

2024 SECURECARE DENTAL

COPAY PLAN NV100 - 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 separate 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 General 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 COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Type I - Diagnostic/Evaluation Services				Type II - Restorative Dentistry			
Periodic Oral Evaluation	D0120	\$0	\$0	Prophylaxis Cleaning - Child	D1120	\$0	\$0
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$0	Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$0
Oral Evaluation - under 3 years old	D0145	\$0	\$0	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$0
Comprehensive Oral Evaluation	D0150	\$0	\$0	Sealant - Per Tooth	D1351	\$0	\$0
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$0	Preventive Resin Restoration (Including Sealant)	D1352	\$0	\$0
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$0	\$0
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Space Maintainer; Fixed Unilateral - per quad	D1510	\$0	\$0
Comprehensive Periodontal Evaluation	D0180	\$0	\$0	Upper Space Maintainer; Fixed Bilateral	D1516	\$0	\$0
Intraoral - Comprehensive Series of Images	D0210	\$0	\$0	Lower Space Maintainer; Fixed Bilateral	D1517	\$0	\$0
Intraoral - Periapical - 1st Image	D0220	\$0	\$0	Space Maintainer; Removable Unilateral - per quad	D1520	\$0	\$0
Intraoral - Periapical - Each Additional Image	D0230	\$0	\$0	Upper Space Maintainer; Removable Bilateral	D1526	\$0	\$0
Intraoral - Occlusal Image	D0240	\$0	\$0	Lower Space Maintainer; Removable Bilateral	D1527	\$0	\$0
Extraoral - 2D Image	D0250	\$0	\$0	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$20	\$20
Extraoral - Posterior Image	D0251	\$0	\$0	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$20	\$20
Bitewing - 1 Image	D0270	\$0	\$0	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$20	\$20
Bitewing - 2 Images	D0272	\$0	\$0	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$0	\$0
Bitewing - 3 Images	D0273	\$0	\$0				
Bitewing - 4 Images	D0274	\$0	\$0				
Vertical Bitewings - 7 to 8 Images	D0277	\$0	\$0	Amalgam - 1 Surface - Primary or Permanent	D2140	\$76	\$126
Panoramic Image	D0330	\$0	\$0	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$88	\$164
Pulp Vitality Tests	D0460	\$0	\$0	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$103	\$198
Diagnostic Casts	D0470	\$0	\$0	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$129	\$241
Panoramic Image - Image Capture Only	D0701	\$0	\$0	Resin Composite - 1 Surface - Anterior	D2330	\$80	\$153
Intraoral - Occlusal Image - Image Capture Only	D0706	\$0	\$0	Resin Composite - 2 Surfaces - Anterior	D2331	\$95	\$196
Intraoral - Periapical image - Image Capture Only	D0707	\$0	\$0	Resin Composite - 3 Surfaces - Anterior	D2332	\$114	\$240
Intraoral - Bitewing Image - Image Capture Only	D0708	\$0	\$0	Resin Composite - 4+ Surfaces - Anterior	D2335	\$147	\$283
Intraoral - Comprehensive Series - Image Capture Only	D0709	\$0	\$0	Resin Composite Crown - Anterior	D2390	\$195	\$314
				Resin Composite - 1 Surface - Posterior	D2391	\$87	\$180
				Resin Composite - 2 Surfaces - Posterior	D2392	\$102	\$235
				Resin Composite - 3 Surfaces - Posterior	D2393	\$146	\$292
				Resin Composite - 4+ Surfaces - Posterior	D2394	\$175	\$358
Type I - Preventive Services							
Prophylaxis Cleaning - Adult	D1110	\$0	\$0				

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Type III - Onlays Crowns and Bridges				Core Build Up - Including any Pins when required	D2950	\$152	\$257
Inlay - Metallic - 1 Surface	D2510	\$425	\$638	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$49	\$58
Inlay - Metallic - 2 Surfaces	D2520	\$564	\$724	Cast Post and Core - in Addition to Crown	D2952	\$235	\$406
Inlay - Metallic - 3+ Surfaces	D2530	\$670	\$835	Cast Post and Core - Each Additional - same tooth	D2953	\$155	\$203
Onlay - Metallic - 2 Surfaces	D2542	\$576	\$818	Prefabricated Post and Core - in Addition to Crown	D2954	\$207	\$325
Onlay - Metallic - 3 Surfaces	D2543	\$693	\$856	Post Removal	D2955	\$0	\$0
Onlay - Metallic - 4+ Surfaces	D2544	\$965	\$890	Each Additional Prefabricated Post - same tooth	D2957	\$167	\$163
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$177	\$177	Labial Veneer (resin laminate) - Chairside	D2960	\$395	\$786
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$273	\$273	Labial Veneer (resin laminate) - Laboratory	D2961	\$608	\$891
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$703	\$844	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$684	\$968
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$605	\$821	Crown Repair	D2980	\$110	\$190
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$735	\$885	Inlay Repair	D2981	\$111	\$190
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$997	\$939	Onlay Repair	D2982	\$111	\$190
Inlay - Resin Composite - 1 Surface	D2650	\$368	\$493	Veneer Repair	D2983	\$111	\$190
Inlay - Resin Composite - 2 Surfaces	D2651	\$453	\$588	Type III - Endodontics			
Inlay - Resin Composite - 3+ Surfaces	D2652	\$524	\$618	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$41	\$99
Onlay - Resin Composite - 2 Surfaces	D2662	\$510	\$536	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$44	\$79
Onlay - Resin Composite - 3 Surfaces	D2663	\$559	\$631	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$88	\$202
Onlay - Resin Composite - 4+ Surfaces	D2664	\$609	\$676	Pulpal Debridement - Primary/Permanent	D3221	\$82	\$222
Crown - Resin Based Composite - Indirect	D2710	\$422	\$475	Partial Pulpotomy for Apexogenesis	D3222	\$102	\$206
Crown - ¾ Resin Based Composite - Indirect	D2712	\$286	\$475	Pulpal Therapy Anterior - Primary	D3230	\$99	\$217
Crown - Resin with High Noble Metal	D2720	\$850	\$1,170	Pulpal Therapy Posterior - Primary	D3240	\$115	\$267
Crown - Resin with Base Metal	D2721	\$762	\$1,096	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$470	\$852
Crown - Resin with Noble Metal	D2722	\$779	\$1,120	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$525	\$1,044
Crown - Porcelain/Ceramic	D2740	\$825	\$1,200	Root Canal - Molar (Excluding Final Restoration)	D3330	\$687	\$1,294
Crown - Porcelain with High Noble Metal	D2750	\$801	\$1,184	Treatment of Root Canal Obstruction - non surgical	D3331	\$211	\$334
Crown - Porcelain with Predominantly Base Metal	D2751	\$754	\$1,103	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$271	\$635
Crown - Porcelain With Noble Metal	D2752	\$775	\$1,129	Internal Root Repair of Perforation Defects	D3333	\$245	\$292
Crown - Porcelain with Titanium	D2753	\$754	\$1,103	Retreatment of Previous RCT - Anterior	D3346	\$389	\$1,136
Crown - ¾ Cast High Noble Metal	D2780	\$813	\$1,136	Retreatment of Previous RCT - Premolar	D3347	\$533	\$1,336
Crown - ¾ Cast Predominantly Base Metal	D2781	\$780	\$1,069	Retreatment of Previous RCT - Molar	D3348	\$760	\$1,653
Crown - ¾ Cast Noble Metal	D2782	\$809	\$1,104	Apexification/Recalcification - Initial Visit	D3351	\$179	\$436
Crown - ¾ Porcelain/Ceramic	D2783	\$793	\$1,168	Apexification/Recalcification - Interim Visit	D3352	\$115	\$196
Crown - Full Cast High Noble Metal	D2790	\$724	\$1,143	Apexification/Recalcification - Final Visit	D3353	\$214	\$602
Crown - Full Cast Predominantly Base Metal	D2791	\$650	\$1,083	Apicoectomy - Anterior	D3410	\$409	\$865
Crown - Full Cast Noble Metal	D2792	\$706	\$1,103	Apicoectomy - Premolar - 1st Root	D3421	\$430	\$963
Crown - Titanium	D2794	\$715	\$1,170	Apicoectomy - Molar - 1st Root	D3425	\$512	\$1,091
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$87	\$98	Apicoectomy - Each Additional Root	D3426	\$274	\$369
Re-cement/Re-bond Crown	D2920	\$74	\$99	Retrograde Filling - Per Root	D3430	\$134	\$271
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$299	\$391	Root Amputation - Per Root	D3450	\$245	\$564
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$299	\$391	Hemisection (Including any Root Removal)	D3920	\$159	\$429
Prefabricated Stainless Steel Crown - Primary	D2930	\$188	\$270	Canal Preparation/Post Fitting	D3950	\$0	\$0
Prefabricated Stainless Steel Crown - Permanent	D2931	\$183	\$305	Type III - Periodontics			
Prefabricated Resin Crown	D2932	\$176	\$325	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$257	\$911
Protective Restoration	D2940	\$69	\$103				

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	\$133	\$405	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$628	\$853
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$92	\$324	Removable Resin Unilateral Partial Denture - per quad	D5286	\$628	\$853
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$522	\$1,154	Adjust Complete Denture - Upper	D5410	\$57	\$95
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$283	\$668	Adjust Complete Denture - Lower	D5411	\$57	\$95
Crown Lengthening - Hard Tissue	D4249	\$470	\$1,265	Adjust Partial Denture - Upper	D5421	\$99	\$95
Osseous Surgery - 4+ teeth/quad	D4260	\$679	\$1,923	Adjust Partial Denture - Lower	D5422	\$99	\$95
Osseous Surgery - 1-3 teeth/quad	D4261	\$408	\$1,032	Repair Broken Complete Denture Base - Mandibular	D5511	\$125	\$190
Pedicle Soft Tissue Graft Procedure	D4270	\$196	\$1,366	Repair Broken Complete Denture Base - Maxillary	D5512	\$125	\$190
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$585	\$1,670	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$105	\$158
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$448	\$947	Repair Resin Partial Denture Base - Mandibular	D5611	\$136	\$206
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$599	\$1,255	Repair Resin Partial Denture Base - Maxillary	D5612	\$136	\$206
Combined Connective Tissue/Pedicle Graft	D4276	\$860	\$1,872	Repair Cast Partial Framework - Mandibular	D5621	\$171	\$222
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$414	\$1,417	Repair Cast Partial Framework - Maxillary	D5622	\$171	\$222
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$414	\$465	Repair or Replace Broken Clasp - per tooth	D5630	\$155	\$269
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$585	\$1,423	Replace Broken Teeth - Per Tooth	D5640	\$111	\$174
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$599	\$1,071	Add Tooth to Existing Partial Denture	D5650	\$142	\$237
Provisional Intracoronal Splint; Natural or Prosthetic Teeth	D4322	\$192	\$508	Add Clasp to Existing Partial Denture - per tooth	D5660	\$178	\$285
Provisional Extracoronal Splint; Natural or Prosthetic Teeth	D4323	\$172	\$462	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$502	\$697
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$136	\$294	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$502	\$697
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$82	\$170	Rebase Complete Upper Denture	D5710	\$490	\$704
Scaling - Full Mouth - After Oral Evaluation	D4346	\$74	\$170	Rebase Complete Lower Denture	D5711	\$490	\$673
Full Mouth Debridement	D4355	\$63	\$201	Rebase Upper Partial Denture	D5720	\$436	\$665
Periodontal Maintenance Procedures	D4910	\$80	\$181	Rebase Lower Partial Denture	D5721	\$436	\$665
Type III - Removable Prosthetics				Rebase Hybrid Prosthesis	D5725	\$396	\$602
Complete Denture - Upper	D5110	\$982	\$1,735	Reline Complete Upper Denture (Chairside)	D5730	\$294	\$397
Complete Denture - Lower	D5120	\$982	\$1,735	Reline Complete Lower Denture (Chairside)	D5731	\$294	\$397
Immediate Denture - Upper	D5130	\$1,014	\$1,892	Reline Upper Partial Denture (Chairside)	D5740	\$296	\$364
Immediate Denture - Lower	D5140	\$1,014	\$1,892	Reline Lower Partial Denture (Chairside)	D5741	\$296	\$364
Upper Partial Denture - Resin Base	D5211	\$622	\$1,464	Reline Complete Upper Denture (Laboratory)	D5750	\$372	\$530
Lower Partial Denture - Resin Base	D5212	\$622	\$1,702	Reline Complete Lower Denture (Laboratory)	D5751	\$372	\$530
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$993	\$1,917	Reline Upper Partial Denture (Laboratory)	D5760	\$354	\$522
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$993	\$1,917	Reline Lower Partial Denture (Laboratory)	D5761	\$354	\$522
Upper Immediate Partial Denture - Resin Base	D5221	\$873	\$1,597	Tissue Conditioning - Upper	D5850	\$142	\$839
Lower Immediate Partial Denture - Resin Base	D5222	\$873	\$1,855	Tissue Conditioning - Lower	D5851	\$142	\$902
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$1,186	\$2,090	Type III - Implants			
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$1,186	\$2,090	Surgical Placement of Implant Body - Endosteal	D6010	\$1,583	\$2,899
Upper Partial Denture - Flexible Base	D5225	\$993	\$1,917	Surgical Placement of Mini Implant	D6013	\$1,598	\$2,899
Lower Partial Denture - Flexible Base	D5226	\$993	\$1,917	Prefabricated Abutment - includes modification & placement	D6056	\$396	\$602
Upper Immediate Partial Denture - Flexible Base	D5227	\$993	\$1,917	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$1,022	\$1,669
Lower Immediate Partial Denture - Flexible Base	D5228	\$993	\$1,917	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$997	\$1,646
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$628	\$1,118	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$888	\$1,556
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$628	\$1,118	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$939	\$1,588
				Crown - Abutment Supp. Cast High Noble Metal	D6062	\$946	\$1,582
				Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$757	\$1,377

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	\$807	\$1,441	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$690	\$903
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$974	\$1,642	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$856	\$938
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$950	\$1,599	Retainer Inlay - Titanium	D6624	\$560	\$860
Crown - Implant Supp. High Noble Alloy	D6067	\$886	\$1,551	Retainer Onlay - Titanium	D6634	\$594	\$903
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$888	\$1,599	Retainer Crown - Resin With High Noble Metal	D6720	\$794	\$1,074
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$939	\$1,599	Retainer Crown - Resin With Base Metal	D6721	\$706	\$1,019
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$939	\$1,599	Retainer Crown - Resin With Noble Metal	D6722	\$745	\$1,038
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$757	\$1,573	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$820	\$1,130
Crown - Implant Supp. - Noble Alloy	D6087	\$807	\$1,551	Retainer Crown - Porcelain With High Noble Metal	D6750	\$806	\$1,100
Crown - Implant Supp. - Titanium	D6088	\$887	\$1,551	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$759	\$1,027
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$58	\$1,551	Retainer Crown - Porcelain With Noble Metal	D6752	\$780	\$1,051
Crown - Abutment Supp. Titanium	D6094	\$887	\$1,306	Retainer Crown - Porcelain Fused to Titanium	D6753	\$759	\$1,027
Repair Implant Abutment - By Report	D6095	\$0	\$375	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$859	\$1,038
Remove Broken Implant Retaining Screw	D6096	\$50	\$50	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$818	\$1,038
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$950	\$1,599	Retainer Crown - ¾ Cast Noble Metal	D6782	\$839	\$964
				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$801	\$1,068
Type III - Pontics and Retainers				Retainer Crown ¾ -Titanium	D6784	\$818	\$1,038
Pontic - Cast High Noble Metal	D6210	\$821	\$1,111	Retainer Crown - Full Cast High Noble Metal	D6790	\$821	\$1,062
Pontic - Cast Predominantly Base Metal	D6211	\$679	\$1,041	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$679	\$1,007
Pontic - Cast Noble Metal	D6212	\$754	\$1,083	Retainer Crown - Full Cast Noble Metal	D6792	\$754	\$1,044
Pontic - Titanium	D6214	\$855	\$1,118	Retainer Crown - Titanium	D6794	\$715	\$1,044
Pontic - Porcelain Fused to High Noble Metal	D6240	\$806	\$1,097	Re-cement or Re-bond Fixed Partial Denture	D6930	\$82	\$161
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$759	\$1,013	Stress Breaker	D6940	\$269	\$365
Pontic - Porcelain Fused to Noble Metal	D6242	\$780	\$1,069	Fixed Partial Denture Repair - by Report	D6980	\$166	\$167
Pontic - Porcelain Fused to Titanium	D6243	\$759	\$1,013				
Pontic - Porcelain/Ceramic	D6245	\$928	\$1,132	Type II - Oral Surgery			
Pontic - Resin with High Noble Metal	D6250	\$624	\$1,083	Extraction - Coronal Remnants - Primary Tooth	D7111	\$92	\$139
Pontic - Resin with Predominantly Base Metal	D6251	\$569	\$999	Extraction - Erupted Tooth or Exposed Root	D7140	\$101	\$185
Pontic - Resin with Noble Metal	D6252	\$600	\$1,031	Extraction - Erupted Tooth	D7210	\$144	\$283
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$538	\$538	Removal of Impacted Tooth - Soft Tissue	D7220	\$163	\$354
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$518	\$518	Removal of Impacted Tooth - Partially Bony	D7230	\$209	\$471
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$330	\$330	Removal of Impacted Tooth - Completely Bony	D7240	\$244	\$553
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$638	\$804	Removal of Residual Tooth Roots	D7250	\$148	\$299
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$721	\$844	Coronectomy - Intentional Partial Tooth Removal	D7251	\$178	\$586
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$706	\$860	Oroantral Fistula Closure	D7260	\$217	\$1,806
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$798	\$946	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$367	\$565
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$648	\$842	Tooth Transplantation	D7272	\$401	\$753
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$710	\$893	Exposure of an Unerupted Tooth	D7280	\$279	\$527
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$690	\$829	Excisional Biopsy of Minor Salivary Gland	D7284	\$122	\$451
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$770	\$920	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$122	\$1,054
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$833	\$874	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$122	\$452
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$850	\$912	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$117	\$419
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$706	\$927	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$90	\$366
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$856	\$1,014	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$159	\$680
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$639	\$922	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$121	\$575
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$808	\$964				

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$324	\$2,877	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$255	\$504
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$535	\$8,370				
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$532	\$1,256	III - Occlusal Adjustment - Limited	D9951	\$63	\$148
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$644	\$1,716	III - Occlusal Adjustment - Complete	D9952	\$204	\$696
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$522	\$1,256	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$666	\$1,716				
Removal of Lateral Exostosis - Per Site	D7471	\$179	\$1,555				
Removal of Torus Palatinus	D7472	\$381	\$1,848				
Removal of Torus Mandibularus	D7473	\$381	\$1,743				
Reduction of Osseous Tuberosity	D7485	\$381	\$1,555				
Marsupialization of Odontogenic Cyst	D7509	\$137	\$453				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$137	\$450				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$252	\$2,143				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$88	\$772				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$252	\$856				
Sequestrectomy for Osteomyelitis	D7550	\$164	\$534				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$1,035	\$4,237				
Suture of Recent Small Wounds up to 5cm	D7910	\$66	\$686				
Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$238	\$572				
Lingual Frenectomy (Frenulectomy)	D7962	\$238	\$572				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$205	\$837				
Excision of Pericoronal Gingiva	D7971	\$140	\$314				
Surgical Reduction of Fibrous Tuberosity	D7972	\$511	\$1,172				
Non-Surgical Sialolithotomy	D7979	\$605	\$606				
Surgical Sialolithotomy	D7980	\$605	\$1,318				
Closure of Salivary Fistula	D7983	\$1,376	\$2,992				
Type - Miscellaneous Services							
I - Palliative Treatment of Dental Pain	D9110	\$68	\$159				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$82	\$317				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$82	\$242				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$42	\$89				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$66	\$261				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$66	\$205				
III - Non-Intravenous Conscious Sedation*	D9248	\$99	\$130				
I - Consultation	D9310	\$64	\$198				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$81	\$81				
II - Treatment of Complications (Post Surgical)	D9930	\$75	\$75				
III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$255	\$504				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$255	\$504				