

# SECURECARE DENTAL

## COPAY PLAN NV300 - 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>				<b>Type II - Restorative Dentistry</b>			
Periodic Oral Evaluation	D0120	\$13	\$29	Sealant Repair - Per Tooth	D1353	\$17	\$47
Limited Oral Evaluation - Problem Focused	D0140	\$13	\$42	Space Maintainer; Fixed Unilateral - per quad	D1510	\$106	\$220
Oral Evaluation - under 3 years old	D0145	\$13	\$57	Upper Space Maintainer; Fixed Bilateral	D1516	\$111	\$306
Comprehensive Oral Evaluation	D0150	\$13	\$44	Lower Space Maintainer; Fixed Bilateral	D1517	\$111	\$306
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$13	\$124	Space Maintainer; Removable Unilateral - per quad	D1520	\$83	\$181
Re-evaluation - Limited - Problem Focused	D0170	\$13	\$39	Upper Space Maintainer; Removable Bilateral	D1526	\$83	\$273
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Lower Space Maintainer; Removable Bilateral	D1527	\$83	\$273
Comprehensive Periodontal Evaluation	D0180	\$13	\$63	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$22	\$62
Intraoral - Complete Series of Images	D0210	\$21	\$75	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$22	\$62
Intraoral - Periapical - 1st Image	D0220	\$7	\$17	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$22	\$62
Intraoral - Periapical - Each Additional Image	D0230	\$7	\$19	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$134	\$146
Intraoral - Occlusal Image	D0240	\$7	\$26				
Extraoral - 2D Image	D0250	\$7	\$23				
Extraoral - Posterior Image	D0251	\$21	\$38	Amalgam - 1 Surface - Primary or Permanent	D2140	\$52	\$105
Bitewing - 1 Image	D0270	\$7	\$13	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$53	\$132
Bitewing - 2 Images	D0272	\$7	\$19	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$52	\$151
Bitewing - 3 Images	D0273	\$7	\$27	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$58	\$175
Bitewing - 4 Images	D0274	\$7	\$34	Resin Composite - 1 Surface - Anterior	D2330	\$58	\$132
Vertical Bitewings - 7 to 8 Images	D0277	\$7	\$43	Resin Composite - 2 Surfaces - Anterior	D2331	\$61	\$151
Panoramic Image	D0330	\$21	\$73	Resin Composite - 3 Surfaces - Anterior	D2332	\$72	\$181
Pulp Vitality Tests	D0460	\$0	\$0	Resin Composite - 4+ Surfaces - Anterior	D2335	\$88	\$205
Diagnostic Casts	D0470	\$21	\$99	Resin Composite Crown - Anterior	D2390	\$64	\$161
				Resin Composite - 1 Surface - Posterior	D2391	\$63	\$141
<b>Type I - Preventive Services</b>				Resin Composite - 2 Surfaces - Posterior	D2392	\$78	\$196
Prophylaxis Cleaning - Adult	D1110	\$13	\$35	Resin Composite - 3 Surfaces - Posterior	D2393	\$86	\$199
Prophylaxis Cleaning - Child	D1120	\$13	\$27	Resin Composite - 4+ Surfaces - Posterior	D2394	\$86	\$244
Fluoride - Topical Application of Fluoride Varnish	D1206	\$5	\$57				
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$5	\$18	<b>Type III - Onlays Crowns and Bridges</b>			
Sealant - Per Tooth	D1351	\$21	\$32	Inlay - Metallic - 1 Surface	D2510	\$218	\$525
Preventive Resin Restoration (Including Sealant)	D1352	\$21	\$46	Inlay - Metallic - 2 Surfaces	D2520	\$280	\$547
				Inlay - Metallic - 3+ Surfaces	D2530	\$353	\$640

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Onlay - Metallic - 2 Surfaces	D2542	\$340	\$703	Each Additional Prefabricated Post - same tooth	D2957	\$38	\$16
Onlay - Metallic - 3 Surfaces	D2543	\$360	\$649	Labial Veneer (resin laminate) - Chairside	D2960	\$215	\$521
Onlay - Metallic - 4+ Surfaces	D2544	\$360	\$416	Labial Veneer (resin laminate) - Laboratory	D2961	\$369	\$556
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$240	\$665	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$329	\$509
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$343	\$677	Crown Repair	D2980	\$67	\$126
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$313	\$578	Inlay Repair	D2981	\$59	\$117
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$286	\$622	Onlay Repair	D2982	\$59	\$117
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$297	\$577	Veneer Repair	D2983	\$59	\$117
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$403	\$483				
Inlay - Resin Composite - 1 Surface	D2650	\$126	\$324	<b>Type III - Endodontics</b>			
Inlay - Resin Composite - 2 Surfaces	D2651	\$176	\$397	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$19	\$66
Inlay - Resin Composite - 3+ Surfaces	D2652	\$230	\$415	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$15	\$41
Onlay - Resin Composite - 2 Surfaces	D2662	\$222	\$327	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$48	\$140
Onlay - Resin Composite - 3 Surfaces	D2663	\$287	\$452	Pulpal Debridement - Primary/Permanent	D3221	\$46	\$161
Onlay - Resin Composite - 4+ Surfaces	D2664	\$348	\$514	Partial Pulpotomy for Apexogenesis	D3222	\$65	\$146
Crown - Resin Based Composite - Indirect	D2710	\$158	\$164	Pulpal Therapy Anterior - Primary	D3230	\$59	\$140
Crown - ¾ Resin Based Composite - Indirect	D2712	\$186	\$328	Pulpal Therapy Posterior - Primary	D3240	\$59	\$166
Crown - Resin with High Noble Metal	D2720	\$393	\$598	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$191	\$429
Crown - Resin with Base Metal	D2721	\$378	\$605	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$265	\$607
Crown - Resin with Noble Metal	D2722	\$386	\$618	Root Canal - Molar (Excluding Final Restoration)	D3330	\$419	\$807
Crown - Porcelain/Ceramic	D2740	\$403	\$691	Treatment of Root Canal Obstruction - non surgical	D3331	\$149	\$215
Crown - Porcelain with High Noble Metal	D2750	\$413	\$680	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$177	\$433
Crown - Porcelain with Predominantly Base Metal	D2751	\$378	\$619	Internal Root Repair of Perforation Defects	D3333	\$171	\$169
Crown - Porcelain With Noble Metal	D2752	\$382	\$626	Retreatment of Previous RCT - Anterior	D3346	\$350	\$904
Crown - Porcelain with Titanium	D2753	\$318	\$672	Retreatment of Previous RCT - Premolar	D3347	\$360	\$937
Crown - ¾ Cast High Noble Metal	D2780	\$425	\$637	Retreatment of Previous RCT - Molar	D3348	\$370	\$983
Crown - ¾ Cast Predominantly Base Metal	D2781	\$386	\$571	Apexification/Recalcification - Initial Visit	D3351	\$46	\$301
Crown - ¾ Cast Noble Metal	D2782	\$394	\$581	Apexification/Recalcification - Interim Visit	D3352	\$46	\$126
Crown - ¾ Porcelain/Ceramic	D2783	\$393	\$654	Apexification/Recalcification - Final Visit	D3353	\$46	\$431
Crown - Full Cast High Noble Metal	D2790	\$418	\$725	Apicoectomy - Anterior	D3410	\$239	\$691
Crown - Full Cast Predominantly Base Metal	D2791	\$382	\$709	Apicoectomy - Premolar - 1st Root	D3421	\$255	\$784
Crown - Full Cast Noble Metal	D2792	\$395	\$684	Apicoectomy - Molar - 1st Root	D3425	\$366	\$940
Crown - Titanium	D2794	\$382	\$722	Apicoectomy - Each Additional Root	D3426	\$46	\$139
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$17	\$17	Retrograde Filling - Per Root	D3430	\$46	\$182
Re-cement/Re-bond Crown	D2920	\$32	\$46	Root Amputation - Per Root	D3450	\$99	\$416
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$194	\$244	Hemisection (Including any Root Removal)	D3920	\$99	\$367
Prefabricated Stainless Steel Crown - Primary	D2930	\$65	\$118	Canal Preparation/Post Fitting	D3950	\$0	\$195
Prefabricated Stainless Steel Crown - Permanent	D2931	\$63	\$152				
Prefabricated Resin Crown	D2932	\$85	\$199	<b>Type III - Periodontics</b>			
Protective Restoration	D2940	\$8	\$31	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$215	\$758
Core Build Up - Including any Pins when required	D2950	\$99	\$177	Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$59	\$281
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$19	Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$42	\$234
Cast Post and Core - in Addition to Crown	D2952	\$137	\$265	Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$275	\$766
Cast Post and Core - Each Additional - same tooth	D2953	\$93	\$119	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$177	\$480
Prefabricated Post and Core - in Addition to Crown	D2954	\$108	\$191	Crown Lengthening - Hard Tissue	D4249	\$297	\$938
Post Removal	D2955	\$0	\$224	Osseous Surgery - 4+ teeth/quad	D4260	\$391	\$1,400

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Osseous Surgery - 1-3 teeth/quad	D4261	\$211	\$709	Repair Resin Partial Denture Base - Mandibular	D5611	\$49	\$90
Pedicle Soft Tissue Graft Procedure	D4270	\$96	\$1,100	Repair Resin Partial Denture Base - Maxillary	D5612	\$49	\$90
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$422	\$1,303	Repair Cast Partial Framework - Mandibular	D5621	\$57	\$77
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$268	\$652	Repair Cast Partial Framework - Maxillary	D5622	\$57	\$77
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$430	\$933	Repair or Replace Broken Clasp - per tooth	D5630	\$57	\$133
Combined Connective Tissue/Double Pedicle Graft	D4276	\$497	\$1,281	Replace Broken Teeth - Per Tooth	D5640	\$57	\$96
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$250	\$1,080	Add Tooth to Existing Partial Denture	D5650	\$57	\$119
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$250	\$245	Add Clasp to Existing Partial Denture - per tooth	D5660	\$57	\$124
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$422	\$1,086	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$201	\$298
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$430	\$771	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$201	\$298
Provisional Intracoronaral Splint	D4320	\$105	\$327	Rebase Complete Upper Denture	D5710	\$109	\$225
Provisional Extracoronaral Splint	D4321	\$103	\$307	Rebase Complete Lower Denture	D5711	\$109	\$197
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$95	\$216	Rebase Upper Partial Denture	D5720	\$109	\$245
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$47	\$103	Rebase Lower Partial Denture	D5721	\$109	\$245
Scaling - Full Mouth - After Oral Evaluation	D4346	\$53	\$50	Reline Complete Upper Denture (Chairside)	D5730	\$110	\$158
Full Mouth Debridement	D4355	\$53	\$153	Reline Complete Lower Denture (Chairside)	D5731	\$110	\$158
Periodontal Maintenance Procedures	D4910	\$58	\$122	Reline Upper Partial Denture (Chairside)	D5740	\$110	\$127
<b>Type III - Removable Prosthetics</b>				Reline Lower Partial Denture (Chairside)	D5741	\$110	\$127
Complete Denture - Upper	D5110	\$403	\$913	Reline Complete Upper Denture (Laboratory)	D5750	\$109	\$193
Complete Denture - Lower	D5120	\$403	\$913	Reline Complete Lower Denture (Laboratory)	D5751	\$109	\$193
Immediate Denture - Upper	D5130	\$408	\$1,021	Reline Upper Partial Denture (Laboratory)	D5760	\$110	\$205
Immediate Denture - Lower	D5140	\$408	\$1,021	Reline Lower Partial Denture (Laboratory)	D5761	\$110	\$205
Upper Partial Denture - Resin Base	D5211	\$378	\$1,015	Tissue Conditioning - Upper	D5850	\$27	\$28
Lower Partial Denture - Resin Base	D5212	\$378	\$1,219	Tissue Conditioning - Lower	D5851	\$25	\$26
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$451	\$1,106	<b>Type III - Implants</b>			
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$451	\$1,106	Surgical Placement of Implant Body - Endosteal	D6010	\$1,105	\$2,014
Upper Immediate Partial Denture - Resin Base	D5221	\$610	\$1,110	Surgical Placement of Mini Implant	D6013	\$1,105	\$1,999
Lower Immediate Partial Denture - Resin Base	D5222	\$610	\$1,332	Prefabricated Abutment - includes modification & placement	D6056	\$298	\$419
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$819	\$1,430	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$713	\$1,126
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$819	\$1,430	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$695	\$1,114
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$280	\$613	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$614	\$1,064
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$280	\$613	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$656	\$1,082
Removable Flexible Unilateral Partial Denture - per quad	D5284	\$251	\$718	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$660	\$1,074
Removable Resin Unilateral Partial Denture - per quad	D5286	\$251	\$718	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$524	\$951
Adjust Complete Denture - Upper	D5410	\$22	\$47	Crown - Abutment Supp. Cast Noble Metal	D6064	\$563	\$995
Adjust Complete Denture - Lower	D5411	\$22	\$47	Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$679	\$1,117
Adjust Partial Denture - Upper	D5421	\$22	\$5	Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$663	\$1,088
Adjust Partial Denture - Lower	D5422	\$22	\$5	Crown - Implant Supp. High Noble Alloy	D6067	\$619	\$1,067
Repair Broken Complete Denture Base - Mandibular	D5511	\$60	\$98	Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$614	\$1,210
Repair Broken Complete Denture Base - Maxillary	D5512	\$60	\$98	Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$656	\$1,231
Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$49	\$80	Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$656	\$1,231
				Crown - Implant Supp. - Predom. Base Alloy	D6086	\$524	\$1,332
				Crown - Implant Supp. - Noble Alloy	D6087	\$563	\$1,129
				Crown - Implant Supp. - Titanium	D6088	\$614	\$972
				Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$40	\$92

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Crown - Abutment Supp. Titanium	D6094	\$614	\$850	Retainer Crown - Porcelain Fused to Titanium	D6753	\$317	\$574
Repair Implant Abutment - By Report	D6095	\$207	\$207	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$485	\$620
Remove Broken Implant Retaining Screw	D6096	\$40	\$40	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$435	\$611
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$663	\$1,237	Retainer Crown - ¾ Cast Noble Metal	D6782	\$450	\$534
<b>Type III - Pontics and Retainers</b>				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$356	\$578
Pontic - Cast High Noble Metal	D6210	\$378	\$642	Retainer Crown ¾ -Titanium	D6784	\$356	\$644
Pontic - Cast Predominantly Base Metal	D6211	\$356	\$694	Retainer Crown - Full Cast High Noble Metal	D6790	\$410	\$606
Pontic - Cast Noble Metal	D6212	\$371	\$675	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$403	\$688
Pontic - Titanium	D6214	\$378	\$615	Retainer Crown - Full Cast Noble Metal	D6792	\$406	\$651
Pontic - Porcelain Fused to High Noble Metal	D6240	\$382	\$647	Retainer Crown - Titanium	D6794	\$382	\$666
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$360	\$590	Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$64
Pontic - Porcelain Fused to Noble Metal	D6242	\$371	\$635	Stress Breaker	D6940	\$55	\$80
Pontic - Porcelain Fused to Titanium	D6243	\$360	\$612	Fixed Partial Denture Repair - by Report	D6980	\$108	\$100
Pontic - Porcelain/Ceramic	D6245	\$435	\$612	<b>Type II - Oral Surgery</b>			
Pontic - Resin with High Noble Metal	D6250	\$495	\$929	Extraction - Coronal Remnants - Primary Tooth	D7111	\$41	\$73
Pontic - Resin with Predominantly Base Metal	D6251	\$425	\$832	Extraction - Erupted Tooth or Exposed Root	D7140	\$42	\$106
Pontic - Resin with Noble Metal	D6252	\$459	\$866	Extraction - Erupted Tooth	D7210	\$90	\$184
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$262	\$112	Removal of Impacted Tooth - Soft Tissue	D7220	\$98	\$231
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$246	\$155	Removal of Impacted Tooth - Partially Bony	D7230	\$114	\$298
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$231	\$181	Removal of Impacted Tooth - Completely Bony	D7240	\$163	\$381
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$360	\$492	Removal of Residual Tooth Roots	D7250	\$77	\$178
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$376	\$463	Coronectomy - Intentional Partial Tooth Removal	D7251	\$124	\$435
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$360	\$477	Oroantral Fistula Closure	D7260	\$152	\$1,452
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$419	\$526	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$246	\$511
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$328	\$487	Tooth Transplantation	D7272	\$246	\$477
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$376	\$521	Exposure of an Unerupted Tooth	D7280	\$171	\$334
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$369	\$473	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$67	\$830
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$409	\$520	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$67	\$324
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$409	\$413	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$99	\$343
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$426	\$450	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$53	\$279
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$353	\$535	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$149	\$577
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$435	\$550	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$74	\$449
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$328	\$572	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$177	\$2,335
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$409	\$524	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$268	\$6,952
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$343	\$517	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$311	\$862
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$442	\$484	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$189	\$1,025
Retainer Inlay - Titanium	D6624	\$321	\$584	Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$370	\$931
Retainer Onlay - Titanium	D6634	\$340	\$610	Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$400	\$1,214
Retainer Crown - Resin With High Noble Metal	D6720	\$409	\$644	Removal of Lateral Exostosis - Per Site	D7471	\$105	\$1,267
Retainer Crown - Resin With Base Metal	D6721	\$386	\$656	Removal of Torus Palatinus	D7472	\$265	\$1,478
Retainer Crown - Resin With Noble Metal	D6722	\$393	\$642	Removal of Torus Mandibularus	D7473	\$265	\$1,387
Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$398	\$660	Reduction of Osseous Tuberosity	D7485	\$265	\$1,225
Retainer Crown - Porcelain With High Noble Metal	D6750	\$371	\$619	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$62	\$313
Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$317	\$541	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$135	\$1,731
Retainer Crown - Porcelain With Noble Metal	D6752	\$371	\$598				

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$62	\$640				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$135	\$621				
Sequestrectomy for Osteomyelitis	D7550	\$62	\$358				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$723	\$3,343				
Suture of Recent Small Wounds up to 5cm	D7910	\$62	\$588				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$116	\$374				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$112	\$629				
Excision of Pericoronal Gingiva	D7971	\$87	\$218				
Surgical Reduction of Fibrous Tuberosity	D7972	\$330	\$830				
Non-Surgical Sialolithotomy	D7979	\$290	\$822				
Surgical Sialolithotomy	D7980	\$290	\$822				
Closure of Salivary Fistula	D7983	\$960	\$2,165				
<b>Type - Miscellaneous Services</b>							
I - Palliative (Emergency) Treatment of Pain	D9110	\$17	\$81				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$96				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$54	\$191				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$54	\$191				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$17	\$56				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$43	\$162				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$43	\$162				
III - Non-Intravenous Conscious Sedation*	D9248	\$70	\$89				
I - Consultation	D9310	\$0	\$100				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$49	\$46				
II - Treatment of Complications (Post Surgical)	D9930	\$15	\$15				
III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$95	\$302				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$95	\$302				
III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$95	\$302				
III - Occlusal Adjustment - Limited	D9951	\$53	\$125				
III - Occlusal Adjustment - Complete	D9952	\$124	\$558				
* Covered only when performed in conjunction with covered oral surgery.							