

# 2024 SECURECARE DENTAL

## COPAY SCHEDULE NV100 - SCHEDULE OF COPAYMENTS

### GENERAL INFORMATION

Lab fees are included in “**Network General Dentist Copay**” unless indicated by specific code. Services not listed are not covered. Services listed in the Limitations and Exclusions section of the Certificate of Coverage, as well as, services determined to be unnecessary by the member’s general dentists or specialist are not covered.

You can search for a General or Specialist dentist on our website at [www.mysecurecare.com](http://www.mysecurecare.com). Click the Look For a Dentist link and follow the instructions. Please note the contracted dentist needs to be seen at the address listed to receive In Network Benefits.

For **SECURECARE DENTAL** customer service call (602)241-0914 or toll free (888)429-0914.

### GENERAL DENTIST

Copays in the column entitled “**Network General Dentist Copay**” apply to services performed by **SECURECARE DENTAL** contracted general dentists. Along with any applicable Office Visit Copay and/or Deductible listed on your Schedule of Dental Benefits, the “**Network General Dentist Copay**” is all that you will pay when you visit a contracted general dentist.

Visiting a non-contracted dentist is not recommended. The plan is designed for use with a contracted dentist in order to limit your out-of-pocket cost beyond the listed copayment.

### SPECIALIST DENTIST

**SECURECARE DENTAL** has contracted specialists of oral surgery, endodontics, periodontics, pediatric dentists and prosthodontics. Referrals and Prior Authorization are not required to see a specialist. You may call directly and make an appointment. Please note Pediatric Dentists are Specialists and “**Network Specialist Copays**” apply when seeking treatment from a Pediatric Dentist.

Along with any applicable Office Visit Copay and/or Deductible shown on your Schedule of Dental Benefits, as a **SECURECARE DENTAL** member, all you will pay when you visit a network specialist, is the copay listed in the “**Network Specialist Copay**” column.

Visiting a non-contracted specialist is not recommended. The plan is designed for use with a contracted specialist in order to limit your out-of-pocket cost beyond the listed copayment.

### ORTHODONTICS

For a description of the Orthodontic Services available to you, see your Certificate of Coverage.

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY
<b>Type I - Diagnostic/Evaluation Services</b>				<b>Type I - Preventive Services</b>			
Periodic Oral Evaluation	D0120	\$0	\$0	Panoramic Image - Image Capture Only	D0701	\$0	\$0
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$0	Intraoral - Occlusal Image - Image Capture Only	D0706	\$0	\$0
Oral Evaluation - under 3 years old	D0145	\$0	\$0	Intraoral - Periapical image - Image Capture Only	D0707	\$0	\$0
Comprehensive Oral Evaluation	D0150	\$0	\$0	Intraoral - Bitewing Image - Image Capture Only	D0708	\$0	\$0
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$0	Intraoral - Comprehensive Series - Image Capture Only	D0709	\$0	\$0
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$0				
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Prophylaxis Cleaning - Adult	D1110	\$0	\$0
Comprehensive Periodontal Evaluation	D0180	\$0	\$0	Prophylaxis Cleaning - Child	D1120	\$0	\$0
Intraoral - Comprehensive Series of Images	D0210	\$0	\$0	Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$0
Intraoral - Periapical - 1st Image	D0220	\$0	\$0	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$0
Intraoral - Periapical - Each Additional Image	D0230	\$0	\$0	Sealant - Per Tooth	D1351	\$0	\$0
Intraoral - Occlusal Image	D0240	\$0	\$0	Preventive Resin Restoration (Including Sealant)	D1352	\$0	\$0
Extraoral - 2D Image	D0250	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$0	\$0
Extraoral - Posterior Image	D0251	\$0	\$0	Space Maintainer; Fixed Unilateral - per quad	D1510	\$0	\$0
Bitewing - 1 Image	D0270	\$0	\$0	Upper Space Maintainer; Fixed Bilateral	D1516	\$0	\$0
Bitewing - 2 Images	D0272	\$0	\$0	Lower Space Maintainer; Fixed Bilateral	D1517	\$0	\$0
Bitewing - 3 Images	D0273	\$0	\$0	Space Maintainer; Removable Unilateral - per quad	D1520	\$0	\$0
Bitewing - 4 Images	D0274	\$0	\$0	Upper Space Maintainer; Removable Bilateral	D1526	\$0	\$0
Vertical Bitewings - 7 to 8 Images	D0277	\$0	\$0	Lower Space Maintainer; Removable Bilateral	D1527	\$0	\$0
Panoramic Image	D0330	\$0	\$0	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$20	\$20
Pulp Vitality Tests	D0460	\$0	\$0	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$20	\$20
Diagnostic Casts	D0470	\$0	\$0	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$20	\$20

**COPAY SCHEDULE NV100 - SCHEDULE OF COPAYMENTS**

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Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$0	\$0	Crown - Porcelain with Predominantly Base Metal	D2751	\$754	\$1,103
<b>Type II - Restorative Dentistry</b>				Crown - Porcelain With Noble Metal	D2752	\$775	\$1,129
Amalgam - 1 Surface - Primary or Permanent	D2140	\$76	\$126	Crown - Porcelain with Titanium	D2753	\$754	\$1,103
Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$88	\$164	Crown - ¾ Cast High Noble Metal	D2780	\$813	\$1,136
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$103	\$198	Crown - ¾ Cast Predominantly Base Metal	D2781	\$780	\$1,069
Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$129	\$241	Crown - ¾ Cast Noble Metal	D2782	\$809	\$1,104
Resin Composite - 1 Surface - Anterior	D2330	\$80	\$153	Crown - ¾ Porcelain/Ceramic	D2783	\$793	\$1,168
Resin Composite - 2 Surfaces - Anterior	D2331	\$95	\$196	Crown - Full Cast High Noble Metal	D2790	\$724	\$1,143
Resin Composite - 3 Surfaces - Anterior	D2332	\$114	\$240	Crown - Full Cast Predominantly Base Metal	D2791	\$650	\$1,083
Resin Composite - 4+ Surfaces - Anterior	D2335	\$147	\$283	Crown - Full Cast Noble Metal	D2792	\$706	\$1,103
Resin Composite Crown - Anterior	D2390	\$195	\$314	Crown - Titanium	D2794	\$715	\$1,170
Resin Composite - 1 Surface - Posterior	D2391	\$87	\$180	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$87	\$98
Resin Composite - 2 Surfaces - Posterior	D2392	\$102	\$235	Re-cement/Re-bond Crown	D2920	\$74	\$99
Resin Composite - 3 Surfaces - Posterior	D2393	\$146	\$292	Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$299	\$391
Resin Composite - 4+ Surfaces - Posterior	D2394	\$175	\$358	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$299	\$391
<b>Type III - Onlays Crowns and Bridges</b>				Prefabricated Stainless Steel Crown - Primary	D2930	\$188	\$270
Inlay - Metallic - 1 Surface	D2510	\$425	\$638	Prefabricated Stainless Steel Crown - Permanent	D2931	\$183	\$305
Inlay - Metallic - 2 Surfaces	D2520	\$564	\$724	Prefabricated Resin Crown	D2932	\$176	\$325
Inlay - Metallic - 3+ Surfaces	D2530	\$670	\$835	Protective Restoration	D2940	\$69	\$103
Onlay - Metallic - 2 Surfaces	D2542	\$576	\$818	Core Build Up - Including any Pins when required	D2950	\$152	\$257
Onlay - Metallic - 3 Surfaces	D2543	\$693	\$856	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$49	\$58
Onlay - Metallic - 4+ Surfaces	D2544	\$965	\$890	Cast Post and Core - in Addition to Crown	D2952	\$235	\$406
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$177	\$177	Cast Post and Core - Each Additional - same tooth	D2953	\$155	\$203
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$273	\$273	Prefabricated Post and Core - in Addition to Crown	D2954	\$207	\$325
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$703	\$844	Post Removal	D2955	\$0	\$0
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$605	\$821	Each Additional Prefabricated Post - same tooth	D2957	\$167	\$163
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$735	\$885	Labial Veneer (resin laminate) - Chairside	D2960	\$395	\$786
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$997	\$939	Labial Veneer (resin laminate) - Laboratory	D2961	\$608	\$891
Inlay - Resin Composite - 1 Surface	D2650	\$368	\$493	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$684	\$968
Inlay - Resin Composite - 2 Surfaces	D2651	\$453	\$588	Crown Repair	D2980	\$110	\$190
Inlay - Resin Composite - 3+ Surfaces	D2652	\$524	\$618	Inlay Repair	D2981	\$111	\$190
Onlay - Resin Composite - 2 Surfaces	D2662	\$510	\$536	Onlay Repair	D2982	\$111	\$190
Onlay - Resin Composite - 3 Surfaces	D2663	\$559	\$631	Veneer Repair	D2983	\$111	\$190
Onlay - Resin Composite - 4+ Surfaces	D2664	\$609	\$676	<b>Type III - Endodontics</b>			
Crown - Resin Based Composite - Indirect	D2710	\$422	\$475	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$41	\$99
Crown - ¾ Resin Based Composite - Indirect	D2712	\$286	\$475	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$44	\$79
Crown - Resin with High Noble Metal	D2720	\$850	\$1,170	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$88	\$202
Crown - Resin with Base Metal	D2721	\$762	\$1,096	Pulpal Debridement - Primary/Permanent	D3221	\$82	\$222
Crown - Resin with Noble Metal	D2722	\$779	\$1,120	Partial Pulpotomy for Apexogenesis	D3222	\$102	\$206
Crown - Porcelain/Ceramic	D2740	\$825	\$1,200	Pulpal Therapy Anterior - Primary	D3230	\$99	\$217
Crown - Porcelain with High Noble Metal	D2750	\$801	\$1,184	Pulpal Therapy Posterior - Primary	D3240	\$115	\$267
				Root Canal - Anterior (Excluding Final Restoration)	D3310	\$470	\$852

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Root Canal - Premolar (Excluding Final Restoration)	D3320	\$525	\$1,044	Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$136	\$294
Root Canal - Molar (Excluding Final Restoration)	D3330	\$687	\$1,294	Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$82	\$170
Treatment of Root Canal Obstruction - non surgical	D3331	\$211	\$334	Scaling - Full Mouth - After Oral Evaluation	D4346	\$74	\$170
Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$271	\$635	Full Mouth Debridement	D4355	\$63	\$201
Internal Root Repair of Perforation Defects	D3333	\$245	\$292	Periodontal Maintenance Procedures	D4910	\$80	\$181
Retreatment of Previous RCT - Anterior	D3346	\$389	\$1,136				
Retreatment of Previous RCT - Premolar	D3347	\$533	\$1,336	<b>Type III - Removable Prosthetics</b>			
Retreatment of Previous RCT - Molar	D3348	\$760	\$1,653	Complete Denture - Upper	D5110	\$982	\$1,735
Apexification/Recalcification - Initial Visit	D3351	\$179	\$436	Complete Denture - Lower	D5120	\$982	\$1,735
Apexification/Recalcification - Interim Visit	D3352	\$115	\$196	Immediate Denture - Upper	D5130	\$1,014	\$1,892
Apexification/Recalcification - Final Visit	D3353	\$214	\$602	Immediate Denture - Lower	D5140	\$1,014	\$1,892
Apicoectomy - Anterior	D3410	\$409	\$865	Upper Partial Denture - Resin Base	D5211	\$622	\$1,464
Apicoectomy - Premolar - 1st Root	D3421	\$430	\$963	Lower Partial Denture - Resin Base	D5212	\$622	\$1,702
Apicoectomy - Molar - 1st Root	D3425	\$512	\$1,091	Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$993	\$1,917
Apicoectomy - Each Additional Root	D3426	\$274	\$369	Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$993	\$1,917
Retrograde Filling - Per Root	D3430	\$134	\$271	Upper Immediate Partial Denture - Resin Base	D5221	\$873	\$1,597
Root Amputation - Per Root	D3450	\$245	\$564	Lower Immediate Partial Denture - Resin Base	D5222	\$873	\$1,855
Hemisection (Including any Root Removal)	D3920	\$159	\$429	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$1,186	\$2,090
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$1,186	\$2,090
				Upper Partial Denture - Flexible Base	D5225	\$993	\$1,917
<b>Type III - Periodontics</b>				Lower Partial Denture - Flexible Base	D5226	\$993	\$1,917
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$257	\$911	Upper Immediate Partial Denture - Flexible Base	D5227	\$993	\$1,917
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$133	\$405	Lower Immediate Partial Denture - Flexible Base	D5228	\$993	\$1,917
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$92	\$324	Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$628	\$1,118
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$522	\$1,154	Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$628	\$1,118
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$283	\$668	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$628	\$853
Crown Lengthening - Hard Tissue	D4249	\$470	\$1,265	Removable Resin Unilateral Partial Denture - per quad	D5286	\$628	\$853
Osseous Surgery - 4+ teeth/quad	D4260	\$679	\$1,923	Adjust Complete Denture - Upper	D5410	\$57	\$95
Osseous Surgery - 1-3 teeth/quad	D4261	\$408	\$1,032	Adjust Complete Denture - Lower	D5411	\$57	\$95
Pedicle Soft Tissue Graft Procedure	D4270	\$196	\$1,366	Adjust Partial Denture - Upper	D5421	\$99	\$95
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$585	\$1,670	Adjust Partial Denture - Lower	D5422	\$99	\$95
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$448	\$947	Repair Broken Complete Denture Base - Mandibular	D5511	\$125	\$190
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$599	\$1,255	Repair Broken Complete Denture Base - Maxillary	D5512	\$125	\$190
Combined Connective Tissue/Pedicle Graft	D4276	\$860	\$1,872	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$105	\$158
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$414	\$1,417	Repair Resin Partial Denture Base - Mandibular	D5611	\$136	\$206
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$414	\$465	Repair Resin Partial Denture Base - Maxillary	D5612	\$136	\$206
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$585	\$1,423	Repair Cast Partial Framework - Mandibular	D5621	\$171	\$222
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$599	\$1,071	Repair Cast Partial Framework - Maxillary	D5622	\$171	\$222
Provisional Intracoronal Splint; Natural or Prosthetic Teeth	D4322	\$192	\$508	Repair or Replace Broken Clasp - per tooth	D5630	\$155	\$269
Provisional Extracoronal Splint; Natural or Prosthetic Teeth	D4323	\$172	\$462	Replace Broken Teeth - Per Tooth	D5640	\$111	\$174
				Add Tooth to Existing Partial Denture	D5650	\$142	\$237
				Add Clasp to Existing Partial Denture - per tooth	D5660	\$178	\$285

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COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY
Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$502	\$697	<b>Type III - Pontics and Retainers</b>	Pontic - Cast High Noble Metal	D6210	\$821 \$1,111
Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$502	\$697		Pontic - Cast Predominantly Base Metal	D6211	\$679 \$1,041
Rebase Complete Upper Denture	D5710	\$490	\$704		Pontic - Cast Noble Metal	D6212	\$754 \$1,083
Rebase Complete Lower Denture	D5711	\$490	\$673		Pontic - Titanium	D6214	\$855 \$1,118
Rebase Upper Partial Denture	D5720	\$436	\$665		Pontic - Porcelain Fused to High Noble Metal	D6240	\$806 \$1,097
Rebase Lower Partial Denture	D5721	\$436	\$665		Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$759 \$1,013
Rebase Hybrid Prothesis	D5725	\$396	\$602		Pontic - Porcelain Fused to Noble Metal	D6242	\$780 \$1,069
Reline Complete Upper Denture (Chairside)	D5730	\$294	\$397		Pontic - Porelain Fused to Titanium	D6243	\$759 \$1,013
Reline Complete Lower Denture (Chairside)	D5731	\$294	\$397		Pontic - Porcelain/Ceramic	D6245	\$928 \$1,132
Reline Upper Partial Denture (Chairside)	D5740	\$296	\$364		Pontic - Resin with High Noble Metal	D6250	\$624 \$1,083
Reline Lower Partial Denture (Chairside)	D5741	\$296	\$364		Pontic - Resin with Predominantly Base Metal	D6251	\$569 \$999
Reline Complete Upper Denture (Laboratory)	D5750	\$372	\$530		Pontic - Resin with Noble Metal	D6252	\$600 \$1,031
Reline Complete Lower Denture (Laboratory)	D5751	\$372	\$530		Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$538 \$538
Reline Upper Partial Denture (Laboratory)	D5760	\$354	\$522		Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$518 \$518
Reline Lower Partial Denture (Laboratory)	D5761	\$354	\$522		Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$330 \$330
Tissue Conditioning - Upper	D5850	\$142	\$839		Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$638 \$804
Tissue Conditioning - Lower	D5851	\$142	\$902		Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$721 \$844
<b>Type III - Implants</b>					Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$706 \$860
Surgical Placement of Implant Body - Endosteal	D6010	\$1,583	\$2,899		Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$798 \$946
Surgical Placement of Mini Implant	D6013	\$1,598	\$2,899		Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$648 \$842
Prefabricated Abutment - includes modification & placement	D6056	\$396	\$602	Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$710 \$893	
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$1,022	\$1,669	Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$690 \$829	
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$997	\$1,646	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$770 \$920	
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$888	\$1,556	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$833 \$874	
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$939	\$1,588	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$850 \$912	
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$946	\$1,582	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$706 \$927	
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$757	\$1,377	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$856 \$1,014	
Crown - Abutment Supp. Cast Noble Metal	D6064	\$807	\$1,441	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$639 \$922	
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$974	\$1,642	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$808 \$964	
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$950	\$1,599	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$690 \$903	
Crown - Implant Supp. High Noble Alloy	D6067	\$886	\$1,551	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$856 \$938	
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$888	\$1,599	Retainer Inlay - Titanium	D6624	\$560 \$860	
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$939	\$1,599	Retainer Onlay - Titanium	D6634	\$594 \$903	
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$939	\$1,599	Retainer Crown - Resin With High Noble Metal	D6720	\$794 \$1,074	
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$757	\$1,573	Retainer Crown - Resin With Base Metal	D6721	\$706 \$1,019	
Crown - Implant Supp. - Noble Alloy	D6087	\$807	\$1,551	Retainer Crown - Resin With Noble Metal	D6722	\$745 \$1,038	
Crown - Implant Supp. - Titanium	D6088	\$887	\$1,551	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$820 \$1,130	
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$58	\$1,551	Retainer Crown - Porcelain With High Noble Metal	D6750	\$806 \$1,100	
Crown - Abutment Supp. Titanium	D6094	\$887	\$1,306	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$759 \$1,027	
Repair Implant Abutment - By Report	D6095	\$0	\$375	Retainer Crown - Porcelain With Noble Metal	D6752	\$780 \$1,051	
Remove Broken Implant Retaining Screw	D6096	\$50	\$50	Retainer Crown - Porcelain Fused to Titanium	D6753	\$759 \$1,027	
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$950	\$1,599				



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Retainer Crown - ¾ Cast High Noble Metal	D6780	\$859	\$1,038	Reduction of Osseous Tuberosity	D7485	\$381	\$1,555
Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$818	\$1,038	Marsupialization of Odontogenic Cyst	D7509	\$137	\$453
Retainer Crown - ¾ Cast Noble Metal	D6782	\$839	\$964	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$137	\$450
Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$801	\$1,068	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$252	\$2,143
Retainer Crown ¾ -Titanium	D6784	\$818	\$1,038	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$88	\$772
Retainer Crown - Full Cast High Noble Metal	D6790	\$821	\$1,062	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$252	\$856
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$679	\$1,007	Sequestrectomy for Osteomyelitis	D7550	\$164	\$534
Retainer Crown - Full Cast Noble Metal	D6792	\$754	\$1,044	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$1,035	\$4,237
Retainer Crown - Titanium	D6794	\$715	\$1,044	Suture of Recent Small Wounds up to 5cm	D7910	\$66	\$686
Re-cement or Re-bond Fixed Partial Denture	D6930	\$82	\$161	Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$238	\$572
Stress Breaker	D6940	\$269	\$365	Lingual Frenectomy (Frenulectomy)	D7962	\$238	\$572
Fixed Partial Denture Repair - by Report	D6980	\$166	\$167	Excision of Hyperplastic Tissue - Per Arch	D7970	\$205	\$837
				Excision of Pericoronal Gingiva	D7971	\$140	\$314
<b>Type II - Oral Surgery</b>				Surgical Reduction of Fibrous Tuberosity	D7972	\$511	\$1,172
Extraction - Coronal Remnants - Primary Tooth	D7111	\$92	\$139	Non-Surgical Sialolithotomy	D7979	\$605	\$606
Extraction - Erupted Tooth or Exposed Root	D7140	\$101	\$185	Surgical Sialolithotomy	D7980	\$605	\$1,318
Extraction - Erupted Tooth	D7210	\$144	\$283	Closure of Salivary Fistula	D7983	\$1,376	\$2,992
Removal of Impacted Tooth - Soft Tissue	D7220	\$163	\$354				
Removal of Impacted Tooth - Partially Bony	D7230	\$209	\$471	<b>Type - Miscellaneous Services</b>			
Removal of Impacted Tooth - Completely Bony	D7240	\$244	\$553	I - Palliative Treatment of Dental Pain	D9110	\$68	\$159
Removal of Residual Tooth Roots	D7250	\$148	\$299	I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0
Coronectomy - Intentional Partial Tooth Removal	D7251	\$178	\$586	III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$82	\$317
Oroantral Fistula Closure	D7260	\$217	\$1,806	III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$82	\$242
Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$367	\$565	III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$42	\$89
Tooth Transplantation	D7272	\$401	\$753	III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$66	\$261
Exposure of an Unerupted Tooth	D7280	\$279	\$527	III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$66	\$205
Excisional Biopsy of Minor Salivary Gland	D7284	\$122	\$451	III - Non-Intravenous Conscious Sedation*	D9248	\$99	\$130
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$122	\$1,054	I - Consultation	D9310	\$64	\$198
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$122	\$452	I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$117	\$419	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$81	\$81
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$90	\$366	II - Treatment of Complications (Post Surgical)	D9930	\$75	\$75
Alveoplasty not in Conjunction w/Extract- 4+ Teeth/Per Quad	D7320	\$159	\$680	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$255	\$504
Alveoplasty not in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$121	\$575	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$255	\$504
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	III - Occlusal Adjustment - Limited	D9951	\$63	\$148
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$532	\$1,256	III - Occlusal Adjustment - Complete	D9952	\$204	\$696
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$644	\$1,716				
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				