## 2024 SECURECARE DENTAL COPAY PLAN NV400 - 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
		COPAY	COPAY			COPAY	COPAY
Type I - Diagnostic/Evaluation Services				Prophylaxis Cleaning - Child	D1120	\$6	\$21
Periodic Oral Evaluation	D0120	\$6	\$28	Fluoride - Topical Application of Fluoride Varnish	D1206	\$5	\$37
Limited Oral Evaluation - Problem Focused	D0140	\$6	\$51	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$5	\$19
Oral Evaluation - under 3 years old	D0145	\$6	\$59	Sealant - Per Tooth	D1351	\$17	\$42
Comprehensive Oral Evaluation	D0150	\$6	\$53	Preventive Resin Restoration (Including Sealant)	D1352	\$21	\$62
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$6	\$138	Sealant Repair - Per Tooth	D1353	\$16	\$62
Re-evaluation - Limited - Problem Focused	D0170	\$6	\$39	Space Maintainer; Fixed Unilateral - per quad	D1510	\$106	\$227
Re-evaluation Post-Operative Office Visit	D0171	\$6	\$39	Upper Space Maintainer; Fixed Bilateral	D1516	\$111	\$317
Comprehensive Periodontal Evaluation	D0180	\$6	\$68	Lower Space Maintainer; Fixed Bilateral	D1517	\$111	\$317
Intraoral - Comprehensive Series of Images	D0210	\$15	\$92	Space Maintainer; Removable Unilateral - per quad	D1520	\$82	\$188
Intraoral - Periapical - 1st Image	D0220	\$6	\$17	Upper Space Maintainer; Removable Bilateral	D1526	\$82	\$285
Intraoral - Periapical - Each Additional Image	D0230	\$6	\$22	Lower Space Maintainer; Removable Bilateral	D1527	\$82	\$285
Intraoral - Occlusal Image	D0240	\$6	\$32	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$20	\$20
Extraoral - 2D Image	D0250	\$6	\$30	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$20	\$20
Extraoral - Posterior Image	D0251	\$20	\$44	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$20	\$20
Bitewing - 1 Image	D0270	\$6	\$17	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$133	\$278
Bitewing - 2 Images	D0272	\$6	\$28				
Bitewing - 3 Images	D0273	\$6	\$36	Type II - Restorative Dentistry			
Bitewing - 4 Images	D0274	\$6	\$40	Amalgam - 1 Surface - Primary or Permanent	D2140	\$42	\$92
Vertical Bitewings - 7 to 8 Images	D0277	\$6	\$59	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$42	\$118
Panoramic Image	D0330	\$15	\$106	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$42	\$137
Pulp Vitality Tests	D0460	\$0	\$64	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$48	\$160
Diagnostic Casts	D0470	\$21	\$115	Resin Composite - 1 Surface - Anterior	D2330	\$48	\$121
Panoramic Image - Image Capture Only	D0701	\$21	\$134	Resin Composite - 2 Surfaces - Anterior	D2331	\$51	\$152
Intraoral - Occlusal Image - Image Capture Only	D0706	\$6	\$33	Resin Composite - 3 Surfaces - Anterior	D2332	\$61	\$187
Intraoral - Periapical image - Image Capture Only	D0707	\$6	\$19	Resin Composite - 4+ Surfaces - Anterior	D2335	\$77	\$213
Intraoral - Bitewing Image - Image Capture Only	D0708	\$6	\$20	Resin Composite Crown - Anterior	D2390	\$53	\$172
Intraoral - Comprehensive Series - Image Capture Only	D0709	\$15	\$92	Resin Composite - 1 Surface - Posterior	D2391	\$52	\$145
				Resin Composite - 2 Surfaces - Posterior	D2392	\$68	\$201
Type I - Preventive Services				Resin Composite - 3 Surfaces - Posterior	D2393	\$75	\$221
Prophylaxis Cleaning - Adult	D1110	\$6	\$41	Resin Composite - 4+ Surfaces - Posterior	D2394	\$75	\$258

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	\$99	\$204
Type III - Onlays Crowns and Bridges				Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$25
Inlay - Metallic - 1 Surface	D2510	\$213	\$426	Cast Post and Core - in Addition to Crown	D2952	\$137	\$308
Inlay - Metallic - 2 Surfaces	D2520	\$265	\$425	Cast Post and Core - Each Additional - same tooth	D2953	\$93	\$141
Inlay - Metallic - 3+ Surfaces	D2530	\$343	\$508	Prefabricated Post and Core - in Addition to Crown	D2954	\$108	\$226
Onlay - Metallic - 2 Surfaces	D2542	\$336	\$578	Post Removal	D2955	\$0	\$0
Onlay - Metallic - 3 Surfaces	D2543	\$353	\$516	Each Additional Prefabricated Post - same tooth	D2957	\$41	\$41
Onlay - Metallic - 4+ Surfaces	D2544	\$353	\$353	Labial Veneer (resin laminate) - Chairside	D2960	\$213	\$604
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$177	\$177	Labial Veneer (resin laminate) - Laboratory	D2961	\$369	\$652
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$273	\$273	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$329	\$613
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$313	\$454	Crown Repair	D2980	\$66	\$146
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$286	\$502	Inlay Repair	D2981	\$66	\$145
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$297	\$447	Onlay Repair	D2982	\$66	\$145
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$403	\$403	Veneer Repair	D2983	\$66	\$145
Inlay - Resin Composite - 1 Surface	D2650	\$124	\$249				
Inlay - Resin Composite - 2 Surfaces	D2651	\$173	\$308	Type III - Endodontics			
Inlay - Resin Composite - 3+ Surfaces	D2652	\$229	\$323	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$21	\$79
Onlay - Resin Composite - 2 Surfaces	D2662	\$222	\$248	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$16	\$51
Onlay - Resin Composite - 3 Surfaces	D2663	\$287	\$359	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$47	\$161
Onlay - Resin Composite - 4+ Surfaces	D2664	\$348	\$415	Pulpal Debridement - Primary/Permanent	D3221	\$49	\$189
Crown - Resin Based Composite - Indirect	D2710	\$156	\$209	Partial Pulpotomy for Apexogenesis	D3222	\$64	\$168
Crown - 34 Resin Based Composite - Indirect	D2710	\$180	\$369	Pulpal Therapy Anterior - Primary	D3230	\$64	\$182
Crown - Resin with High Noble Metal	D2712	\$435	\$755	Pulpal Therapy Posterior - Primary	D3240	\$58	\$210
Crown - Resin with Base Metal	D2721	\$419	\$753	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$186	\$568
Crown - Resin with Noble Metal	D2721	\$426	\$767	Root Canal - Premolar (Excluding Final Restoration)	D3310	\$254	\$773
Crown - Porcelain/Ceramic	D2722	\$403	\$707 \$778	Root Canal - Molar (Excluding Final Restoration)	D3320	\$403	\$1,010
Crown - Porcelain/Cerainic Crown - Porcelain with High Noble Metal	D2740 D2750	\$403 \$403	\$778 \$786	Treatment of Root Canal Obstruction - non surgical	D3330	\$403 \$147	\$1,010
Crown - Porcelain with Fredominantly Base Metal	D2750 D2751	\$371		Incomplete Endodontic Therapy - Inoperable/Fractured	D3331	\$147 \$196	
Crown - Porcelain With Noble Metal			\$720 \$726				\$560 \$226
	D2752	\$382	\$736	Internal Root Repair of Perforation Defects Retreatment of Previous RCT - Anterior	D3333	\$189	\$236
Crown - Porcelain with Titanium	D2753	\$371	\$720		D3346	\$343	\$1,090
Crown - <sup>3</sup> / <sub>4</sub> Cast High Noble Metal	D2780	\$415	\$738	Retreatment of Previous RCT - Premolar	D3347	\$353	\$1,156
Crown - <sup>3</sup> / <sub>4</sub> Cast Predominantly Base Metal	D2781	\$380	\$669	Retreatment of Previous RCT - Molar	D3348	\$365	\$1,258
Crown - <sup>3</sup> / <sub>4</sub> Cast Noble Metal	D2782	\$390	\$685	Apexification/Recalcification - Initial Visit	D3351	\$49	\$306
Crown - <sup>3</sup> / <sub>4</sub> Porcelain/Ceramic	D2783	\$393	\$768	Apexification/Recalcification - Interim Visit	D3352	\$49	\$130
Crown - Full Cast High Noble Metal	D2790	\$418	\$837	Apexification/Recalcification - Final Visit	D3353	\$49	\$437
Crown - Full Cast Predominantly Base Metal	D2791	\$382	\$815	Apicoectomy - Anterior	D3410	\$239	\$695
Crown - Full Cast Noble Metal	D2792	\$395	\$792	Apicoectomy - Premolar - 1st Root	D3421	\$255	\$788
Crown - Titanium	D2794	\$382	\$837	Apicoectomy - Molar - 1st Root	D3425	\$366	\$945
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$19	\$30	Apicoectomy - Each Additional Root	D3426	\$49	\$144
Re-cement/Re-bond Crown	D2920	\$32	\$57	Retrograde Filling - Per Root	D3430	\$49	\$186
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$188	\$280	Root Amputation - Per Root	D3450	\$110	\$429
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$188	\$280	Hemisection (Including any Root Removal)	D3920	\$110	\$380
Prefabricated Stainless Steel Crown - Primary	D2930	\$104	\$186	Canal Preparation/Post Fitting	D3950	\$0	\$0
Prefabricated Stainless Steel Crown - Permanent	D2931	\$69	\$191				
Prefabricated Resin Crown	D2932	\$93	\$242	Type III - Periodontics			
Protective Restoration	D2940	\$8	\$42	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$239	\$893

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	\$66	\$338	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$279	\$504
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$41	\$273	Removable Resin Unilateral Partial Denture - per quad	D5286	\$279	\$504
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$303	\$935	Adjust Complete Denture - Upper	D5410	\$25	\$63
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$196	\$581	Adjust Complete Denture - Lower	D5411	\$25	\$63
Crown Lengthening - Hard Tissue	D4249	\$329	\$1,124	Adjust Partial Denture - Upper	D5421	\$25	\$25
Osseous Surgery - 4+ teeth/quad	D4260	\$403	\$1,647	Adjust Partial Denture - Lower	D5422	\$25	\$25
Osseous Surgery - 1-3 teeth/quad	D4261	\$223	\$847	Repair Broken Complete Denture Base - Mandibular	D5511	\$59	\$124
Pedicle Soft Tissue Graft Procedure	D4270	\$107	\$1,277	Repair Broken Complete Denture Base - Maxillary	D5512	\$59	\$124
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$398	\$1,483	Replace Missing or Broken Teeth - Complete Denture - Per	D5520	\$49	\$102
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$295	\$794	Tooth			
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl	D4275	\$410	\$1,066	Repair Resin Partial Denture Base - Mandibular	D5611	\$49	\$119
implants)				Repair Resin Partial Denture Base - Maxillary	D5612	\$49	\$119
Combined Connective Tissue/Pedicle Graft	D4276	\$549	\$1,561	Repair Cast Partial Framework - Mandibular	D5621	\$58	\$109
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$229	\$1,232	Repair Cast Partial Framework - Maxillary	D5622	\$58	\$109
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl	D4278	\$229	\$280	Repair or Replace Broken Clasp - per tooth	D5630	\$58	\$172
implants)	D4202	#200	<b>#1 22</b> 6	Replace Broken Teeth - Per Tooth	D5640	\$58	\$121
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$398	\$1,236	Add Tooth to Existing Partial Denture	D5650	\$58	\$153
Non-Autogenous Connective Tissue Graft - Each Addl Tooth	D4285	\$410	\$882	Add Clasp to Existing Partial Denture - per tooth	D5660	\$58	\$165
(excl implants)	D 1203	Ψ110	Ψ002	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$206	\$401
Provisional Intracoronal Splint; Natural or Prosthetic Teeth	D4322	\$117	\$433	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$206	\$401
Provisional Extracoronal Splint; Natural or Prosthetic Teeth	D4323	\$114	\$404	Rebase Complete Upper Denture	D5710	\$107	\$321
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$91	\$249	Rebase Complete Lower Denture	D5711	\$107	\$290
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$50	\$138	Rebase Upper Partial Denture	D5720	\$107	\$336
Scaling - Full Mouth - After Oral Evaluation	D4346	\$52	\$148	Rebase Lower Partial Denture	D5721	\$107	\$336
Full Mouth Debridement	D4355	\$53	\$191	Rebase Hybrid Prothesis	D5725	\$289	\$495
Periodontal Maintenance Procedures	D4910	\$57	\$158	Reline Complete Upper Denture (Chairside)	D5730	\$107	\$210
				Reline Complete Lower Denture (Chairside)	D5731	\$107	\$210
Type III - Removable Prosthetics				Reline Upper Partial Denture (Chairside)	D5740	\$107	\$175
Complete Denture - Upper	D5110	\$398	\$1,151	Reline Lower Partial Denture (Chairside)	D5741	\$107	\$175
Complete Denture - Lower	D5120	\$398	\$1,151	Reline Complete Upper Denture (Laboratory)	D5750	\$107	\$265
Immediate Denture - Upper	D5130	\$398	\$1,276	Reline Complete Lower Denture (Laboratory)	D5751	\$107	\$265
Immediate Denture - Lower	D5140	\$398	\$1,276	Reline Upper Partial Denture (Laboratory)	D5760	\$107	\$275
Upper Partial Denture - Resin Base	D5211	\$343	\$1,185	Reline Lower Partial Denture (Laboratory)	D5761	\$107	\$275
Lower Partial Denture - Resin Base	D5212	\$343	\$1,423	Tissue Conditioning - Upper	D5850	\$27	\$724
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$440	\$1,364	Tissue Conditioning - Lower	D5851	\$25	\$785
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$440	\$1,364				
Upper Immediate Partial Denture - Resin Base	D5221	\$603	\$1,327	Type III - Implants			
Lower Immediate Partial Denture - Resin Base	D5222	\$603	\$1,585	Surgical Placement of Implant Body - Endosteal	D6010	\$1,082	\$2,398
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$811	\$1,715	Surgical Placement of Mini Implant	D6013	\$1,082	\$2,383
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$811	\$1,715	Prefabricated Abutment - includes modification & placement	D6056	\$289	\$495
Upper Partial Denture - Flexible Base	D5225	\$440	\$1,364	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$694	\$1,341
Lower Partial Denture - Flexible Base	D5226	\$440	\$1,364	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$682	\$1,331
Upper Immediate Partial Denture - Flexible Base	D5227	\$440	\$1,364	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal		\$601	\$1,269
Lower Immediate Partial Denture - Flexible Base	D5228	\$440	\$1,364	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$642	\$1,291
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$279	\$769	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$647	\$1,283
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$279	\$769	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$513	\$1,133

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	\$551	\$1,185	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$343	\$556
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$666	\$1,334	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$442	\$524
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$649	\$1,298	Retainer Inlay - Titanium	D6624	\$321	\$621
Crown - Implant Supp. High Noble Alloy	D6067	\$605	\$1,270	Retainer Onlay - Titanium	D6634	\$340	\$649
Crown - Implant Supp Porcelain Fused to Predom. Base Alloy	D6082	\$601	\$1,312	Retainer Crown - Resin With High Noble Metal	D6720	\$409	\$689
Crown - Implant Supp Porcelain Fused to Noble Alloy	D6083	\$642	\$1,302	Retainer Crown - Resin With Base Metal	D6721	\$386	\$699
Crown - Implant Supp Porcelain Fused to Titanium	D6084	\$642	\$1,302	Retainer Crown - Resin With Noble Metal	D6722	\$393	\$686
Crown - Implant Supp Predom. Base Alloy	D6086	\$513	\$1,329	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$408	\$718
Crown - Implant Supp Noble Alloy	D6087	\$551	\$1,295	Retainer Crown - Porcelain With High Noble Metal	D6750	\$337	\$631
Crown - Implant Supp Titanium	D6088	\$598	\$1,262	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$316	\$584
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$39	\$1,532	Retainer Crown - Porcelain With Noble Metal	D6752	\$337	\$608
Crown - Abutment Supp. Titanium	D6094	\$598	\$1,017	Retainer Crown - Porcelain Fused to Titanium	D6753	\$316	\$584
Repair Implant Abutment - By Report	D6095	\$201	\$201	Retainer Crown - 3/4 Cast High Noble Metal	D6780	\$463	\$642
Remove Broken Implant Retaining Screw	D6096	\$35	\$35	Retainer Crown - 3/4 Cast Predominantly Base Metal	D6781	\$404	\$624
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$649	\$1,298	Retainer Crown - 3/4 Cast Noble Metal	D6782	\$420	\$545
				Retainer Crown - 3/4 Porcelain/Ceramic	D6783	\$393	\$660
Type III - Pontics and Retainers				Retainer Crown 3/4 - Titanium	D6784	\$404	\$624
Pontic - Cast High Noble Metal	D6210	\$419	\$709	Retainer Crown - Full Cast High Noble Metal	D6790	\$409	\$650
Pontic - Cast Predominantly Base Metal	D6211	\$393	\$755	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$402	\$730
Pontic - Cast Noble Metal	D6212	\$409	\$738	Retainer Crown - Full Cast Noble Metal	D6792	\$405	\$695
Pontic - Titanium	D6214	\$419	\$682	Retainer Crown - Titanium	D6794	\$382	\$711
Pontic - Porcelain Fused to High Noble Metal	D6240	\$339	\$630	Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$95
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$339	\$593	Stress Breaker	D6940	\$54	\$150
Pontic - Porcelain Fused to Noble Metal	D6242	\$339	\$628	Fixed Partial Denture Repair - by Report	D6980	\$107	\$107
Pontic - Porelain Fused to Titanium	D6243	\$339	\$593				
Pontic - Porcelain/Ceramic	D6245	\$479	\$683	Type II - Oral Surgery			
Pontic - Resin with High Noble Metal	D6250	\$469	\$928	Extraction - Coronal Remnants - Primary Tooth	D7111	\$41	\$88
Pontic - Resin with Predominantly Base Metal	D6251	\$405	\$835	Extraction - Erupted Tooth or Exposed Root	D7140	\$60	\$144
Pontic - Resin with Noble Metal	D6252	\$447	\$878	Extraction - Erupted Tooth	D7210	\$90	\$229
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$262	\$129	Removal of Impacted Tooth - Soft Tissue	D7220	\$98	\$289
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$246	\$174	Removal of Impacted Tooth - Partially Bony	D7230	\$114	\$376
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$231	\$193	Removal of Impacted Tooth - Completely Bony	D7240	\$163	\$472
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$360	\$526	Removal of Residual Tooth Roots	D7250	\$77	\$228
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$376	\$499	Coronectomy - Intentional Partial Tooth Removal	D7251	\$121	\$529
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$360	\$514	Oroantral Fistula Closure	D7260	\$147	\$1,736
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$419	\$567	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$246	\$444
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$328	\$522	Evulsed or Displaced Teeth/Alveolus			
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$376	\$559	Tooth Transplantation	D7272	\$246	\$598
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$369	\$508	Exposure of an Unerupted Tooth	D7280	\$189	\$437
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$409	\$559	Excisional Biopsy of Minor Salivary Gland	D7284	\$66	\$395
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$409	\$450	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$66	\$998
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$426	\$488	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$66	\$396
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$353	\$574	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$99	\$401
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$435	\$593	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$51	\$327
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$328	\$611	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$147	\$668
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$409	\$565	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$72	\$526

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	\$196	\$2,749	III - Occlusal Guard - Hard Appliance; Partial Arch (for	D9946	\$95	\$344
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$295	\$8,130	Bruxism)			
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$311	\$1,035	III - Occlusal Adjustment - Limited	D9951	\$52	\$137
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$189	\$1,261	III - Occlusal Adjustment - Complete	D9952	\$124	\$616
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$336	\$1,070	* Covered only when performed in conjunction with covered oral			
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$393	\$1,443	surgery.			
Removal of Lateral Exostosis - Per Site	D7471	\$103	\$1,479				
Removal of Torus Palantinus	D7472	\$262	\$1,729				
Removal of Torus Mandibularus	D7473	\$262	\$1,624				
Reduction of Osseous Tuberosity	D7485	\$262	\$1,436				
Marsupialization of Odontogenic Cyst	D7509	\$61	\$377				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$61	\$374				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$131	\$2,022				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$61	\$745				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$131	\$735				
Sequestrectomy for Osteomyletis	D7550	\$61	\$431				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$701	\$3,903				
Suture of Recent Small Wounds up to 5cm	D7910	\$61	\$681				
Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$114	\$448				
Lingual Frenectomy (Frenulectomy)	D7962	\$114	\$448				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$110	\$742				
Excision of Pericoronal Gingiva	D7971	\$86	\$260				
Surgical Reduction of Fibrous Tuberosity	D7972	\$328	\$989				
Non-Surgical Sialolithotomy	D7979	\$287	\$287				
Surgical Sialolithotomy	D7980	\$287	\$1,000				
Closure of Salivary Fistula	D7983	\$931	\$2,547				
Type - Miscellaneous Services							
I - Palliative Treatment of Dental Pain	D9110	\$19	\$110				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$106				
III - Deep Sedation/General Ansethesia - First 15 Min*	D9222	\$53	\$288				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$53	\$213				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$19	\$66				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$42	\$237				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*		\$42	\$181				
III - Non-Intravenous Conscious Sedation*	D9248	\$69	\$100				
I - Consultation	D9310	\$0	\$134				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$49	\$49				
II - Treatment of Complications (Post Surgical)	D9930	\$16	\$16				
III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$95	\$344				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$95	\$344				