320	Alveoplasty, no extraction - per quad	106
D7321	Alveoplasty not in conj, w/ exts - 1 - 3 teeth	67
D7510	I&D abscess - intraoral soft tissue	80
D7511	I&D abscess - intraoral soft tissue, complicated	90
D7810-7899	TMJ Treatment	20% Discount
D7960	Frenulotomy - separate procedure	183
D7971	Excision of pericoronal gingiva	55
D9110	Palliative - emerg. treatment of pain - minor proc.	38
D9210	Local anesthetic	0
D9220	General Anesthesia, first 30 minutes	N/C
D9221	General Anesthesia, additional 15 minutes	N/C
D9241	Intravenous sedation, first 30 minutes	N/C
D9242	Intravenous sedation, each add 15 minutes	N/C
D9248	Non-intraven. conscious sedation (age 7 & under)	N/C
D9430	Office visit ops. - scheduled hrs - no other servs.	23
D9440	Office visit - after regular scheduled hours	37
D9940	Occlusal guards by report (note 5)	162
D9951	Occlusal adjustment - limited	69
D9972	External Bleaching per Arch	20% Discount
D9973	External Bleaching per Tooth	20% Discount
08x10-8x80	Orthodontics (note 8)	20% Discount

NOTE 1: Any procedure not listed is available on a fee-for-service basis.

NOTE 2: For a precious metal (high-noble) or gold, charge the difference between the lab fee for a base metal and the lab fee for the precious metal (high-noble) to the patient. Bill 2999 for crown restoration, Bill 6999 for fixed prosthodontics.

NOTE 3: For a full porcelain, charge the difference between the lab fee for a porcelain base metal crown and the lab fee for the full porcelain crown. Bill 2999 for crown restoration, Bill 6999 for fixed prosthodontics.

NOTE 5: Occlusal Guards covered for Bruxism only.

NOTE 6: All Plans - Patient will be charged co-pay plus lab fees, not to exceed \$150.00. Bill code 5899

NOTE 7: All Plans - Patient will be charged co-pay plus lab fees, not to exceed \$100.00. Bill code 5899.

NOTE 8: Discount does not apply to Invisalign

N/C: Not Covered

The appropriate fee Schedule for Member's particular plan applies regardless of whether a waiting period or annual maximum has been met.



DENTAL SELECT

TEXAS PLATINUM
SAN ANTONIO
TX-1 2009

SCHEDULE OF CO-PAYMENTS
FOR GENERAL CONTRACTED PROVIDERS

Code	Procedure Description	General Dentist Contracted Co-Pay	General Dentist Non-Contracted Patient Payment	General Dentist Contracted Co-Pay	General Dentist Non-Contracted Patient Payment
D0999	OSHA Infection and Sterilization	0	0		
D0120	Periodic oral examination	0	25		100
D0140	Limited oral examination	0	28		107
D0150	Comprehensive oral examination	0	30		110
D0160	Detailed and extensive oral examination	0	30		110
D0170	Re-evaluation	0	23		45
D0180	Periodontal evaluation	0	22		47
D0210	Intraoral - compl ser incl biwings	0	30		22
D0220	Intraoral - periapical - first film	0	30		22
D0230	Intraoral - periapical - each add film	0	30		22
D0240	Intraoral - occlusal film	0	59		42
D0250	Extraoral - first film	0	21		15
D0260	Extraoral - each additional	0	20		15
D0270	Biwings - single film	0	12		23
D0272	Biwings - two films	0	22		52
D0273	Biwings - three films	0	23		124
D0274	Biwings - four films	0	29		157
D0277	Vertical biwings - 7 to 8 films	0	45		228
D0330	Panoramic film	0	50		264
D0340	Cephalometric film	73	33		285
D0470	Diagnostic casts	62	27		355
D1110	Propylaxis - adults	0	51		355
D1203	Top appl fluor excl propyl (age 14 & under)	0	13		115
D1330	Oral hygiene instruction	0	13		88
D1351	Sealant - per tooth (age 14 & under)	12	0	20% Discount	60
D1510	Space maintainer - fixed unilateral (age 14 & under)	144	16		54
D1515	Space maintainer - fixed bilateral (age 14 & under)	188	0		61
D1520	Space maintainer - rem. unilateral (age 14 & under)	177	0		691
D1525	Space maintainer - rem. bilateral (age 14 & under)	240	0		720
D1550	Retention of space maintainer (age 14 & under)	30	0		412
D2140	Amalgam - 1 surface primary or permanent	0	54		102
D2150	Amalgam - 2 surfaces primary or permanent	0	68		152
D2160	Amalgam - 3 surfaces primary or permanent	0	78		155
D2161	Amalgam - 4 + surfaces primary or permanent	0	89		119
D2330	Resin - 1 surface anterior	22	55		219
D2331	Resin - 2 surfaces anterior	38	55		46
D2332	Resin - 3 surfaces anterior	38	65		46
D2335	Resin - 4 + surf or involving incisal angle anterior	47	72		40
D2390	Resin based comp. crown - ant. prim. or perm.	128	0		40
D2391	Resin - 1 surface posterior prim. or perm.	33	51		87
D2392	Resin - 2 surfaces posterior prim. or perm.	43	68		77
D2393	Resin - 3 surfaces posterior prim. or perm.	59	79		83
D2394	Resin - 4 + surfaces - posterior prim. or perm.	59	82		90
D2610	Inlay - porcelain/ceramic 1 surface	201	90		79
D2620	Inlay - porcelain/ceramic 2 surfaces	254	127		69
D2630	Inlay - porcelain/ceramic 3 surfaces	278	140		90
D2642	Inlay - porcelain/ceramic - 2 surfaces	333	137		79
D2643	Inlay - porcelain/ceramic - 3 surfaces	337	177		172
D2644	Inlay - porcelain/ceramic - 4 surfaces	337	177		172
D2740	Crown - porcelain/ceramic substrate (note 3)	326	200		172
D2750	Crown - porcelain fused to high noble metal (note 2)	340	212		179
D2751	Crown - porcelain fused to noble metal	327	207		179
D2752	Crown - 3/4 cast high noble metal (note 2)	328	213		136
D2780	Crown - 3/4 cast predominantly base metal	289	174		136
D2781	Crown - 3/4 cast high noble metal	289	174		121
D2782	Crown - 3/4 cast noble metal	289	174		121
D2783	Crown - 3/4 porcelain ceramic (note 3)	289	174		121
D2790	Crown - full cast high noble metal (note 2)	330	199		220
D2791	Crown - full cast predominantly base metal	296	192		204
D2792	Crown - full cast noble metal	299	199		204
D2915	Replacement cast or prefabricated post and core	31	0		204
D2920	Replacement crown	36	0		204
D2930	Prefab. stainless steel crown - prime tooth	11	0		20% Discount
D2931	Prefab. stainless steel crown - permanent tooth	114	0		20% Discount
D2933	Prefab. stainless steel crown w/ resin window	141	0		20% Discount
D2934	Prefab. coated stainless steel crown - primary	141	0		69
D2940	Relative fillings	32	0		69
D2950	Core build-up including any pins	92	0		20% Discount
D2951	Pin retention - per tooth in addition to restoration	24	0		20% Discount
D2952	Cast post & core in addition to crown	162	0		20% Discount
D2953	Each additional cast post - same tooth	63	0		174
D2954	Prefab. post & core in addition to crown	130	0		322
D2957	Each additional prefab post - same tooth	64	0		299
D2960	Anterior bonding per tooth	20% Discount	0		196
D2961	Labial veneer resin laminate (lab)	20% Discount	0		313
D2962	Labial veneer porcelain laminate (lab)	20% Discount	0		319
D2970	Temporary crown (fractured tooth)	0	0		320
D2999	Lab Fee (notes 2 & 3)	0	0		329
D3110	Pulp cap - direct excluding final restoration	26	0		322
D3120	Pulp cap - indirect excluding final restoration	26	0		317
D3220	Therapeutic pulpotomy excluding final restoration	67	0		326
D3221	Pulpal debridement primary & permanent teeth	66	0		326
D3222	Partial pulpotomy apexogenesis	67	0		323
D3230	Pulpal therapy-anterior-excluding final restoration	64	0		325
D3240	Pulpal therapy-posterior-excluding final restoration	68	0		323
D3310	Root Canal - ant. exclud. final restoration	222	0		217
D3320	Root Canal - bicuspid exclud. final restoration	273	137		250
D3330	Root Canal - molar exclud. final restoration	380	164		217
D3346	Retreatment of previous root canal - anterior	238	80		250
D3347	Retreatment of previous root canal - bicuspid	252	119		327
D3348	Retreatment of previous root canal - molar	376	134		315
D3410	Apicoectomy/periradicular surgical - anterior	209	93		324
D3421	Apico/perirad surgical - bicuspid first root	227	100		327
D3425	Apico/perirad surgical - molar first root	244	107		200
D3426	Apico/perirad surgical - each additional root	100	44		187
D3430	Retrograde filling - per root	51	45		184
D4210	Gingivectomy/gingivoplasty - 4 + teeth per quad	180	76		184
D4211	Gingivectomy/gingivoplasty - 1 - 3 teeth per quad	47	22		184
D4240	Gingival flap proc. incl. root planning - 4 + teeth	207	90		184
D4241	Gingival flap proc. incl. root planning 1 - 3 teeth	156	62		184
D4249	Clinical crown lengthening - hard tissue	180	79		184
D4260	Oseous surg. & flap entry/closure - 1, 3 teeth	356	118		157
D4263	Oseous surg. & flap entry/closure - 4 + teeth	268	123		157
D4264	Bone replacement graft - first site in quad	123	57		123
D4266	Bone replacement graft - each additional site in quad	52	23		123
D4267	Guided tissue regen. - resorbable barrier, per site	157	67		124
D4270	Guided tis. regen. - non resorbable barrier, per site	124	52		124
D4271	Pedicle soft tissue graft procedure	228	98		124
D4272	Free soft tissue graft donor site	264	113		264
D4273	Subepithelial connective graft proc. (incl. donor)	285	123		264
D4275	Soft tissue allograft	285	113		285
D4276	Comb. connective tissue and double pedicle graft	355	153		355
D4320	Provisional splinting - intraoral	132	56		355
D4321	Provisional splinting - extraoral	115	56		355
D4341	Pero. scaling & root planning - 4 + teeth per quad	88	49		115
D4342	Pero. scaling & root planning - 1 - 3 teeth per quad	65	26		88
D4343	Full mouth debridement	60	20		65
D4355	Antimicrobial agents	60	9		60
D4381	Perio maintenance procedures after active therapy	20% Discount	0		60
D4910	Complete denture - upper (note 6)	54	20		54
D5120	Complete denture - lower (note 6)	61	187		54
D5130	Immediate denture - upper (note 6)	691	184		691
D5140	Immediate denture - lower (note 6)	720	184		720
D5211	Maxillary Partial Denture - Resin Base (note 7)	412	102		412
D5212	Mand. Partial Denture - Resin Base (note 7)	412	102		412
D5213	Max. Partial Denture w/ cast metal base (note 7)	619	155		619
D5214	Mand. Partial Denture w/ cast metal base (note 7)	619	155		619
D5281	Rem. unilateral part. denture	219	93		219
D5410	Adjust complete denture - maxillary	46	0		46
D5411	Adjust complete denture - mandibular	46	0		46
D5421	Adjust partial denture - maxillary	40	0		40
D5422	Adjust partial denture - mandibular	40	0		40
D5510	Repair broken complete denture base (note 7)	87	0		87
D5520	Replace missing/broken tooth - ea. tooth (note 7)	77	0		77
D5610	Repair resin saddle or base (note 7)	93	0		93
D5620	Repair cast framework (note 7)	80	0		80
D5630	Repair or replace broken clasp (note 7)	79	0		79
D5640	Replace broken teeth - per tooth (note 7)	69	0		69
D5650	Add tooth to existing partial denture (note 7)	90	0		90
D5660	Add clasp to existing partial denture (note 7)	79	32		79
D5710	Rebase complete maxillary denture (note 7)	172	73		172
D5711	Rebase complete mandibular denture (note 7)	172	73		172
D5720	Rebase maxillary partial denture (note 7)	179	76		179
D5721	Rebase mandibular partial denture (note 7)	179	76		179
D5730	Reine complete maxillary denture (Chariside)	136	0		136
D5731	Reine complete mandibular denture (Chariside)	136	0		136
D5740	Reine maxillary partial denture (Chariside)	121	0		121
D5750	Reine mandibular partial denture (Chariside)	121	0		121
D5751	Reine complete maxillary denture (lab) (note 7)	220	0		220
D5752	Reine complete mandibular denture (lab) (note 7)	220	0		220
D5760	Reine upper partial denture (lab) (note 7)	204	0		204
D5761	Reine mandibular partial denture (lab) (note 7)	204	0		204
D5810	Interim complete denture (maxillary)	204	0		204
D5811	Interim complete denture (mandibular)	204	0		204
D5820	Interim partial denture (maxillary)	20% Discount	0		20% Discount
D5821	Interim partial denture (mandibular)	20% Discount	0		20% Discount
D5850	Tissue conditioning, mandibular - per denture unit	69	0		69
D5851	Tissue conditioning, maxillary - per denture unit	69	0		69
D5860	Overdenture - complete by report	20% Discount	0		20% Discount
D5861	Overdenture - partial by report	20% Discount	0		20% Discount
D5899	Lab Fee (notes 6 & 7)	174	139		174
D6000-6199	Implants (Does not include parts)	20% Discount	0		20% Discount
D6205	Pontic-indirect resin based composite	322	205		322
D6210	Pontic - cast high noble metal (note 2)	297	188		297
D6211	Pontic - cast base metal	299	188		299
D6212	Pontic - cast noble metal	196	156		196
D6240	Pontic - porcelain fused to high noble metal (note 2)	313	215		313
D6241	Pontic - porcelain fused to predominantly base metal	319	206		319
D6242	Pontic - porcelain fused to noble metal	320	209		320
D6243	Pontic - porcelain/ceramic (note 3)	329	198		329
D6250	Pontic - resin with high noble metal (note 2)	322	210		322
D6251	Pontic - resin with predominantly base metal	317	194		317
D6252	Pontic - resin with noble metal	326	200		326
D6608	Onlay - porcelain/ceramic - 2 surf.	323	163		323
D6609	Onlay - porcelain/ceramic - 3 + surf.	325	175		325
D6610	Onlay - cast high noble metal - 2 surf. (note 2)	217	146		217
D6611	Onlay - cast high noble metal - 3 +surf. (note 2)	250	172		250
D6612	Onlay - cast predom. base metal - 2 surf.	217	146		217
D6613	Onlay - cast predom. base metal - 3 + surf.	250	172		250
D6614	Onlay - cast noble metal - 2 surf.	217	146		217
D6615	Onlay - cast noble metal - 3 + surf. (note 2)	250	172		250
D6720	Crown - resin with high noble metal (note 2)	327	200		327
D6721	Crown - resin with predominantly base metal	315	200		315
D6722	Crown - resin with noble metal	324	197		324
D6740	Crown - porcelain/ceramic (note 3)	327	200		327