

# 2024 SECURECARE DENTAL

## COPAY PLAN TX100 - 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
<b>Type I - Diagnostic/Evaluation Services</b>		\$0	\$0	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	\$0	\$0
Extraoral - 2D Image	D0250	\$0	\$0	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$0	\$0
Extraoral - Posterior Image	D0251	\$0	\$0	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$0	\$0
Bitewing - 1 Image	D0270	\$0	\$0	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$0	\$0
Bitewing - 2 Images	D0272	\$0	\$0			\$0	\$0
Bitewing - 3 Images	D0273	\$0	\$0	<b>Type II - Restorative Dentistry</b>		\$0	\$0
Bitewing - 4 Images	D0274	\$0	\$0	Amalgam - 1 Surface - Primary or Permanent	D2140	\$0	\$0
Vertical Bitewings - 7 to 8 Images	D0277	\$0	\$0	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$0	\$0
Panoramic Image	D0330	\$0	\$0	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$0	\$0
Pulp Vitality Tests	D0460	\$0	\$0	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$0	\$0
Diagnostic Casts	D0470	\$0	\$0	Resin Composite - 1 Surface - Anterior	D2330	\$0	\$0
Panoramic Image - Image Capture Only	D0701	\$0	\$0	Resin Composite - 2 Surfaces - Anterior	D2331	\$0	\$0
Intraoral - Occlusal Image - Image Capture Only	D0706	\$0	\$0	Resin Composite - 3 Surfaces - Anterior	D2332	\$0	\$0
Intraoral - Periapical image - Image Capture Only	D0707	\$0	\$0	Resin Composite - 4+ Surfaces - Anterior	D2335	\$0	\$0
Intraoral - Bitewing Image - Image Capture Only	D0708	\$0	\$0	Resin Composite Crown - Anterior	D2390	\$0	\$0
Intraoral - Comprehensive Series - Image Capture Only	D0709	\$0	\$0	Resin Composite - 1 Surface - Posterior	D2391	\$0	\$0
		\$0	\$0	Resin Composite - 2 Surfaces - Posterior	D2392	\$0	\$0
<b>Type I - Preventive Services</b>		\$0	\$0	Resin Composite - 3 Surfaces - Posterior	D2393	\$0	\$0
Prophylaxis Cleaning - Adult	D1110	\$0	\$0	Resin Composite - 4+ Surfaces - Posterior	D2394	\$0	\$0

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
<b>Type III - Onlays Crowns and Bridges</b>		\$0	\$0	Core Build Up - Including any Pins when required	D2950	\$0	\$0
Inlay - Metallic - 1 Surface	D2510	\$0	\$0	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$0	\$0
Inlay - Metallic - 2 Surfaces	D2520	\$0	\$0	Cast Post and Core - in Addition to Crown	D2952	\$0	\$0
Inlay - Metallic - 3+ Surfaces	D2530	\$0	\$0	Cast Post and Core - Each Additional - same tooth	D2953	\$0	\$0
Onlay - Metallic - 2 Surfaces	D2542	\$0	\$0	Prefabricated Post and Core - in Addition to Crown	D2954	\$0	\$0
Onlay - Metallic - 3 Surfaces	D2543	\$0	\$0	Post Removal	D2955	\$0	\$0
Onlay - Metallic - 4+ Surfaces	D2544	\$0	\$0	Each Additional Prefabricated Post - same tooth	D2957	\$0	\$0
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$0	\$0	Labial Veneer (resin laminate) - Chairside	D2960	\$0	\$0
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$0	\$0	Labial Veneer (resin laminate) - Laboratory	D2961	\$0	\$0
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$0	\$0	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$0	\$0
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$0	\$0	Crown Repair	D2980	\$0	\$0
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$0	\$0	Inlay Repair	D2981	\$0	\$0
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$0	\$0	Onlay Repair	D2982	\$0	\$0
Inlay - Resin Composite - 1 Surface	D2650	\$0	\$0	Veneer Repair	D2983	\$0	\$0
Inlay - Resin Composite - 2 Surfaces	D2651	\$0	\$0			\$0	\$0
Inlay - Resin Composite - 3+ Surfaces	D2652	\$0	\$0	<b>Type III - Endodontics</b>		\$0	\$0
Onlay - Resin Composite - 2 Surfaces	D2662	\$0	\$0	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$0	\$0
Onlay - Resin Composite - 3 Surfaces	D2663	\$0	\$0	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$0	\$0
Onlay - Resin Composite - 4+ Surfaces	D2664	\$0	\$0	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$0	\$0
Crown - Resin Based Composite - Indirect	D2710	\$0	\$0	Pulpal Debridement - Primary/Permanent	D3221	\$0	\$0
Crown - ¾ Resin Based Composite - Indirect	D2712	\$0	\$0	Partial Pulpotomy for Apexogenesis	D3222	\$0	\$0
Crown - Resin with High Noble Metal	D2720	\$0	\$0	Pulpal Therapy Anterior - Primary	D3230	\$0	\$0
Crown - Resin with Base Metal	D2721	\$0	\$0	Pulpal Therapy Posterior - Primary	D3240	\$0	\$0
Crown - Resin with Noble Metal	D2722	\$0	\$0	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$0	\$0
Crown - Porcelain/Ceramic	D2740	\$0	\$0	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$0	\$0
Crown - Porcelain with High Noble Metal	D2750	\$0	\$0	Root Canal - Molar (Excluding Final Restoration)	D3330	\$0	\$0
Crown - Porcelain with Predominantly Base Metal	D2751	\$0	\$0	Treatment of Root Canal Obstruction - non surgical	D3331	\$0	\$0
Crown - Porcelain With Noble Metal	D2752	\$0	\$0	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$0	\$0
Crown - Porcelain with Titanium	D2753	\$0	\$0	Internal Root Repair of Perforation Defects	D3333	\$0	\$0
Crown - ¾ Cast High Noble Metal	D2780	\$0	\$0	Retreatment of Previous RCT - Anterior	D3346	\$0	\$0
Crown - ¾ Cast Predominantly Base Metal	D2781	\$0	\$0	Retreatment of Previous RCT - Premolar	D3347	\$0	\$0
Crown - ¾ Cast Noble Metal	D2782	\$0	\$0	Retreatment of Previous RCT - Molar	D3348	\$0	\$0
Crown - ¾ Porcelain/Ceramic	D2783	\$0	\$0	Apexification/Recalcification - Initial Visit	D3351	\$0	\$0
Crown - Full Cast High Noble Metal	D2790	\$0	\$0	Apexification/Recalcification - Interim Visit	D3352	\$0	\$0
Crown - Full Cast Predominantly Base Metal	D2791	\$0	\$0	Apexification/Recalcification - Final Visit	D3353	\$0	\$0
Crown - Full Cast Noble Metal	D2792	\$0	\$0	Apicoectomy - Anterior	D3410	\$0	\$0
Crown - Titanium	D2794	\$0	\$0	Apicoectomy - Premolar - 1st Root	D3421	\$0	\$0
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$0	\$0	Apicoectomy - Molar - 1st Root	D3425	\$0	\$0
Re-cement/Re-bond Crown	D2920	\$0	\$0	Apicoectomy - Each Additional Root	D3426	\$0	\$0
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$0	\$0	Retrograde Filling - Per Root	D3430	\$0	\$0
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$0	\$0	Root Amputation - Per Root	D3450	\$0	\$0
Prefabricated Stainless Steel Crown - Primary	D2930	\$0	\$0	Hemisection (Including any Root Removal)	D3920	\$0	\$0
Prefabricated Stainless Steel Crown - Permanent	D2931	\$0	\$0	Canal Preparation/Post Fitting	D3950	\$0	\$0
Prefabricated Resin Crown	D2932	\$0	\$0			\$0	\$0
Protective Restoration	D2940	\$0	\$0	<b>Type III - Periodontics</b>		\$0	\$0
				Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$0	\$0

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	\$0	\$0	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$0	\$0
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$0	\$0	Removable Resin Unilateral Partial Denture - per quad	D5286	\$0	\$0
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$0	\$0	Adjust Complete Denture - Upper	D5410	\$0	\$0
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$0	\$0	Adjust Complete Denture - Lower	D5411	\$0	\$0
Crown Lengthening - Hard Tissue	D4249	\$0	\$0	Adjust Partial Denture - Upper	D5421	\$0	\$0
Osseous Surgery - 4+ teeth/quad	D4260	\$0	\$0	Adjust Partial Denture - Lower	D5422	\$0	\$0
Osseous Surgery - 1-3 teeth/quad	D4261	\$0	\$0	Repair Broken Complete Denture Base - Mandibular	D5511	\$0	\$0
Pedicle Soft Tissue Graft Procedure	D4270	\$0	\$0	Repair Broken Complete Denture Base - Maxillary	D5512	\$0	\$0
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$0	\$0	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$0	\$0
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$0	\$0	Repair Resin Partial Denture Base - Mandibular	D5611	\$0	\$0
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$0	\$0	Repair Resin Partial Denture Base - Maxillary	D5612	\$0	\$0
Combined Connective Tissue/Pedicle Graft	D4276	\$0	\$0	Repair Cast Partial Framework - Mandibular	D5621	\$0	\$0
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$0	\$0	Repair Cast Partial Framework - Maxillary	D5622	\$0	\$0
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$0	\$0	Repair or Replace Broken Clasp - per tooth	D5630	\$0	\$0
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$0	\$0	Replace Broken Teeth - Per Tooth	D5640	\$0	\$0
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$0	\$0	Add Tooth to Existing Partial Denture	D5650	\$0	\$0
Provisional Intracoronal Splint; Natural or Prosthetic Teeth	D4322	\$0	\$0	Add Clasp to Existing Partial Denture - per tooth	D5660	\$0	\$0
Provisional Extracoronal Splint; Natural or Prosthetic Teeth	D4323	\$0	\$0	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$0	\$0
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$0	\$0	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$0	\$0
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$0	\$0	Rebase Complete Upper Denture	D5710	\$0	\$0
Scaling - Full Mouth - After Oral Evaluation	D4346	\$0	\$0	Rebase Complete Lower Denture	D5711	\$0	\$0
Full Mouth Debridement	D4355	\$0	\$0	Rebase Upper Partial Denture	D5720	\$0	\$0
Periodontal Maintenance Procedures	D4910	\$0	\$0	Rebase Lower Partial Denture	D5721	\$0	\$0
		\$0	\$0	Rebase Hybrid Prosthesis	D5725	\$0	\$0
<b>Type III - Removable Prosthetics</b>		\$0	\$0	Reline Complete Upper Denture (Chairside)	D5730	\$0	\$0
Complete Denture - Upper	D5110	\$0	\$0	Reline Complete Lower Denture (Chairside)	D5731	\$0	\$0
Complete Denture - Lower	D5120	\$0	\$0	Reline Upper Partial Denture (Chairside)	D5740	\$0	\$0
Immediate Denture - Upper	D5130	\$0	\$0	Reline Lower Partial Denture (Chairside)	D5741	\$0	\$0
Immediate Denture - Lower	D5140	\$0	\$0	Reline Complete Upper Denture (Laboratory)	D5750	\$0	\$0
Upper Partial Denture - Resin Base	D5211	\$0	\$0	Reline Complete Lower Denture (Laboratory)	D5751	\$0	\$0
Lower Partial Denture - Resin Base	D5212	\$0	\$0	Reline Upper Partial Denture (Laboratory)	D5760	\$0	\$0
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$0	\$0	Reline Lower Partial Denture (Laboratory)	D5761	\$0	\$0
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$0	\$0	Tissue Conditioning - Upper	D5850	\$0	\$0
Upper Immediate Partial Denture - Resin Base	D5221	\$0	\$0	Tissue Conditioning - Lower	D5851	\$0	\$0
Lower Immediate Partial Denture - Resin Base	D5222	\$0	\$0			\$0	\$0
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$0	\$0	<b>Type III - Implants</b>			
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$0	\$0	Surgical Placement of Implant Body - Endosteal	D6010	\$0	\$0
Upper Partial Denture - Flexible Base	D5225	\$0	\$0	Surgical Placement of Mini Implant	D6013	\$0	\$0
Lower Partial Denture - Flexible Base	D5226	\$0	\$0	Prefabricated Abutment - includes modification & placement	D6056	\$0	\$0
Upper Immediate Partial Denture - Flexible Base	D5227	\$0	\$0	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$0	\$0
Lower Immediate Partial Denture - Flexible Base	D5228	\$0	\$0	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$0	\$0
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$0	\$0	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$0	\$0
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$0	\$0	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$0	\$0
				Crown - Abutment Supp. Cast High Noble Metal	D6062	\$0	\$0
				Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$0	\$0

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	\$0	\$0	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$0	\$0
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$0	\$0	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$0	\$0
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$0	\$0	Retainer Inlay - Titanium	D6624	\$0	\$0
Crown - Implant Supp. High Noble Alloy	D6067	\$0	\$0	Retainer Onlay - Titanium	D6634	\$0	\$0
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$0	\$0	Retainer Crown - Resin With High Noble Metal	D6720	\$0	\$0
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$0	\$0	Retainer Crown - Resin With Base Metal	D6721	\$0	\$0
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$0	\$0	Retainer Crown - Resin With Noble Metal	D6722	\$0	\$0
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$0	\$0	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$0	\$0
Crown - Implant Supp. - Noble Alloy	D6087	\$0	\$0	Retainer Crown - Porcelain With High Noble Metal	D6750	\$0	\$0
Crown - Implant Supp. - Titanium	D6088	\$0	\$0	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$0	\$0
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$0	\$0	Retainer Crown - Porcelain With Noble Metal	D6752	\$0	\$0
Crown - Abutment Supp. Titanium	D6094	\$0	\$0	Retainer Crown - Porcelain Fused to Titanium	D6753	\$0	\$0
Repair Implant Abutment - By Report	D6095	\$0	\$0	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$0	\$0
Remove Broken Implant Retaining Screw	D6096	\$0	\$0	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$0	\$0
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$0	\$0	Retainer Crown - ¾ Cast Noble Metal	D6782	\$0	\$0
		\$0	\$0	Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$0	\$0
<b>Type III - Pontics and Retainers</b>		\$0	\$0	Retainer Crown ¾ -Titanium	D6784	\$0	\$0
Pontic - Cast High Noble Metal	D6210	\$0	\$0	Retainer Crown - Full Cast High Noble Metal	D6790	\$0	\$0
Pontic - Cast Predominantly Base Metal	D6211	\$0	\$0	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$0	\$0
Pontic - Cast Noble Metal	D6212	\$0	\$0	Retainer Crown - Full Cast Noble Metal	D6792	\$0	\$0
Pontic - Titanium	D6214	\$0	\$0	Retainer Crown - Titanium	D6794	\$0	\$0
Pontic - Porcelain Fused to High Noble Metal	D6240	\$0	\$0	Re-cement or Re-bond Fixed Partial Denture	D6930	\$0	\$0
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$0	\$0	Stress Breaker	D6940	\$0	\$0
Pontic - Porcelain Fused to Noble Metal	D6242	\$0	\$0	Fixed Partial Denture Repair - by Report	D6980	\$0	\$0
Pontic - Porelain Fused to Titanium	D6243	\$0	\$0			\$0	\$0
Pontic - Porcelain/Ceramic	D6245	\$0	\$0	<b>Type II - Oral Surgery</b>		\$0	\$0
Pontic - Resin with High Noble Metal	D6250	\$0	\$0	Extraction - Coronal Remnants - Primary Tooth	D7111	\$0	\$0
Pontic - Resin with Predominantly Base Metal	D6251	\$0	\$0	Extraction - Erupted Tooth or Exposed Root	D7140	\$0	\$0
Pontic - Resin with Noble Metal	D6252	\$0	\$0	Extraction - Erupted Tooth	D7210	\$0	\$0
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$0	\$0	Removal of Impacted Tooth - Soft Tissue	D7220	\$0	\$0
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$0	\$0	Removal of Impacted Tooth - Partially Bony	D7230	\$0	\$0
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$0	\$0	Removal of Impacted Tooth - Completely Bony	D7240	\$0	\$0
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$0	\$0	Removal of Residual Tooth Roots	D7250	\$0	\$0
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$0	\$0	Coronectomy - Intentional Partial Tooth Removal	D7251	\$0	\$0
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$0	\$0	Oroantral Fistula Closure	D7260	\$0	\$0
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$0	\$0	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$0	\$0
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$0	\$0	Tooth Transplantation	D7272	\$0	\$0
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$0	\$0	Exposure of an Unerupted Tooth	D7280	\$0	\$0
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$0	\$0	Excisional Biopsy of Minor Salivary Gland	D7284	\$0	\$0
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$0	\$0	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$0	\$0
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$0	\$0	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$0	\$0
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$0	\$0	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$0	\$0
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$0	\$0	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$0	\$0
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$0	\$0	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$0	\$0
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$0	\$0	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$0	\$0
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$0	\$0				

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	\$0	\$0	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$0	\$0
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$0	\$0	III - Occlusal Adjustment - Limited	D9951	\$0	\$0
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$0	\$0	III - Occlusal Adjustment - Complete	D9952	\$0	\$0
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$0	\$0	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$0	\$0				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$0	\$0				
Removal of Lateral Exostosis - Per Site	D7471	\$0	\$0				
Removal of Torus Palatinus	D7472	\$0	\$0				
Removal of Torus Mandibularus	D7473	\$0	\$0				
Reduction of Osseous Tuberosity	D7485	\$0	\$0				
Marsupialization of Odontogenic Cyst	D7509	\$0	\$0				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$0	\$0				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$0	\$0				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$0	\$0				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$0	\$0				
Sequestrectomy for Osteomyelitis	D7550	\$0	\$0				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$0	\$0				
Suture of Recent Small Wounds up to 5cm	D7910	\$0	\$0				
Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$0	\$0				
Lingual Frenectomy (Frenulectomy)	D7962	\$0	\$0				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$0	\$0				
Excision of Pericoronal Gingiva	D7971	\$0	\$0				
Surgical Reduction of Fibrous Tuberosity	D7972	\$0	\$0				
Non-Surgical Sialolithotomy	D7979	\$0	\$0				
Surgical Sialolithotomy	D7980	\$0	\$0				
Closure of Salivary Fistula	D7983	\$0	\$0				
		\$0	\$0				
<b>Type - Miscellaneous Services</b>		\$0	\$0				
I - Palliative Treatment of Dental Pain	D9110	\$0	\$0				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$0	\$0				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$0	\$0				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$0	\$0				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$0	\$0				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$0	\$0				
III - Non-Intravenous Conscious Sedation*	D9248	\$0	\$0				
I - Consultation	D9310	\$0	\$0				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$0	\$0				
II - Treatment of Complications (Post Surgical)	D9930	\$0	\$0				
III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$0	\$0				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$0	\$0				