

2024 SECURECARE DENTAL

COPAY PLAN AZ400 - 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	\$7	\$30	Prophylaxis Cleaning - Child	D1120	\$7	\$33
Limited Oral Evaluation - Problem Focused	D0140	\$7	\$55	Fluoride - Topical Application of Fluoride Varnish	D1206	\$6	\$48
Oral Evaluation - under 3 years old	D0145	\$7	\$65	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$6	\$30
Comprehensive Oral Evaluation	D0150	\$7	\$58	Sealant - Per Tooth	D1351	\$17	\$48
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$7	\$141	Preventive Resin Restoration (Including Sealant)	D1352	\$18	\$66
Re-evaluation - Limited - Problem Focused	D0170	\$7	\$42	Sealant Repair - Per Tooth	D1353	\$18	\$68
Re-evaluation Post-Operative Office Visit	D0171	\$7	\$42	Space Maintainer; Fixed Unilateral - per quad	D1510	\$111	\$289
Comprehensive Periodontal Evaluation	D0180	\$7	\$69	Upper Space Maintainer; Fixed Bilateral	D1516	\$117	\$366
Intraoral - Comprehensive Series of Images	D0210	\$22	\$107	Lower Space Maintainer; Fixed Bilateral	D1517	\$117	\$366
Intraoral - Periapical - 1st Image	D0220	\$7	\$22	Space Maintainer; Removable Unilateral - per quad	D1520	\$85	\$267
Intraoral - Periapical - Each Additional Image	D0230	\$7	\$23	Upper Space Maintainer; Removable Bilateral	D1526	\$85	\$393
Intraoral - Occlusal Image	D0240	\$7	\$38	Lower Space Maintainer; Removable Bilateral	D1527	\$85	\$393
Extraoral - 2D Image	D0250	\$7	\$35	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$20	\$20
Extraoral - Posterior Image	D0251	\$14	\$43	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$20	\$20
Bitewing - 1 Image	D0270	\$7	\$21	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$20	\$20
Bitewing - 2 Images	D0272	\$7	\$33	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$108	\$310
Bitewing - 3 Images	D0273	\$7	\$39				
Bitewing - 4 Images	D0274	\$7	\$45				
Vertical Bitewings - 7 to 8 Images	D0277	\$7	\$60	Amalgam - 1 Surface - Primary or Permanent	D2140	\$44	\$139
Panoramic Image	D0330	\$22	\$127	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$44	\$171
Pulp Vitality Tests	D0460	\$0	\$57	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$44	\$205
Diagnostic Casts	D0470	\$22	\$100	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$50	\$238
Panoramic Image - Image Capture Only	D0701	\$22	\$125	Resin Composite - 1 Surface - Anterior	D2330	\$50	\$133
Intraoral - Occlusal Image - Image Capture Only	D0706	\$7	\$37	Resin Composite - 2 Surfaces - Anterior	D2331	\$53	\$152
Intraoral - Periapical image - Image Capture Only	D0707	\$7	\$22	Resin Composite - 3 Surfaces - Anterior	D2332	\$64	\$191
Intraoral - Bitewing Image - Image Capture Only	D0708	\$7	\$22	Resin Composite - 4+ Surfaces - Anterior	D2335	\$81	\$242
Intraoral - Comprehensive Series - Image Capture Only	D0709	\$22	\$104	Resin Composite Crown - Anterior	D2390	\$56	\$204
				Resin Composite - 1 Surface - Posterior	D2391	\$54	\$143
				Resin Composite - 2 Surfaces - Posterior	D2392	\$71	\$193
				Resin Composite - 3 Surfaces - Posterior	D2393	\$79	\$232
				Resin Composite - 4+ Surfaces - Posterior	D2394	\$79	\$277
Type I - Preventive Services							
Prophylaxis Cleaning - Adult	D1110	\$7	\$41				

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	\$103	\$213
Inlay - Metallic - 1 Surface	D2510	\$223	\$587	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$17	\$27
Inlay - Metallic - 2 Surfaces	D2520	\$278	\$670	Cast Post and Core - in Addition to Crown	D2952	\$143	\$335
Inlay - Metallic - 3+ Surfaces	D2530	\$360	\$772	Cast Post and Core - Each Additional - same tooth	D2953	\$98	\$142
Onlay - Metallic - 2 Surfaces	D2542	\$352	\$815	Prefabricated Post and Core - in Addition to Crown	D2954	\$113	\$260
Onlay - Metallic - 3 Surfaces	D2543	\$370	\$752	Post Removal	D2955	\$0	\$0
Onlay - Metallic - 4+ Surfaces	D2544	\$370	\$607	Each Additional Prefabricated Post - same tooth	D2957	\$43	\$59
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$177	\$177	Labial Veneer (resin laminate) - Chairside	D2960	\$223	\$662
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$273	\$273	Labial Veneer (resin laminate) - Laboratory	D2961	\$386	\$761
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$327	\$729	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$344	\$712
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$300	\$752	Crown Repair	D2980	\$69	\$153
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$311	\$737	Inlay Repair	D2981	\$69	\$152
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$422	\$710	Onlay Repair	D2982	\$69	\$152
Inlay - Resin Composite - 1 Surface	D2650	\$130	\$371	Veneer Repair	D2983	\$69	\$152
Inlay - Resin Composite - 2 Surfaces	D2651	\$181	\$464	Type III - Endodontics			
Inlay - Resin Composite - 3+ Surfaces	D2652	\$240	\$499	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$22	\$76
Onlay - Resin Composite - 2 Surfaces	D2662	\$232	\$408	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$17	\$56
Onlay - Resin Composite - 3 Surfaces	D2663	\$301	\$547	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$49	\$161
Onlay - Resin Composite - 4+ Surfaces	D2664	\$340	\$596	Pulpal Debridement - Primary/Permanent	D3221	\$51	\$206
Crown - Resin Based Composite - Indirect	D2710	\$163	\$223	Partial Pulpotomy for Apexogenesis	D3222	\$50	\$168
Crown - ¾ Resin Based Composite - Indirect	D2712	\$149	\$330	Pulpal Therapy Anterior - Primary	D3230	\$69	\$169
Crown - Resin with High Noble Metal	D2720	\$455	\$813	Pulpal Therapy Posterior - Primary	D3240	\$61	\$186
Crown - Resin with Base Metal	D2721	\$438	\$800	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$194	\$484
Crown - Resin with Noble Metal	D2722	\$446	\$820	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$266	\$634
Crown - Porcelain/Ceramic	D2740	\$422	\$776	Root Canal - Molar (Excluding Final Restoration)	D3330	\$422	\$907
Crown - Porcelain with High Noble Metal	D2750	\$422	\$777	Treatment of Root Canal Obstruction - non surgical	D3331	\$154	\$261
Crown - Porcelain with Predominantly Base Metal	D2751	\$389	\$728	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$205	\$518
Crown - Porcelain With Noble Metal	D2752	\$400	\$747	Internal Root Repair of Perforation Defects	D3333	\$198	\$244
Crown - Porcelain with Titanium	D2753	\$389	\$728	Retreatment of Previous RCT - Anterior	D3346	\$360	\$856
Crown - ¾ Cast High Noble Metal	D2780	\$415	\$792	Retreatment of Previous RCT - Premolar	D3347	\$370	\$923
Crown - ¾ Cast Predominantly Base Metal	D2781	\$390	\$717	Retreatment of Previous RCT - Molar	D3348	\$380	\$1,178
Crown - ¾ Cast Noble Metal	D2782	\$400	\$752	Apexification/Recalcification - Initial Visit	D3351	\$51	\$309
Crown - ¾ Porcelain/Ceramic	D2783	\$412	\$816	Apexification/Recalcification - Interim Visit	D3352	\$51	\$144
Crown - Full Cast High Noble Metal	D2790	\$400	\$780	Apexification/Recalcification - Final Visit	D3353	\$51	\$432
Crown - Full Cast Predominantly Base Metal	D2791	\$386	\$743	Apicoectomy - Anterior	D3410	\$229	\$683
Crown - Full Cast Noble Metal	D2792	\$393	\$754	Apicoectomy - Premolar - 1st Root	D3421	\$250	\$790
Crown - Titanium	D2794	\$400	\$836	Apicoectomy - Molar - 1st Root	D3425	\$390	\$1,047
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$20	\$40	Apicoectomy - Each Additional Root	D3426	\$51	\$177
Re-cement/Re-bond Crown	D2920	\$33	\$51	Retrograde Filling - Per Root	D3430	\$51	\$191
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$158	\$280	Root Amputation - Per Root	D3450	\$115	\$452
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$158	\$280	Hemisection (Including any Root Removal)	D3920	\$115	\$392
Prefabricated Stainless Steel Crown - Primary	D2930	\$109	\$248	Canal Preparation/Post Fitting	D3950	\$0	\$0
Prefabricated Stainless Steel Crown - Permanent	D2931	\$72	\$222	Type III - Periodontics			
Prefabricated Resin Crown	D2932	\$98	\$306	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$250	\$830
Protective Restoration	D2940	\$9	\$47				

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	\$69	\$338	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$292	\$617
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$39	\$256	Removable Resin Unilateral Partial Denture - per quad	D5286	\$292	\$617
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$317	\$979	Adjust Complete Denture - Upper	D5410	\$27	\$70
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$205	\$608	Adjust Complete Denture - Lower	D5411	\$27	\$70
Crown Lengthening - Hard Tissue	D4249	\$344	\$1,054	Adjust Partial Denture - Upper	D5421	\$27	\$31
Osseous Surgery - 4+ teeth/quad	D4260	\$422	\$1,748	Adjust Partial Denture - Lower	D5422	\$27	\$31
Osseous Surgery - 1-3 teeth/quad	D4261	\$233	\$797	Repair Broken Complete Denture Base - Mandibular	D5511	\$62	\$144
Pedicle Soft Tissue Graft Procedure	D4270	\$112	\$1,257	Repair Broken Complete Denture Base - Maxillary	D5512	\$62	\$144
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$385	\$1,397	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$51	\$120
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$309	\$842	Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$138
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$375	\$1,080	Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$138
Combined Connective Tissue/Pedicle Graft	D4276	\$575	\$1,654	Repair Cast Partial Framework - Mandibular	D5621	\$61	\$137
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$230	\$1,242	Repair Cast Partial Framework - Maxillary	D5622	\$61	\$137
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$230	\$334	Repair or Replace Broken Clasp - per tooth	D5630	\$61	\$198
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$385	\$1,161	Replace Broken Teeth - Per Tooth	D5640	\$61	\$139
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$375	\$904	Add Tooth to Existing Partial Denture	D5650	\$61	\$175
Provisional Intracoronar Splint; Natural or Prosthetic Teeth	D4322	\$122	\$414	Add Clasp to Existing Partial Denture - per tooth	D5660	\$61	\$196
Provisional Extracoronar Splint; Natural or Prosthetic Teeth	D4323	\$120	\$385	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$215	\$480
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$95	\$221	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$215	\$480
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$52	\$130	Rebase Complete Upper Denture	D5710	\$112	\$398
Scaling - Full Mouth - After Oral Evaluation	D4346	\$50	\$122	Rebase Complete Lower Denture	D5711	\$112	\$365
Full Mouth Debridement	D4355	\$56	\$166	Rebase Upper Partial Denture	D5720	\$112	\$400
Periodontal Maintenance Procedures	D4910	\$60	\$145	Rebase Lower Partial Denture	D5721	\$112	\$400
Type III - Removable Prosthetics				Rebase Hybrid Prosthesis	D5725	\$252	\$503
Complete Denture - Upper	D5110	\$416	\$1,291	Reline Complete Upper Denture (Chairside)	D5730	\$130	\$261
Complete Denture - Lower	D5120	\$400	\$1,275	Reline Complete Lower Denture (Chairside)	D5731	\$130	\$261
Immediate Denture - Upper	D5130	\$416	\$1,474	Reline Upper Partial Denture (Chairside)	D5740	\$130	\$230
Immediate Denture - Lower	D5140	\$416	\$1,474	Reline Lower Partial Denture (Chairside)	D5741	\$130	\$230
Upper Partial Denture - Resin Base	D5211	\$360	\$1,232	Reline Complete Upper Denture (Laboratory)	D5750	\$130	\$338
Lower Partial Denture - Resin Base	D5212	\$360	\$1,477	Reline Complete Lower Denture (Laboratory)	D5751	\$130	\$338
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$461	\$1,544	Reline Upper Partial Denture (Laboratory)	D5760	\$130	\$344
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$461	\$1,544	Reline Lower Partial Denture (Laboratory)	D5761	\$130	\$344
Upper Immediate Partial Denture - Resin Base	D5221	\$554	\$1,347	Tissue Conditioning - Upper	D5850	\$28	\$763
Lower Immediate Partial Denture - Resin Base	D5222	\$554	\$1,613	Tissue Conditioning - Lower	D5851	\$27	\$827
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$731	\$1,740	Type III - Implants			
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$731	\$1,740	Surgical Placement of Implant Body - Endosteal	D6010	\$936	\$2,442
Upper Partial Denture - Flexible Base	D5225	\$461	\$1,544	Surgical Placement of Mini Implant	D6013	\$936	\$2,432
Lower Partial Denture - Flexible Base	D5226	\$461	\$1,544	Prefabricated Abutment - includes modification & placement	D6056	\$252	\$503
Upper Immediate Partial Denture - Flexible Base	D5227	\$461	\$1,544	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$597	\$1,370
Lower Immediate Partial Denture - Flexible Base	D5228	\$461	\$1,544	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$588	\$1,351
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$292	\$890	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$519	\$1,294
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$292	\$890	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$555	\$1,313
				Crown - Abutment Supp. Cast High Noble Metal	D6062	\$558	\$1,302
				Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$444	\$1,156

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	\$476	\$1,206	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$360	\$623
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$576	\$1,355	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$463	\$624
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$561	\$1,320	Retainer Inlay - Titanium	D6624	\$275	\$552
Crown - Implant Supp. High Noble Alloy	D6067	\$524	\$1,292	Retainer Onlay - Titanium	D6634	\$292	\$578
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$519	\$1,338	Retainer Crown - Resin With High Noble Metal	D6720	\$428	\$771
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$555	\$1,324	Retainer Crown - Resin With Base Metal	D6721	\$404	\$766
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$555	\$1,324	Retainer Crown - Resin With Noble Metal	D6722	\$412	\$761
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$444	\$1,360	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$427	\$754
Crown - Implant Supp. - Noble Alloy	D6087	\$476	\$1,320	Retainer Crown - Porcelain With High Noble Metal	D6750	\$353	\$652
Crown - Implant Supp. - Titanium	D6088	\$519	\$1,290	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$331	\$620
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$33	\$1,580	Retainer Crown - Porcelain With Noble Metal	D6752	\$353	\$648
Crown - Abutment Supp. Titanium	D6094	\$519	\$1,037	Retainer Crown - Porcelain Fused to Titanium	D6753	\$331	\$620
Repair Implant Abutment - By Report	D6095	\$174	\$174	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$485	\$739
Remove Broken Implant Retaining Screw	D6096	\$30	\$30	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$404	\$692
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$561	\$1,320	Retainer Crown - ¾ Cast Noble Metal	D6782	\$412	\$615
				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$412	\$745
Type III - Pontics and Retainers				Retainer Crown ¾ -Titanium	D6784	\$404	\$692
Pontic - Cast High Noble Metal	D6210	\$438	\$792	Retainer Crown - Full Cast High Noble Metal	D6790	\$428	\$740
Pontic - Cast Predominantly Base Metal	D6211	\$412	\$815	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$421	\$796
Pontic - Cast Noble Metal	D6212	\$428	\$810	Retainer Crown - Full Cast Noble Metal	D6792	\$446	\$794
Pontic - Titanium	D6214	\$438	\$769	Retainer Crown - Titanium	D6794	\$400	\$744
Pontic - Porcelain Fused to High Noble Metal	D6240	\$355	\$701	Re-cement or Re-bond Fixed Partial Denture	D6930	\$17	\$103
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$355	\$668	Stress Breaker	D6940	\$57	\$187
Pontic - Porcelain Fused to Noble Metal	D6242	\$355	\$709	Fixed Partial Denture Repair - by Report	D6980	\$112	\$112
Pontic - Porcelain Fused to Titanium	D6243	\$355	\$668				
Pontic - Porcelain/Ceramic	D6245	\$502	\$790	Type II - Oral Surgery			
Pontic - Resin with High Noble Metal	D6250	\$400	\$857	Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$112
Pontic - Resin with Predominantly Base Metal	D6251	\$345	\$773	Extraction - Erupted Tooth or Exposed Root	D7140	\$63	\$144
Pontic - Resin with Noble Metal	D6252	\$389	\$824	Extraction - Erupted Tooth	D7210	\$94	\$226
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$274	\$274	Removal of Impacted Tooth - Soft Tissue	D7220	\$102	\$287
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$258	\$258	Removal of Impacted Tooth - Partially Bony	D7230	\$120	\$374
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$270	\$270	Removal of Impacted Tooth - Completely Bony	D7240	\$171	\$479
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$377	\$588	Removal of Residual Tooth Roots	D7250	\$81	\$237
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$394	\$576	Coronectomy - Intentional Partial Tooth Removal	D7251	\$101	\$490
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$377	\$584	Oroantral Fistula Closure	D7260	\$123	\$1,691
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$438	\$655	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$258	\$507
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$343	\$582	Tooth Transplantation	D7272	\$258	\$612
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$394	\$631	Exposure of an Unerupted Tooth	D7280	\$198	\$479
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$386	\$578	Excisional Biopsy of Minor Salivary Gland	D7284	\$69	\$406
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$428	\$642	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$69	\$993
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$428	\$546	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$69	\$405
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$446	\$585	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$103	\$423
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$370	\$643	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$43	\$343
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$455	\$690	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$154	\$710
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$343	\$667	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$60	\$553
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$428	\$653				

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	\$205	\$2,948	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$100	\$429
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$309	\$8,627				
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$325	\$1,218	III - Occlusal Adjustment - Limited	D9951	\$54	\$143
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$198	\$1,485	III - Occlusal Adjustment - Complete	D9952	\$130	\$756
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$352	\$1,257	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$412	\$1,688				
Removal of Lateral Exostosis - Per Site	D7471	\$108	\$1,595				
Removal of Torus Palatinus	D7472	\$274	\$1,910				
Removal of Torus Mandibularus	D7473	\$274	\$1,801				
Reduction of Osseous Tuberosity	D7485	\$274	\$1,604				
Marsupialization of Odontogenic Cyst	D7509	\$64	\$442				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$64	\$417				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$138	\$2,183				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$64	\$804				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$138	\$836				
Sequestrectomy for Osteomyelitis	D7550	\$64	\$476				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$584	\$4,093				
Suture of Recent Small Wounds up to 5cm	D7910	\$64	\$717				
Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$120	\$533				
Lingual Frenectomy (Frenulectomy)	D7962	\$120	\$533				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$115	\$819				
Excision of Pericoronal Gingiva	D7971	\$90	\$309				
Surgical Reduction of Fibrous Tuberosity	D7972	\$343	\$1,170				
Non-Surgical Sialolithotomy	D7979	\$301	\$301				
Surgical Sialolithotomy	D7980	\$301	\$1,140				
Closure of Salivary Fistula	D7983	\$777	\$2,679				
Type - Miscellaneous Services							
I - Palliative Treatment of Dental Pain	D9110	\$20	\$95				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$95				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$54	\$247				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$54	\$180				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$47				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$46	\$205				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$46	\$155				
III - Non-Intravenous Conscious Sedation*	D9248	\$72	\$109				
I - Consultation	D9310	\$0	\$99				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$51	\$51				
II - Treatment of Complications (Post Surgical)	D9930	\$17	\$17				
III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$100	\$429				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$100	\$429				