

**TEXAS DENTAL INSTITUTE INC**  
**DENTAL SERVICE DISCOUNT PROGRAM (DSDP) – Effective 01/01/2010**  
**This is not an insurance plan**

This schedule applies to services provided by participating Texas Dental Institute locations and is an extensive list of most common procedures. DSDP members are responsible for full payment for all charges at the time of service.

**\*PLEASE READ IMPORTANT PLAN INFORMATION AT THE END OF THIS SCHEDULE**

<b>Diagnostic Codes</b>	<b>Description</b>	<b>Fees</b>
0120	Periodic Oral Evaluation – Established Patient	\$23.00
0140	Limited Oral Evaluation – Problem Focused	\$38.00
0150	Comprehensive Oral Evaluation – New or Established Patient	\$39.00
0160	Detailed and Extensive Oral Evaluation – Problem Focused – By Report	\$101.00
0170	Re-Evaluation – Limited – Problem Focused	\$28.00
0180	Comprehensive Periodontal Evaluation – New or Established Patient	\$31.00
0210	Intraoral – Complete Series Including Bitewings	\$68.00
0220	Intraoral – Periapical – First Film	\$13.00
0230	Intraoral – Periapical – Each Additional Film	\$10.00
0240	Intraoral – Occlusal Film	\$19.00
0250	Extraoral – First Film	\$26.00
0260	Extraoral – Each Additional Film	\$25.00
0270	Bitewing – Single Film	\$13.00
0272	Bitewings – Two Films	\$21.00
0273	Bitewings – Three Films	\$25.00
0274	Bitewings – Four Films	\$29.00
0277	Vertical Bitewings – 7 to 8 Films	\$38.00
0330	Panoramic Film	\$55.00
0340	Cephalometric Film	\$68.00
0350	Oral/Facial Photographic Images	\$32.00
0460	Pulp Vitality Tests	\$27.00
0470	Diagnostic Casts	\$57.00
	<b>Preventive</b>	
1110	Prophylaxis – Adult	\$45.00
1120	Prophylaxis – Child	\$32.00
1203	Topical Application of Fluoride Not Including Prophylaxis – Child	\$19.00
1204	Topical Application of Fluoride Not Including Prophylaxis – Adult	\$20.00
1330	Oral Hygiene Instructions	\$33.00
1351	Sealant – Per Tooth	\$25.00
1510	Space Maintainer – Fixed – Unilateral	\$160.00
1515	Space Maintainer – Fixed – Bilateral	\$211.00
1520	Space Maintainer – Removable – Unilateral	\$198.00
1525	Space Maintainer – Removable – Bilateral	\$273.00
1550	Recementation of Space Maintainer	\$35.00
1555	Recementation of Fixed Space Maintainer	20% Discount

<b>Restorative</b>		
2330	Resin – Based Composite - One Surface, Anterior	\$71.00
2331	Resin – Based Composite – Two Surfaces, Anterior	\$90.00
2332	Resin – Based Composite – Three Surfaces, Anterior	\$110.00
2335	Resin – Based Composite – Four or More Surfaces or Involving Incisal Angle, Anterior	\$131.00
2390	Resin – Based Composite Crown, Anterior	\$185.00
2391	Resin – Based Composite – One Surface, Posterior	\$80.00
2392	Resin – Based Composite – Two Surface, Posterior	\$110.00
2393	Resin – Based Composite – Three Surface, Posterior	\$137.00
2394	Resin – Based Composite –Four or More Surfaces, Posterior	\$143.00
2510	Inlay – Metallic – One Surface	\$335.00
2520	Inlay – Metallic – Two Surfaces	\$379.00
2530	Inlay – Metallic – Three or More Surfaces	\$437.00
2542	Onlay - Metallic – Two Surfaces	\$401.00
2543	Onlay - Metallic – Three Surfaces	\$449.00
2544	Onlay – Metallic – Four or More Surfaces	\$467.00
2610	Inlay – Porcelain/Ceramic – One Surface	\$393.00
2620	Inlay – Porcelain/Ceramic – Two Surfaces	\$415.00
2630	Inlay – Porcelain/Ceramic – Three Surfaces	\$443.00
2642	Onlay – Porcelain/Ceramic – Two Surfaces	\$429.00
2643	Onlay – Porcelain/Ceramic – Three Surfaces	\$463.00
2644	Onlay – Porcelain/Ceramic – Four or More Surfaces	\$492.00
2650	Inlay – Composite/Resin – One Surface	\$258.00
2651	Inlay – Composite/Resin – Two Surfaces	\$308.00
2652	Inlay – Composite/Resin – Three or More Surfaces	\$324.00
2662	Onlay – Composite/Resin – Two Surfaces	\$410.00
2663	Onlay – Composite/Resin – Three Surfaces	\$417.00
2664	Onlay – Composite/Resin – Four or More Surfaces	\$438.00
2710	Crown – Resin – Based Composite (Indirect)	\$207.00
2720	Crown – Resin with High Noble Metal	\$570.00
2721	Crown – Resin with Predominantly Base Metal	\$534.00
2722	Crown – Resin with Noble Metal	\$546.00
2740	Crown – Porcelain/Ceramic Substrate	\$583.00
2750	Crown – Porcelain Fused to High Noble Metal	\$577.00
2751	Crown – Porcelain Fused to Predominantly Base Metal	\$537.00
2752	Crown – Porcelain Fused to Noble Metal	\$549.00
2780	Crown – ¾ Cast to High Noble Metal	\$565.00
2781	Crown – ¾ Cast to Predominantly Base Metal	\$543.00
2782	Crown – ¾ Cast Noble Metal	\$562.00
2783	Crown – ¾ Porcelain/Ceramic (Does not include facial veneers)	\$598.00
2790	Crown – Full Cast High Noble Metal	\$556.00
2791	Crown – Full Cast Predominantly Base Metal	\$530.00
2792	Crown – Full Cast Noble Metal	\$538.00
2910	Recement Inlay, Onlay, or Partial Coverage Restoration	\$48.00
2920	Recement Crown	\$50.00
2930	Prefabricated Stainless Steel Crown – Primary	\$136.00
2931	Prefabricated Stainless Steel Crown – Permanent	\$154.00
2932	Prefabricated Resin Crown	\$167.00
2933	Prefabricated Stainless Steel Crown with Resin Window	\$187.00

2940	Sedative Filling	\$52.00
2950	Core Build-Up, Including Any Pins	\$130.00
2951	Pin Retention/Tooth, In Addition to Restoration	\$27.00
2952	Post and Core In Addition to Crown, Indirectly Fabricated	\$198.00
2953	Each Additional Indirectly Fabricated Post - Same Tooth	\$125.00
2954	Prefabricated Post and Core in Addition to Crown	\$164.00
2955	Post Removal Not in Conjunction with Endodontic Therapy	\$123.00
2957	Each Additional Prefabricated Post - Same Tooth	\$60.00
2960	Labial Veneer (Laminate) - Chairside	\$401.00

### **Endodontics**

3110	Pulp Cap - Direct (Excluding Final Restoration)	\$36.00
3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$28.00
3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$84.00
3221	Pulpal Debridement - Primary and Permanent Teeth	\$83.00
3230	Pulpal Therapy - Resorbable Filling - Anterior Primary Tooth	\$88.00
3240	Pulpal Therapy - Resorbable Filling - Posterior Primary Tooth	\$95.00
3310	Root Canal - Anterior (Excluding Final Restoration)	\$354.00
3320	Root Canal - Bicuspid (Excluding Final Restoration)	\$433.00
3330	Root Canal - Molar (Excluding Final Restoration)	\$558.00

### **Periodontics**

4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$119.00
4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	\$58.00
4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$80.00
4910	Periodontal Maintenance	\$71.00

### **Prosthodontice (removable)**

5110	Complete Denture - Maxillary	\$759.00
5120	Complete Denture - Mandibular	\$759.00
5130	Immediate Denture - Maxillary	\$827.00
5140	Immediate Denture - Mandibular	\$827.00
5211	Maxillary Partial Denture - Resin Base (Clasp/Rests)	\$744.00
5212	Mandibular Partial Denture - Resin Base (Clasp/Rests)	\$744.00
5213	Maxillary Partial Denture - Metal Frame with Resin Base	\$838.00
5214	Mandibular Partial Denture - Metal Frame with Resin Base	\$838.00
5281	Removable Unilateral Partial Denture - One Piece Cast Metal	\$488.00
5410	Adjust Complete Denture - Maxillary	\$41.00
5411	Adjust Complete Denture - Mandibular	\$41.00
5421	Adjust Partial Denture - Maxillary	\$41.00
5422	Adjust Partial Denture - Mandibular	\$41.00
5510	Repair Broken Complete Denture Base	\$83.00
5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$69.00
5610	Repair Resin Denture Base	\$90.00
5620	Repair Cast Framework, Partial Denture	\$97.00
5630	Repair or Replace Broken Clasp, Partial Denture	\$118.00
5640	Replace Broken Teeth - Per Tooth, Partial Denture	\$76.00
5650	Add Tooth to Existing Partial Denture	\$104.00
5660	Add Clasp to Existing Partial Denture	\$124.00
5710	Rebase Complete Maxillary Denture	\$308.00
5711	Rebase Complete Mandibular Denture	\$294.00

5720	Rebase Maxillary Partial Denture	\$291.00
5721	Rebase Mandibular Partial Denture	\$291.00
5730	Reline Complete Maxillary Denture (Chairside)	\$173.00
5731	Reline Complete Mandibular Denture (Chairside)	\$173.00
5740	Reline Maxillary Partial Denture (Chairside)	\$159.00
5741	Reline Mandibular Parital Denture (Chairside)	\$159.00
5750	Reline Complete Maxillary Denture (Laboratory)	\$232.00
5751	Reline Complete Mandibular Denture (Laboratory)	\$232.00
5760	Reline Maxillary Parial Denture (Laboratory)	\$229.00
5761	Reline Mandibular Partial Denture (Laboratory)	\$229.00
5810	Interim Complete Denture - Maxillary	\$375.00
5811	Interim Complete Denture - Mandibular	\$375.00
5820	Interim Partial Denture - Maxillary	\$301.00
5821	Interim Parital Denture - Mandibular	\$301.00
5850	Tissue Conditioning - Maxillary	\$73.00
5851	Tissue Conditioning - Mandibular	\$73.00

**Prosthodontics (fixed)**

6210	Pontic - Cast High Noble Metal	\$481.00
6211	Pontic - Cast Predominantly Base Metal	\$451.00
6212	Pontic - Cast Noble Metal	\$469.00
6240	Pontic - Porcelain Fused to High Noble Metal	\$475.00
6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$439.00
6242	Pontic - Porcelain Fused to Noble Metal	\$463.00
6245	Pontic - Porcelain/Ceramic	\$472.00
6250	Pontic - Resin with High Noble Metal	\$469.00
6251	Pontic - Resin with Predominantly Base Metal	\$433.00
6252	Pontic - Resin with Noble Metal	\$447.00
6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$199.00
6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$424.00
6720	Crown - Bridge Retainer - Resin with High Noble Metal	\$530.00
6721	Crown - Bridge Retainer - Resin Predominantly Base Metal	\$502.00
6722	Crown - Resin with Noble Metal	\$511.00
6740	Crown - Porcelain/Ceramic	\$479.00
6750	Crown - Retainer - Porcelain Fused to High Noble Metal	\$542.00
6751	Crown - Retainer - Porcelain Fused to Predominantly Base Metal	\$506.00
6752	Crown - Retainer - Porcelain Fused to Noble Metal	\$518.00
6780	Crown - Retainer 3/4 Cast High Noble Metal	\$511.00
6781	Crown - Retainer 3/4 Predominantly Base Metal	\$451.00
6782	Crown - Retainer 3/4 Cast Noble Metal	\$456.00
6783	Crown - Retainer 3/4 Porcelain/Ceramic	\$464.00
6790	Crown - Retainer - Full Cast High Noble Metal	\$523.00
6791	Crown - Retainer - Full Cast Predominantly Base Metal	\$496.00
6792	Crown - Retainer - Full Cast Noble Metal	\$514.00
6930	Recement Fixed Partial Denture	\$63.00
6970	Post and Core in Addition to Fixed Partial Denture Retainer, Indirectly Fabricated	\$175.00
6972	Prefabricated Post and Core in Addition to Bridge Retainer	\$143.00
6973	Core Buildup for Retainer, Including Any Pins	\$114.00
6975	Coping - Metal	\$315.00
6976	Each Additional Indirectly Fabricated Post - Same Tooth	\$114.00

6977	Each Additional Prefabricated Post - Same Tooth	\$70.00
<b>Oral Surgery</b>		
7111	Extraction, Coronal Remnants - Deciduous Tooth	\$62.00
7140	Extraction - Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$74.00
7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section	\$132.00
<b>Adjunctive Services</b>		
9110	Palliative (Emergency) Treatment - Dental Pain - Minor Procedure	\$48.00
9120	Fixed Partial Denture Sectioning	20% Discount
9211	Regional Block Anesthesia	\$22.00
9215	Local Anesthesia	\$15.00
9230	Analgesia	\$26.00
9310	Consultation - Diagnostic Service by Dentist or Physician Other Than Requesting Dentist or Physician	\$102.00
9410	Professional Visit - House Call	\$135.00
9420	Professional Visit - Hospital Call	\$186.00
9430	Office Visit for Observation (Regular Hours) No Other Services Performed	\$34.00
9440	Office Visit - After Regular Hours	\$62.00
9910	Application - Desensitizing Medicament	\$22.00
9911	Application - Desensitizing Resin for Cervical and/or Root Surface	\$31.00
9941	Fabrication of Athletic Mouthguard	\$77.00
9950	Occlusion Analysis - Mounted Case	\$135.00
9951	Occlusal Adjustment - Limited	\$61.00
9952	Occlusal Adjustment - Complete	\$346.00
9970	Enamel Microabrasion	\$124.00

\*It is the Member's responsibility to verify that the dentist is a participating DSDP provider before seeking any treatment. Member is responsible for full payment for all charges at the time of service. Any dental procedures performed by a non-participating dentist are NOT discounted and are charged to the member at the dentist's normal fees.

\*The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment - many treatments may require more than one dental procedure. Please consult your DSDP provider for a detailed treatment plan prior to beginning any work.

\*Procedures not listed on this schedule will be discounted at 20% off of the General Dentist's normal fee.

\*Work in progress prior to enrollment on the dental plan must be completed by the dentist who started the work and is not subject to discount.

\*Some providers may charge for missed or broken appointments if no prior notice is given.

\*Any procedure involving lab fees will incur additional costs. All applicable lab fees are the full responsibility of the member and are not subject to discount.

\*Texas Dental Institute or its vendors may periodically adjust this fee schedule without notice.

