

SECURECARE DENTAL

SCHEDULE OF OUT OF NETWORK BENEFIT PAYMENTS

GENERAL INFORMATION

This Schedule applies only to services and supplies furnished by Non-Preferred Providers. The patient will be responsible for all charges in excess of the Benefit Payment for services performed by a Non-Preferred Provider.

Services not listed are not covered. Services listed in the Limitations and Exclusion section of the Certificate of Coverage, as well as, services determined to be unnecessary by the member's general dentist or specialist are not covered.

COVERED SERVICES	ADA CODE	BENEFIT PAYMENT	COVERED SERVICES	ADA CODE	BENEFIT PAYMENT
Type I - Diagnostic/Evaluation Services			Type II - Restorative Dentistry		
Periodic Oral Evaluation	D0120	\$21	Upper Space Maintainer; Removable Bilateral	D1526	\$0
Limited Oral Evaluation - Problem Focused	D0140	\$35	Lower Space Maintainer; Removable Bilateral	D1527	\$0
Oral Evaluation - under 3 years old	D0145	\$20	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$0
Comprehensive Oral Evaluation	D0150	\$38	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$0
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$49	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$0
Re-evaluation - Limited - Problem Focused	D0170	\$19	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$59
Re-evaluation Post-Operative Office Visit	D0171	\$0			
Comprehensive Periodontal Evaluation	D0180	\$31	Amalgam - 1 Surface - Primary or Permanent	D2140	\$27
Intraoral - Complete Series of Images	D0210	\$63	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$38
Intraoral - Periapical - 1st Image	D0220	\$11	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$54
Intraoral - Periapical - Each Additional Image	D0230	\$3	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$74
Intraoral - Occlusal Image	D0240	\$13	Resin Composite - 1 Surface - Anterior	D2330	\$25
Extraoral - 2D Image	D0250	\$25	Resin Composite - 2 Surfaces - Anterior	D2331	\$37
Extraoral - Posterior Image	D0251	\$27	Resin Composite - 3 Surfaces - Anterior	D2332	\$46
Bitewing - 1 Image	D0270	\$14	Resin Composite - 4+ Surfaces - Anterior	D2335	\$64
Bitewing - 2 Images	D0272	\$22	Resin Composite Crown - Anterior	D2390	\$135
Bitewing - 3 Images	D0273	\$25	Resin Composite - 1 Surface - Posterior	D2391	\$28
Bitewing - 4 Images	D0274	\$31	Resin Composite - 2 Surfaces - Posterior	D2392	\$28
Vertical Bitewings - 7 to 8 Images	D0277	\$48	Resin Composite - 3 Surfaces - Posterior	D2393	\$65
Panoramic Image	D0330	\$42	Resin Composite - 4+ Surfaces - Posterior	D2394	\$94
Pulp Vitality Tests	D0460	\$0			
Diagnostic Casts	D0470	\$26	Type III - Onlays Crowns and Bridges		
Type I - Preventive Services			Inlay - Metallic - 1 Surface	D2510	\$242
Prophylaxis Cleaning - Adult	D1110	\$49	Inlay - Metallic - 2 Surfaces	D2520	\$362
Prophylaxis Cleaning - Child	D1120	\$39	Inlay - Metallic - 3+ Surfaces	D2530	\$376
Fluoride - Topical Application of Fluoride Varnish	D1206	\$19	Onlay - Metallic - 2 Surfaces	D2542	\$289
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$18	Onlay - Metallic - 3 Surfaces	D2543	\$392
Sealant - Per Tooth	D1351	\$17	Onlay - Metallic - 4+ Surfaces	D2544	\$664
Preventive Resin Restoration (Including Sealant)	D1352	\$22	Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$233
Sealant Repair - Per Tooth	D1353	\$15	Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$281
Space Maintainer; Fixed Unilateral - per quad	D1510	\$79	Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$428
Upper Space Maintainer; Fixed Bilateral	D1516	\$117	Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$380
Lower Space Maintainer; Fixed Bilateral	D1517	\$117	Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$505
Space Maintainer; Removable Unilateral - per quad	D1520	\$154	Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$667
			Inlay - Resin Composite - 1 Surface	D2650	\$262

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Inlay - Resin Composite - 2 Surfaces	D2651	\$306	Veneer Repair	D2983	\$55
Inlay - Resin Composite - 3+ Surfaces	D2652	\$328			
Onlay - Resin Composite - 2 Surfaces	D2662	\$321	Type III - Endodontics		
Onlay - Resin Composite - 3 Surfaces	D2663	\$313	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$23
Onlay - Resin Composite - 4+ Surfaces	D2664	\$328	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$30
Crown - Resin Based Composite - Indirect	D2710	\$289	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$43
Crown - ¾ Resin Based Composite - Indirect	D2712	\$147	Pulpal Debridement - Primary/Permanent	D3221	\$39
Crown - Resin with High Noble Metal	D2720	\$479	Partial Pulpotomy for Apexogenesis	D3222	\$55
Crown - Resin with Base Metal	D2721	\$405	Pulpal Therapy Anterior - Primary	D3230	\$43
Crown - Resin with Noble Metal	D2722	\$415	Pulpal Therapy Posterior - Primary	D3240	\$66
Crown - Porcelain/Ceramic	D2740	\$485	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$290
Crown - Porcelain with High Noble Metal	D2750	\$411	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$275
Crown - Porcelain with Predominantly Base Metal	D2751	\$454	Root Canal - Molar (Excluding Final Restoration)	D3330	\$292
Crown - Porcelain With Noble Metal	D2752	\$455	Treatment of Root Canal Obstruction - non surgical	D3331	\$85
Crown - Porcelain with Titanium	D2753	\$170	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$104
Crown - ¾ Cast High Noble Metal	D2780	\$440	Internal Root Repair of Perforation Defects	D3333	\$84
Crown - ¾ Cast Predominantly Base Metal	D2781	\$444	Retreatment of Previous RCT - Anterior	D3346	\$95
Crown - ¾ Cast Noble Metal	D2782	\$466	Retreatment of Previous RCT - Premolar	D3347	\$134
Crown - ¾ Porcelain/Ceramic	D2783	\$457	Retreatment of Previous RCT - Molar	D3348	\$454
Crown - Full Cast High Noble Metal	D2790	\$364	Apexification/Recalcification - Initial Visit	D3351	\$136
Crown - Full Cast Predominantly Base Metal	D2791	\$320	Apexification/Recalcification - Interim Visit	D3352	\$72
Crown - Full Cast Noble Metal	D2792	\$361	Apexification/Recalcification - Final Visit	D3353	\$171
Crown - Titanium	D2794	\$355	Apicoectomy - Anterior	D3410	\$206
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$71	Apicoectomy - Premolar - 1st Root	D3421	\$242
Re-cement/Re-bond Crown	D2920	\$44	Apicoectomy - Molar - 1st Root	D3425	\$291
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$152	Apicoectomy - Each Additional Root	D3426	\$231
Prefabricated Stainless Steel Crown - Primary	D2930	\$127	Retrograde Filling - Per Root	D3430	\$91
Prefabricated Stainless Steel Crown - Permanent	D2931	\$124	Root Amputation - Per Root	D3450	\$152
Prefabricated Resin Crown	D2932	\$96	Hemisection (Including any Root Removal)	D3920	\$66
Protective Restoration	D2940	\$62	Canal Preparation/Post Fitting	D3950	\$0
Core Build Up - Including any Pins when required	D2950	\$82			
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$35	Type III - Periodontics		
Cast Post and Core - in Addition to Crown	D2952	\$153	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$54
Cast Post and Core - Each Additional - same tooth	D2953	\$70	Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$77
Prefabricated Post and Core - in Addition to Crown	D2954	\$125	Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$57
Post Removal	D2955	\$0	Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$263
Each Additional Prefabricated Post - same tooth	D2957	\$131	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$116
Labial Veneer (resin laminate) - Chairside	D2960	\$212	Crown Lengthening - Hard Tissue	D4249	\$190
Labial Veneer (resin laminate) - Laboratory	D2961	\$292	Osseous Surgery - 4+ teeth/quad	D4260	\$310
Labial Veneer (porcelain laminate) - Laboratory	D2962	\$409	Osseous Surgery - 1-3 teeth/quad	D4261	\$209
Crown Repair	D2980	\$54	Pedicle Soft Tissue Graft Procedure	D4270	\$105
Inlay Repair	D2981	\$55	Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$235
Onlay Repair	D2982	\$55	Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$195

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Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$249	Repair Resin Partial Denture Base - Maxillary	D5612	\$11
Combined Connective Tissue/Double Pedicle Graft	D4276	\$391	Repair Cast Partial Framework - Mandibular	D5621	\$14
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$218	Repair Cast Partial Framework - Maxillary	D5622	\$14
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$218	Repair or Replace Broken Clasp - per tooth	D5630	\$106
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$232	Replace Broken Teeth - Per Tooth	D5640	\$62
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$417	Add Tooth to Existing Partial Denture	D5650	\$93
Provisional Intracoronal Splint	D4320	\$93	Add Clasp to Existing Partial Denture - per tooth	D5660	\$129
Provisional Extracoronal Splint	D4321	\$75	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$326
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$46	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$326
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$38	Rebase Complete Upper Denture	D5710	\$399
Scaling - Full Mouth - After Oral Evaluation	D4346	\$24	Rebase Complete Lower Denture	D5711	\$399
Full Mouth Debridement	D4355	\$13	Rebase Upper Partial Denture	D5720	\$345
Periodontal Maintenance Procedures	D4910	\$25	Rebase Lower Partial Denture	D5721	\$345
Type III - Removable Prosthetics			Reline Complete Upper Denture (Chairside)	D5730	\$203
Complete Denture - Upper	D5110	\$602	Reline Complete Lower Denture (Chairside)	D5731	\$203
Complete Denture - Lower	D5120	\$602	Reline Upper Partial Denture (Chairside)	D5740	\$205
Immediate Denture - Upper	D5130	\$629	Reline Lower Partial Denture (Chairside)	D5741	\$205
Immediate Denture - Lower	D5140	\$629	Reline Complete Upper Denture (Laboratory)	D5750	\$281
Upper Partial Denture - Resin Base	D5211	\$265	Reline Complete Lower Denture (Laboratory)	D5751	\$281
Lower Partial Denture - Resin Base	D5212	\$265	Reline Upper Partial Denture (Laboratory)	D5760	\$263
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$568	Reline Lower Partial Denture (Laboratory)	D5761	\$263
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$568	Tissue Conditioning - Upper	D5850	\$120
Upper Immediate Partial Denture - Resin Base	D5221	\$532	Tissue Conditioning - Lower	D5851	\$121
Lower Immediate Partial Denture - Resin Base	D5222	\$532	Type III - Implants		
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$735	Surgical Placement of Implant Body - Endosteal	D6010	\$720
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$735	Surgical Placement of Mini Implant	D6013	\$735
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$68	Prefabricated Abutment - includes modification & placement	D6056	\$163
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$68	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$468
Removable Flexible Unilateral Partial Denture - per quad	D5284	\$68	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$451
Removable Resin Unilateral Partial Denture - per quad	D5286	\$68	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$406
Adjust Complete Denture - Upper	D5410	\$36	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$424
Adjust Complete Denture - Lower	D5411	\$36	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$427
Adjust Partial Denture - Upper	D5421	\$78	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$345
Adjust Partial Denture - Lower	D5422	\$78	Crown - Abutment Supp. Cast Noble Metal	D6064	\$365
Repair Broken Complete Denture Base - Mandibular	D5511	\$0	Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$440
Repair Broken Complete Denture Base - Maxillary	D5512	\$0	Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$429
Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$62	Crown - Implant Supp. High Noble Alloy	D6067	\$400
Repair Resin Partial Denture Base - Mandibular	D5611	\$11	Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$262
			Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$205
			Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$205
			Crown - Implant Supp. - Predom. Base Alloy	D6086	\$223
			Crown - Implant Supp. - Noble Alloy	D6087	\$175

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COVERED SERVICES	ADA CODE	BENEFIT PAYMENT	COVERED SERVICES	ADA CODE	BENEFIT PAYMENT
Crown - Implant Supp. - Titanium	D6088	\$261	Retainer Crown - Resin With Noble Metal	D6722	\$409
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$27	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$445
Crown - Abutment Supp. Titanium	D6094	\$405	Retainer Crown - Porcelain With High Noble Metal	D6750	\$456
Repair Implant Abutment - By Report	D6095	\$0	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$460
Remove Broken Implant Retaining Screw	D6096	\$14	Retainer Crown - Porcelain With Noble Metal	D6752	\$430
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$206	Retainer Crown - Porcelain Fused to Titanium	D6753	\$171
			Retainer Crown - ¾ Cast High Noble Metal	D6780	\$462
Type III - Pontics and Retainers			Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$482
Pontic - Cast High Noble Metal	D6210	\$464	Retainer Crown - ¾ Cast Noble Metal	D6782	\$510
Pontic - Cast Predominantly Base Metal	D6211	\$343	Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$465
Pontic - Cast Noble Metal	D6212	\$404	Retainer Crown ¾ -Titanium	D6784	\$94
Pontic - Titanium	D6214	\$498	Retainer Crown - Full Cast High Noble Metal	D6790	\$471
Pontic - Porcelain Fused to High Noble Metal	D6240	\$446	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$336
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$419	Retainer Crown - Full Cast Noble Metal	D6792	\$390
Pontic - Porcelain Fused to Noble Metal	D6242	\$430	Retainer Crown - Titanium	D6794	\$355
Pontic - Porelain Fused to Titanium	D6243	\$117	Re-cement or Re-bond Fixed Partial Denture	D6930	\$68
Pontic - Porcelain/Ceramic	D6245	\$518	Stress Breaker	D6940	\$224
Pontic - Resin with High Noble Metal	D6250	\$285	Fixed Partial Denture Repair - by Report	D6980	\$75
Pontic - Resin with Predominantly Base Metal	D6251	\$260			
Pontic - Resin with Noble Metal	D6252	\$240	Type II - Oral Surgery		
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$314	Extraction - Coronal Remnants - Primary Tooth	D7111	\$62
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$308	Extraction - Erupted Tooth or Exposed Root	D7140	\$61
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$110	Extraction - Erupted Tooth	D7210	\$66
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$331	Removal of Impacted Tooth - Soft Tissue	D7220	\$78
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$398	Removal of Impacted Tooth - Partially Bony	D7230	\$109
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$399	Removal of Impacted Tooth - Completely Bony	D7240	\$99
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$441	Removal of Residual Tooth Roots	D7250	\$97
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$368	Coronectomy - Intentional Partial Tooth Removal	D7251	\$84
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$387	Oroantral Fistula Closure	D7260	\$102
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$374	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$157
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$420	Tooth Transplantation	D7272	\$191
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$483	Exposure of an Unerupted Tooth	D7280	\$118
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$486	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$66
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$405	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$66
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$485	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$33
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$359	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$50
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$458	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$33
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$396	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$65
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$479	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$157
Retainer Inlay - Titanium	D6624	\$302	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$282
Retainer Onlay - Titanium	D6634	\$321	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$266
Retainer Crown - Resin With High Noble Metal	D6720	\$444	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$343
Retainer Crown - Resin With Base Metal	D6721	\$377			

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Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$235	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$330				
Removal of Lateral Exostosis - Per Site	D7471	\$91				
Removal of Torus Palatinus	D7472	\$157				
Removal of Torus Mandibularus	D7473	\$157				
Reduction of Osseous Tuberosity	D7485	\$157				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$85				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$139				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$36				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$139				
Sequestrectomy for Osteomyelitis	D7550	\$112				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$490				
Suture of Recent Small Wounds up to 5cm	D7910	\$14				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$141				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$112				
Excision of Pericoronal Gingiva	D7971	\$67				
Surgical Reduction of Fibrous Tuberosity	D7972	\$231				
Non-Surgical Sialolithotomy	D7979	\$178				
Surgical Sialolithotomy	D7980	\$359				
Closure of Salivary Fistula	D7983	\$651				
Type - Miscellaneous Services						
I - Palliative (Emergency) Treatment of Pain	D9110	\$52				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$0				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$6				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$26				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$0				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$35				
III - Non-Intravenous Conscious Sedation*	D9248	\$40				
I - Consultation	D9310	\$64				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$38				
II - Treatment of Complications (Post Surgical)	D9930	\$61				
III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$121				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$121				
III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$121				
III - Occlusal Adjustment - Limited	D9951	\$18				
III - Occlusal Adjustment - Complete	D9952	\$98				