## 2024 SECURECARE DENTAL COPAY PLAN AZ100 - SCHEDULE OF DENTIST COPAYMENTS

## **GENERAL INFORMATION**

When \$0 is listed, the provider is reimbursed 100% of the SPDO Fee Schedule. Lab fees are included in the SPDO Fee Schedule unless indicated specifically by seperate code. See Member ID Card for Office Visit Copay.

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

## GENERAL DENTIST

The Copay Plan is a fee-for-service dental plan designed with convenient copays. If the treating dentist is a General Dentist, the patient is responsible for the Genteral Dentist Copay(s) for services rendered. **SecureCare Dental** will compensate you the remainder up to the maximum allowable in the SPDO Fee Schedule.

## SPECIALIST DENTIST

The Copay Plan is a fee-for-service dental plan designed with convenient copays. If the treating dentist is a Specialist, including Pediatric, the patient is responsible for the Specialist Dentist Copay(s) for services rendered. **SecureCare Dental** will compensate you the remainder up to the maximum allowable in the SPDO Fee Schedule.

COVERED SERVICES	ADA CODE	GENERAL DENTIST	SPECIALIST DENTIST	COVERED SERVICES	ADA CODE	GENERAL DENTIST	SPECIALIST DENTIST
	CODE	COPAY	COPAY		CODE	COPAY	COPAY
Type I - Diagnostic/Evaluation Services				Prophylaxis Cleaning - Child	D1120	\$0	\$0
Periodic Oral Evaluation	D0120	\$0	\$0	Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$0
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$0	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$0
Oral Evaluation - under 3 years old	D0145	\$0	\$0	Sealant - Per Tooth	D1351	\$0	\$0
Comprehensive Oral Evaluation	D0150	\$0	\$0	Preventive Resin Restoration (Including Sealant)	D1352	\$0	\$0
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$0	\$0
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$0	Space Maintainer; Fixed Unilateral - per quad	D1510	\$0	\$0
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Upper Space Maintainer; Fixed Bilateral	D1516	\$0	\$0
Comprehensive Periodontal Evaluation	D0180	\$0	\$0	Lower Space Maintainer; Fixed Bilateral	D1517	\$0	\$0
Intraoral - Comprehensive Series of Images	D0210	\$0	\$0	Space Maintainer; Removable Unilateral - per quad	D1520	\$0	\$0
Intraoral - Periapical - 1st Image	D0220	\$0	\$0	Upper Space Maintainer; Removable Bilateral	D1526	\$0	\$0
Intraoral - Periapical - Each Additional Image	D0230	\$0	\$0	Lower Space Maintainer; Removable Bilateral	D1527	\$0	\$0
Intraoral - Occlusal Image	D0240	\$0	\$0	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$20	\$20
Extraoral - 2D Image	D0250	\$0	\$0	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$20	\$20
Extraoral - Posterior Image	D0251	\$0	\$0	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$20	\$20
Bitewing - 1 Image	D0270	\$0	\$0	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$0	\$0
Bitewing - 2 Images	D0272	\$0	\$0				
Bitewing - 3 Images	D0273	\$0	\$0	Type II - Restorative Dentistry			
Bitewing - 4 Images	D0274	\$0	\$0	Amalgam - 1 Surface - Primary or Permanent	D2140	\$64	\$159
Vertical Bitewings - 7 to 8 Images	D0277	\$0	\$0	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$78	\$205
Panoramic Image	D0330	\$0	\$0	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$87	\$248
Pulp Vitality Tests	D0460	\$0	\$0	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$114	\$302
Diagnostic Casts	D0470	\$0	\$0	Resin Composite - 1 Surface - Anterior	D2330	\$68	\$151
Panoramic Image - Image Capture Only	D0701	\$0	\$0	Resin Composite - 2 Surfaces - Anterior	D2331	\$94	\$193
Intraoral - Occlusal Image - Image Capture Only	D0706	\$0	\$0	Resin Composite - 3 Surfaces - Anterior	D2332	\$109	\$236
Intraoral - Periapical image - Image Capture Only	D0707	\$0	\$0	Resin Composite - 4+ Surfaces - Anterior	D2335	\$118	\$279
Intraoral - Bitewing Image - Image Capture Only	D0708	\$0	\$0	Resin Composite Crown - Anterior	D2390	\$161	\$309
Intraoral - Comprehensive Series - Image Capture Only	D0709	\$0	\$0	Resin Composite - 1 Surface - Posterior	D2391	\$88	\$177
				Resin Composite - 2 Surfaces - Posterior	D2392	\$109	\$231
Type I - Preventive Services				Resin Composite - 3 Surfaces - Posterior	D2393	\$134	\$287
Prophylaxis Cleaning - Adult	D1110	\$0	\$0	Resin Composite - 4+ Surfaces - Posterior	D2394	\$154	\$352

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
				Core Build Up - Including any Pins when required	D2950	\$154	\$264
Type III - Onlays Crowns and Bridges				Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$50	\$60
Inlay - Metallic - 1 Surface	D2510	\$390	\$754	Cast Post and Core - in Addition to Crown	D2952	\$224	\$416
Inlay - Metallic - 2 Surfaces	D2520	\$464	\$856	Cast Post and Core - Each Additional - same tooth	D2953	\$164	\$208
Inlay - Metallic - 3+ Surfaces	D2530	\$575	\$987	Prefabricated Post and Core - in Addition to Crown	D2954	\$186	\$333
Onlay - Metallic - 2 Surfaces	D2542	\$504	\$967	Post Removal	D2955	\$0	\$0
Onlay - Metallic - 3 Surfaces	D2543	\$630	\$1,012	Each Additional Prefabricated Post - same tooth	D2957	\$151	\$167
Onlay - Metallic - 4+ Surfaces	D2544	\$815	\$1,052	Labial Veneer (resin laminate) - Chairside	D2960	\$366	\$805
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$177	\$177	Labial Veneer (resin laminate) - Laboratory	D2961	\$538	\$913
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$273	\$273	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$624	\$992
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$596	\$998	Crown Repair	D2980	\$110	\$194
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$518	\$970	Inlay Repair	D2981	\$111	\$194
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$620	\$1,046	Onlay Repair	D2982	\$111	\$194
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$822	\$1,110	Veneer Repair	D2983	\$111	\$194
Inlay - Resin Composite - 1 Surface	D2650	\$342	\$583	•			
Inlay - Resin Composite - 2 Surfaces	D2651	\$412	\$695	Type III - Endodontics			
Inlay - Resin Composite - 3+ Surfaces	D2652	\$471	\$730	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$46	\$100
Onlay - Resin Composite - 2 Surfaces	D2662	\$458	\$634	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$41	\$80
Onlay - Resin Composite - 3 Surfaces	D2663	\$500	\$746	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$93	\$205
Onlay - Resin Composite - 4+ Surfaces	D2664	\$543	\$799	Pulpal Debridement - Primary/Permanent	D3221	\$70	\$225
Crown - Resin Based Composite - Indirect	D2710	\$386	\$446	Partial Pulpotomy for Apexogenesis	D3222	\$90	\$208
Crown - 34 Resin Based Composite - Indirect	D2712	\$265	\$446	Pulpal Therapy Anterior - Primary	D3230	\$83	\$183
Crown - Resin with High Noble Metal	D2712	\$741	\$1,099	Pulpal Therapy Posterior - Primary	D3240	\$100	\$225
Crown - Resin with Base Metal	D2721	\$668	\$1,030	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$427	\$717
Crown - Resin with Noble Metal	D2721	\$679	\$1,053	Root Canal - Premolar (Excluding Final Restoration)	D3310	\$511	\$879
Crown - Porcelain/Ceramic	D2722	\$774	\$1,033	Root Canal - Henoral (Excluding Final Restoration)  Root Canal - Molar (Excluding Final Restoration)	D3320	\$605	\$1,090
Crown - Porcelain with High Noble Metal	D2740 D2750	\$77 <del>4</del> \$758	\$1,128	Treatment of Root Canal Obstruction - non surgical	D3330	\$174	\$1,090
Crown - Porcelain with Predominantly Base Metal	D2750 D2751	\$697		Incomplete Endodontic Therapy - Inoperable/Fractured	D3331	\$221	
Crown - Porcelain With Noble Metal	D2751 D2752		\$1,036		D3332		\$534 \$246
Crown - Porcelain with Titanium	D2752 D2753	\$714	\$1,061	Internal Root Repair of Perforation Defects Retreatment of Previous RCT - Anterior	D3333	\$200	\$246
		\$697	\$1,036			\$460	\$956
Crown - <sup>3</sup> / <sub>4</sub> Cast High Noble Metal	D2780	\$691	\$1,068	Retreatment of Previous RCT - Premolar	D3347	\$572	\$1,125
Crown - <sup>3</sup> / <sub>4</sub> Cast Predominantly Base Metal	D2781	\$678	\$1,005	Retreatment of Previous RCT - Molar	D3348	\$594	\$1,392
Crown - <sup>3</sup> / <sub>4</sub> Cast Noble Metal	D2782	\$685	\$1,037	Apexification/Recalcification - Initial Visit	D3351	\$158	\$416
Crown - <sup>3</sup> / <sub>4</sub> Porcelain/Ceramic	D2783	\$694	\$1,098	Apexification/Recalcification - Interim Visit	D3352	\$94	\$187
Crown - Full Cast High Noble Metal	D2790	\$694	\$1,074	Apexification/Recalcification - Final Visit	D3353	\$193	\$574
Crown - Full Cast Predominantly Base Metal	D2791	\$660	\$1,017	Apicoectomy - Anterior	D3410	\$372	\$826
Crown - Full Cast Noble Metal	D2792	\$675	\$1,036	Apicoectomy - Premolar - 1st Root	D3421	\$379	\$919
Crown - Titanium	D2794	\$663	\$1,099	Apicoectomy - Molar - 1st Root	D3425	\$384	\$1,041
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$80	\$100	Apicoectomy - Each Additional Root	D3426	\$226	\$352
Re-cement/Re-bond Crown	D2920	\$83	\$101	Retrograde Filling - Per Root	D3430	\$118	\$258
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$279	\$401	Root Amputation - Per Root	D3450	\$201	\$538
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$279	\$401	Hemisection (Including any Root Removal)	D3920	\$132	\$409
Prefabricated Stainless Steel Crown - Primary	D2930	\$137	\$276	Canal Preparation/Post Fitting	D3950	\$0	\$0
Prefabricated Stainless Steel Crown - Permanent	D2931	\$162	\$312				
Prefabricated Resin Crown	D2932	\$125	\$333	Type III - Periodontics			
Protective Restoration	D2940	\$67	\$105	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$290	\$870

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$118	\$387	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$556	\$881
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$92	\$309	Removable Resin Unilateral Partial Denture - per quad	D5286	\$556	\$881
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$440	\$1,102	Adjust Complete Denture - Upper	D5410	\$55	\$98
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$235	\$638	Adjust Complete Denture - Lower	D5411	\$55	\$98
Crown Lengthening - Hard Tissue	D4249	\$498	\$1,208	Adjust Partial Denture - Upper	D5421	\$94	\$98
Osseous Surgery - 4+ teeth/quad	D4260	\$511	\$1,837	Adjust Partial Denture - Lower	D5422	\$94	\$98
Osseous Surgery - 1-3 teeth/quad	D4261	\$422	\$986	Repair Broken Complete Denture Base - Mandibular	D5511	\$114	\$196
Pedicle Soft Tissue Graft Procedure	D4270	\$160	\$1,305	Repair Broken Complete Denture Base - Maxillary	D5512	\$114	\$196
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$583	\$1,595	Replace Missing or Broken Teeth - Complete Denture - Per	D5520	\$94	\$163
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$372	\$905	Tooth			
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl	D4275	\$494	\$1,199	Repair Resin Partial Denture Base - Mandibular	D5611	\$125	\$212
implants)				Repair Resin Partial Denture Base - Maxillary	D5612	\$125	\$212
Combined Connective Tissue/Pedicle Graft	D4276	\$709	\$1,788	Repair Cast Partial Framework - Mandibular	D5621	\$153	\$229
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$341	\$1,353	Repair Cast Partial Framework - Maxillary	D5622	\$153	\$229
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl	D4278	\$341	\$445	Repair or Replace Broken Clasp - per tooth	D5630	\$141	\$278
implants)				Replace Broken Teeth - Per Tooth	D5640	\$102	\$180
Autogenous Connective Tissue Graft - Each Addl Tooth (excl	D4283	\$583	\$1,359	Add Tooth to Existing Partial Denture	D5650	\$131	\$245
implants) Non Autographys Connective Tissue Greft - Feeb Addl Tooth	D4285	\$404	¢1 022	Add Clasp to Existing Partial Denture - per tooth	D5660	\$159	\$294
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$494	\$1,023	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$454	\$719
Provisional Intracoronal Splint; Natural or Prosthetic Teeth	D4322	\$157	\$449	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$454	\$719
Provisional Extracoronal Splint; Natural or Prosthetic Teeth	D4323	\$143	\$408	Rebase Complete Upper Denture	D5710	\$441	\$727
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$129	\$255	Rebase Complete Lower Denture	D5711	\$441	\$694
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$69	\$147	Rebase Upper Partial Denture	D5720	\$398	\$686
Scaling - Full Mouth - After Oral Evaluation	D4346	\$75	\$147	Rebase Lower Partial Denture	D5721	\$398	\$686
Full Mouth Debridement	D4355	\$64	\$174	Rebase Hybrid Prothesis	D5725	\$370	\$621
Periodontal Maintenance Procedures	D4910	\$72	\$157	Reline Complete Upper Denture (Chairside)	D5730	\$279	\$410
Torrodonar Mantenance Frocedures	21710	Ψ12	Ψ137	Reline Complete Lower Denture (Chairside)	D5731	\$279	\$410
Type III - Removable Prosthetics				Reline Upper Partial Denture (Chairside)	D5740	\$276	\$376
Complete Denture - Upper	D5110	\$916	\$1,791	Reline Lower Partial Denture (Chairside)	D5741	\$276	\$376
Complete Denture - Lower	D5120	\$916	\$1,791	Reline Complete Upper Denture (Laboratory)	D5750	\$339	\$547
Immediate Denture - Upper	D5130	\$894	\$1,952	Reline Complete Lower Denture (Laboratory)	D5751	\$339	\$547
Immediate Denture - Lower	D5140	\$894	\$1,952	Reline Upper Partial Denture (Laboratory)	D5760	\$325	\$539
Upper Partial Denture - Resin Base	D5211	\$639	\$1,511	Reline Lower Partial Denture (Laboratory)	D5761	\$325	\$539
Lower Partial Denture - Resin Base	D5212	\$639	\$1,756	Tissue Conditioning - Upper	D5850	\$131	\$866
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$896	\$1,979	Tissue Conditioning - Lower	D5851	\$131	\$931
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$896	\$1,979				
Upper Immediate Partial Denture - Resin Base	D5221	\$856	\$1,649	Type III - Implants			
Lower Immediate Partial Denture - Resin Base	D5222	\$856	\$1,915	Surgical Placement of Implant Body - Endosteal	D6010	\$1,486	\$2,992
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$1,148	\$2,157	Surgical Placement of Mini Implant	D6013	\$1,496	\$2,992
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$1,148	\$2,157	Prefabricated Abutment - includes modification & placement	D6056	\$370	\$621
Upper Partial Denture - Flexible Base	D5225	\$896	\$1,979	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$949	\$1,722
Lower Partial Denture - Flexible Base	D5226	\$896	\$1,979 \$1,979	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$936	\$1,699
Upper Immediate Partial Denture - Flexible Base	D5227	\$896	\$1,979 \$1,979	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$831	\$1,606
Lower Immediate Partial Denture - Flexible Base	D5227	\$896	\$1,979 \$1,979	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$881	\$1,639
Upper Removable Unilateral Partial Denture - Cast Metal	D5228 D5282	\$556		Crown - Abutment Supp. Cast High Noble Metal	D6062	\$888	\$1,632
Lower Removable Unilateral Partial Denture - Cast Metal	D5282 D5283	\$556	\$1,154 \$1,154	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$709	\$1,421

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Crown - Abutment Supp. Cast Noble Metal	D6064	\$757	\$1,487	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$608	\$871
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$915	\$1,694	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$744	\$905
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$891	\$1,650	Retainer Inlay - Titanium	D6624	\$552	\$829
Crown - Implant Supp. High Noble Alloy	D6067	\$833	\$1,601	Retainer Onlay - Titanium	D6634	\$585	\$871
Crown - Implant Supp Porcelain Fused to Predom. Base Alloy	D6082	\$831	\$1,650	Retainer Crown - Resin With High Noble Metal	D6720	\$694	\$1,037
Crown - Implant Supp Porcelain Fused to Noble Alloy	D6083	\$881	\$1,650	Retainer Crown - Resin With Base Metal	D6721	\$622	\$984
Crown - Implant Supp Porcelain Fused to Titanium	D6084	\$881	\$1,650	Retainer Crown - Resin With Noble Metal	D6722	\$652	\$1,001
Crown - Implant Supp Predom. Base Alloy	D6086	\$709	\$1,625	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$763	\$1,090
Crown - Implant Supp Noble Alloy	D6087	\$757	\$1,601	Retainer Crown - Porcelain With High Noble Metal	D6750	\$763	\$1,062
Crown - Implant Supp Titanium	D6088	\$830	\$1,601	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$702	\$991
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$54	\$1,601	Retainer Crown - Porcelain With Noble Metal	D6752	\$719	\$1,014
Crown - Abutment Supp. Titanium	D6094	\$830	\$1,348	Retainer Crown - Porcelain Fused to Titanium	D6753	\$702	\$991
Repair Implant Abutment - By Report	D6095	\$0	\$375	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$747	\$1,001
Remove Broken Implant Retaining Screw	D6096	\$45	\$75	Retainer Crown - 3/4 Cast Predominantly Base Metal	D6781	\$713	\$1,001
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$891	\$1,650	Retainer Crown - ¾ Cast Noble Metal	D6782	\$727	\$930
				Retainer Crown - 3/4 Porcelain/Ceramic	D6783	\$698	\$1,031
Type III - Pontics and Retainers				Retainer Crown 3/4 -Titanium	D6784	\$713	\$1,001
Pontic - Cast High Noble Metal	D6210	\$713	\$1,067	Retainer Crown - Full Cast High Noble Metal	D6790	\$713	\$1,025
Pontic - Cast Predominantly Base Metal	D6211	\$597	\$1,000	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$597	\$972
Pontic - Cast Noble Metal	D6212	\$659	\$1,041	Retainer Crown - Full Cast Noble Metal	D6792	\$659	\$1,007
Pontic - Titanium	D6214	\$743	\$1,074	Retainer Crown - Titanium	D6794	\$663	\$1,007
Pontic - Porcelain Fused to High Noble Metal	D6240	\$708	\$1,054	Re-cement or Re-bond Fixed Partial Denture	D6930	\$75	\$161
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$660	\$973	Stress Breaker	D6940	\$235	\$365
Pontic - Porcelain Fused to Noble Metal	D6242	\$673	\$1,027	Fixed Partial Denture Repair - by Report	D6980	\$175	\$176
Pontic - Porelain Fused to Titanium	D6243	\$660	\$973				
Pontic - Porcelain/Ceramic	D6245	\$800	\$1,088	Type II - Oral Surgery			
Pontic - Resin with High Noble Metal	D6250	\$584	\$1,041	Extraction - Coronal Remnants - Primary Tooth	D7111	\$63	\$132
Pontic - Resin with Predominantly Base Metal	D6251	\$532	\$960	Extraction - Erupted Tooth or Exposed Root	D7140	\$95	\$176
Pontic - Resin with Noble Metal	D6252	\$556	\$991	Extraction - Erupted Tooth	D7210	\$133	\$265
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$481	\$481	Removal of Impacted Tooth - Soft Tissue	D7220	\$147	\$332
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$466	\$466	Removal of Impacted Tooth - Partially Bony	D7230	\$188	\$442
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$315	\$315	Removal of Impacted Tooth - Completely Bony	D7240	\$211	\$519
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$565	\$776	Removal of Residual Tooth Roots	D7250	\$124	\$280
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$632	\$814	Coronectomy - Intentional Partial Tooth Removal	D7251	\$160	\$549
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$622	\$829	Oroantral Fistula Closure	D7260	\$194	\$1,762
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$695	\$912	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$302	\$551
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$574	\$813	Evulsed or Displaced Teeth/Alveolus			
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$624	\$861	Tooth Transplantation	D7272	\$380	\$734
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$608	\$800	Exposure of an Unerupted Tooth	D7280	\$233	\$514
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$674	\$888	Excisional Biopsy of Minor Salivary Gland	D7284	\$104	\$441
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$726	\$844	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$104	\$1,028
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$741	\$880	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$104	\$440
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$622	\$895	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$118	\$438
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$744	\$979	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$83	\$383
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$566	\$890	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$155	\$711
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$705	\$930	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$109	\$602

COVERED SERVICES	ADA CODE	GENERAL DENTIST	SPECIALIST DENTIST	COVERED SERVICES	ADA CODE	DENTIST	SPECIALIST DENTIST
Vertheled to Pide For (2) I Fuith listing	D7240	COPAY	COPAY	HI Oarland Count Hard Analism Profest Analy (for	D0046	COPAY	COPAY
Vestibulen leater Bidge Ext (Capter Hyperticus)	D7340	\$267	\$3,010	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$247	\$576
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350 D7450	\$439	\$8,757	III - Occlusal Adjustment - Limited	D9951	\$80	\$169
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450 D7451	\$420	\$1,313	III - Occlusal Adjustment - Complete	D9952	\$169	\$795
Removal of Odontogenic Cyst/Tumor > 1.25cm		\$508	\$1,795	* Covered only when performed in conjunction with covered oral	D//32	Ψ109	Ψ1/3
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$408	\$1,313	surgery.			
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$519	\$1,795				
Removal of Lateral Exostosis - Per Site	D7471	\$140	\$1,627				
Removal of Torus Palantinus	D7472	\$297	\$1,933				
Removal of Torus Mandibularus	D7473	\$297	\$1,824				
Reduction of Osseous Tuberosity	D7485	\$297	\$1,627				
Marsupialization of Odontogenic Cyst	D7509	\$118	\$496				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$118	\$471				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$197	\$2,242				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$68	\$808				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$197	\$895				
Sequestrectomy for Osteomyletis	D7550	\$146	\$558				
Maxillary Sinusotomy for Removal of Tooth Fragment or	D7560	\$924	\$4,433				
Foreign Body	D#010	<b></b>					
Suture of Recent Small Wounds up to 5cm	D7910	\$65	\$718				
Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$219	\$632				
Lingual Frenectomy (Frenulectomy)	D7962	\$219	\$632				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$172	\$876				
Excision of Pericoronal Gingiva	D7971	\$109	\$328				
Surgical Reduction of Fibrous Tuberosity	D7972	\$399	\$1,226				
Non-Surgical Sialolithotomy	D7979	\$540	\$541				
Surgical Sialolithotomy	D7980	\$540	\$1,379				
Closure of Salivary Fistula	D7983	\$1,229	\$3,131				
Type - Miscellaneous Services							
I - Palliative Treatment of Dental Pain	D9110	\$56	\$131				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0				
III - Deep Sedation/General Ansethesia - First 15 Min*	D9222	\$90	\$283				
III - Deep Sedation/General Anesthesia - Each Additional 15	D9223	\$90	\$216				
Min*	D. 222	+					
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$53	\$80				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$74	\$233				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*		\$74	\$183				
III - Non-Intravenous Conscious Sedation*	D9248	\$79	\$116				
I - Consultation	D9310	\$53	\$152				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$67	\$118				
II - Treatment of Complications (Post Surgical)	D9930	\$63	\$118				
III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$247	\$576				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$247	\$576				