

# SECURECARE DENTAL

## COPAY PLAN NV500 - 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>							
Periodic Oral Evaluation	D0120	\$0	\$16	Sealant Repair - Per Tooth	D1353	\$16	\$46
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$29	Space Maintainer; Fixed Unilateral - per quad	D1510	\$106	\$220
Oral Evaluation - under 3 years old	D0145	\$0	\$44	Upper Space Maintainer; Fixed Bilateral	D1516	\$111	\$306
Comprehensive Oral Evaluation	D0150	\$0	\$31	Lower Space Maintainer; Fixed Bilateral	D1517	\$111	\$306
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$111	Space Maintainer; Removable Unilateral - per quad	D1520	\$81	\$179
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$26	Upper Space Maintainer; Removable Bilateral	D1526	\$81	\$271
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Lower Space Maintainer; Removable Bilateral	D1527	\$81	\$271
Comprehensive Periodontal Evaluation	D0180	\$0	\$50	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$24	\$60
Intraoral - Complete Series of Images	D0210	\$11	\$65	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$24	\$60
Intraoral - Periapical - 1st Image	D0220	\$5	\$15	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$24	\$60
Intraoral - Periapical - Each Additional Image	D0230	\$5	\$17	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$131	\$143
Intraoral - Occlusal Image	D0240	\$5	\$24	<b>Type II - Restorative Dentistry</b>			
Extraoral - 2D Image	D0250	\$5	\$21	Amalgam - 1 Surface - Primary or Permanent	D2140	\$37	\$90
Extraoral - Posterior Image	D0251	\$19	\$36	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$37	\$116
Bitewing - 1 Image	D0270	\$5	\$11	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$37	\$136
Bitewing - 2 Images	D0272	\$5	\$17	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$42	\$159
Bitewing - 3 Images	D0273	\$5	\$25	Resin Composite - 1 Surface - Anterior	D2330	\$48	\$122
Bitewing - 4 Images	D0274	\$5	\$32	Resin Composite - 2 Surfaces - Anterior	D2331	\$51	\$141
Vertical Bitewings - 7 to 8 Images	D0277	\$5	\$41	Resin Composite - 3 Surfaces - Anterior	D2332	\$61	\$170
Panoramic Image	D0330	\$11	\$63	Resin Composite - 4+ Surfaces - Anterior	D2335	\$77	\$194
Pulp Vitality Tests	D0460	\$0	\$0	Resin Composite Crown - Anterior	D2390	\$53	\$150
Diagnostic Casts	D0470	\$11	\$89	Resin Composite - 1 Surface - Posterior	D2391	\$52	\$130
<b>Type I - Preventive Services</b>				Resin Composite - 2 Surfaces - Posterior	D2392	\$68	\$186
Prophylaxis Cleaning - Adult	D1110	\$0	\$22	Resin Composite - 3 Surfaces - Posterior	D2393	\$75	\$188
Prophylaxis Cleaning - Child	D1120	\$0	\$14	Resin Composite - 4+ Surfaces - Posterior	D2394	\$75	\$233
Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$52	<b>Type III - Onlays Crowns and Bridges</b>			
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$13	Inlay - Metallic - 1 Surface	D2510	\$209	\$516
Sealant - Per Tooth	D1351	\$16	\$27	Inlay - Metallic - 2 Surfaces	D2520	\$265	\$532
Preventive Resin Restoration (Including Sealant)	D1352	\$21	\$46	Inlay - Metallic - 3+ Surfaces	D2530	\$338	\$625

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Onlay - Metallic - 2 Surfaces	D2542	\$331	\$694	Each Additional Prefabricated Post - same tooth	D2957	\$41	\$19
Onlay - Metallic - 3 Surfaces	D2543	\$347	\$636	Labial Veneer (resin laminate) - Chairside	D2960	\$209	\$515
Onlay - Metallic - 4+ Surfaces	D2544	\$347	\$403	Labial Veneer (resin laminate) - Laboratory	D2961	\$363	\$550
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$234	\$659	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$329	\$509
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$338	\$672	Crown Repair	D2980	\$65	\$124
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$313	\$578	Inlay Repair	D2981	\$65	\$123
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$286	\$622	Onlay Repair	D2982	\$65	\$123
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$297	\$577	Veneer Repair	D2983	\$65	\$123
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$403	\$483				
Inlay - Resin Composite - 1 Surface	D2650	\$122	\$320	<b>Type III - Endodontics</b>			
Inlay - Resin Composite - 2 Surfaces	D2651	\$170	\$391	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$20	\$67
Inlay - Resin Composite - 3+ Surfaces	D2652	\$225	\$410	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$16	\$42
Onlay - Resin Composite - 2 Surfaces	D2662	\$218	\$323	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$47	\$139
Onlay - Resin Composite - 3 Surfaces	D2663	\$282	\$447	Pulpal Debridement - Primary/Permanent	D3221	\$49	\$164
Onlay - Resin Composite - 4+ Surfaces	D2664	\$346	\$512	Partial Pulpotomy for Apexogenesis	D3222	\$64	\$145
Crown - Resin Based Composite - Indirect	D2710	\$154	\$160	Pulpal Therapy Anterior - Primary	D3230	\$65	\$146
Crown - ¾ Resin Based Composite - Indirect	D2712	\$180	\$322	Pulpal Therapy Posterior - Primary	D3240	\$57	\$164
Crown - Resin with High Noble Metal	D2720	\$427	\$632	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$186	\$424
Crown - Resin with Base Metal	D2721	\$412	\$639	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$254	\$596
Crown - Resin with Noble Metal	D2722	\$419	\$651	Root Canal - Molar (Excluding Final Restoration)	D3330	\$403	\$791
Crown - Porcelain/Ceramic	D2740	\$403	\$691	Treatment of Root Canal Obstruction - non surgical	D3331	\$145	\$211
Crown - Porcelain with High Noble Metal	D2750	\$403	\$670	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$193	\$449
Crown - Porcelain with Predominantly Base Metal	D2751	\$371	\$612	Internal Root Repair of Perforation Defects	D3333	\$186	\$184
Crown - Porcelain With Noble Metal	D2752	\$382	\$626	Retreatment of Previous RCT - Anterior	D3346	\$338	\$892
Crown - Porcelain with Titanium	D2753	\$371	\$665	Retreatment of Previous RCT - Premolar	D3347	\$350	\$927
Crown - ¾ Cast High Noble Metal	D2780	\$400	\$612	Retreatment of Previous RCT - Molar	D3348	\$360	\$973
Crown - ¾ Cast Predominantly Base Metal	D2781	\$386	\$571	Apexification/Recalcification - Initial Visit	D3351	\$49	\$304
Crown - ¾ Cast Noble Metal	D2782	\$395	\$582	Apexification/Recalcification - Interim Visit	D3352	\$49	\$129
Crown - ¾ Porcelain/Ceramic	D2783	\$386	\$647	Apexification/Recalcification - Final Visit	D3353	\$49	\$434
Crown - Full Cast High Noble Metal	D2790	\$418	\$725	Apicoectomy - Anterior	D3410	\$235	\$687
Crown - Full Cast Predominantly Base Metal	D2791	\$382	\$709	Apicoectomy - Premolar - 1st Root	D3421	\$250	\$779
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	\$49	\$142
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$19	\$19	Retrograde Filling - Per Root	D3430	\$49	\$185
Re-cement/Re-bond Crown	D2920	\$50	\$64	Root Amputation - Per Root	D3450	\$108	\$425
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$189	\$239	Hemisection (Including any Root Removal)	D3920	\$108	\$376
Prefabricated Stainless Steel Crown - Primary	D2930	\$104	\$157	Canal Preparation/Post Fitting	D3950	\$0	\$195
Prefabricated Stainless Steel Crown - Permanent	D2931	\$67	\$156				
Prefabricated Resin Crown	D2932	\$92	\$206	<b>Type III - Periodontics</b>			
Protective Restoration	D2940	\$8	\$31	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$234	\$777
Core Build Up - Including any Pins when required	D2950	\$99	\$177	Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$65	\$287
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$19	Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$41	\$233
Cast Post and Core - in Addition to Crown	D2952	\$137	\$265	Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$298	\$789
Cast Post and Core - Each Additional - same tooth	D2953	\$92	\$118	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$193	\$496
Prefabricated Post and Core - in Addition to Crown	D2954	\$108	\$191	Crown Lengthening - Hard Tissue	D4249	\$329	\$970
Post Removal	D2955	\$0	\$224	Osseous Surgery - 4+ teeth/quad	D4260	\$403	\$1,412

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Osseous Surgery - 1-3 teeth/quad	D4261	\$223	\$721	Repair Resin Partial Denture Base - Mandibular	D5611	\$49	\$90
Pedicle Soft Tissue Graft Procedure	D4270	\$105	\$1,109	Repair Resin Partial Denture Base - Maxillary	D5612	\$49	\$90
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$385	\$1,266	Repair Cast Partial Framework - Mandibular	D5621	\$57	\$77
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$289	\$673	Repair Cast Partial Framework - Maxillary	D5622	\$57	\$77
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$390	\$893	Repair or Replace Broken Clasp - per tooth	D5630	\$57	\$133
Combined Connective Tissue/Double Pedicle Graft	D4276	\$540	\$1,324	Replace Broken Teeth - Per Tooth	D5640	\$57	\$96
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$225	\$1,055	Add Tooth to Existing Partial Denture	D5650	\$57	\$119
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$225	\$220	Add Clasp to Existing Partial Denture - per tooth	D5660	\$57	\$124
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$385	\$1,049	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$201	\$298
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$390	\$731	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$201	\$298
Provisional Intracoronaral Splint	D4320	\$114	\$336	Rebase Complete Upper Denture	D5710	\$105	\$221
Provisional Extracoronaral Splint	D4321	\$112	\$316	Rebase Complete Lower Denture	D5711	\$105	\$193
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$91	\$212	Rebase Upper Partial Denture	D5720	\$105	\$241
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$50	\$106	Rebase Lower Partial Denture	D5721	\$105	\$241
Scaling - Full Mouth - After Oral Evaluation	D4346	\$51	\$48	Reline Complete Upper Denture (Chairside)	D5730	\$105	\$153
Full Mouth Debridement	D4355	\$53	\$153	Reline Complete Lower Denture (Chairside)	D5731	\$105	\$153
Periodontal Maintenance Procedures	D4910	\$57	\$121	Reline Upper Partial Denture (Chairside)	D5740	\$105	\$122
				Reline Lower Partial Denture (Chairside)	D5741	\$105	\$122
<b>Type III - Removable Prosthetics</b>				Reline Complete Upper Denture (Laboratory)	D5750	\$105	\$189
Complete Denture - Upper	D5110	\$398	\$908	Reline Complete Lower Denture (Laboratory)	D5751	\$105	\$189
Complete Denture - Lower	D5120	\$398	\$908	Reline Upper Partial Denture (Laboratory)	D5760	\$105	\$200
Immediate Denture - Upper	D5130	\$398	\$1,011	Reline Lower Partial Denture (Laboratory)	D5761	\$105	\$200
Immediate Denture - Lower	D5140	\$398	\$1,011	Tissue Conditioning - Upper	D5850	\$27	\$28
Upper Partial Denture - Resin Base	D5211	\$338	\$975	Tissue Conditioning - Lower	D5851	\$24	\$25
Lower Partial Denture - Resin Base	D5212	\$338	\$1,179	<b>Type III - Implants</b>			
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$440	\$1,095	Surgical Placement of Implant Body - Endosteal	D6010	\$1,082	\$1,991
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$440	\$1,095	Surgical Placement of Mini Implant	D6013	\$1,082	\$1,976
Upper Immediate Partial Denture - Resin Base	D5221	\$598	\$1,098	Prefabricated Abutment - includes modification & placement	D6056	\$292	\$413
Lower Immediate Partial Denture - Resin Base	D5222	\$598	\$1,320	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$699	\$1,112
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$803	\$1,414	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$682	\$1,101
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$793	\$1,404	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$601	\$1,051
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$273	\$606	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$642	\$1,068
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$273	\$606	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$647	\$1,061
Removable Flexible Unilateral Partial Denture - per quad	D5284	\$273	\$711	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$513	\$940
Removable Resin Unilateral Partial Denture - per quad	D5286	\$273	\$711	Crown - Abutment Supp. Cast Noble Metal	D6064	\$551	\$983
Adjust Complete Denture - Upper	D5410	\$24	\$49	Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$666	\$1,104
Adjust Complete Denture - Lower	D5411	\$24	\$49	Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$649	\$1,074
Adjust Partial Denture - Upper	D5421	\$24	\$7	Crown - Implant Supp. High Noble Alloy	D6067	\$605	\$1,053
Adjust Partial Denture - Lower	D5422	\$24	\$7	Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$601	\$1,197
Repair Broken Complete Denture Base - Mandibular	D5511	\$58	\$96	Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$642	\$1,217
Repair Broken Complete Denture Base - Maxillary	D5512	\$58	\$96	Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$642	\$1,217
Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$49	\$80	Crown - Implant Supp. - Predom. Base Alloy	D6086	\$513	\$1,321
				Crown - Implant Supp. - Noble Alloy	D6087	\$551	\$1,117
				Crown - Implant Supp. - Titanium	D6088	\$601	\$959
				Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$39	\$91

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	\$601	\$837	Retainer Crown - Porcelain Fused to Titanium	D6753	\$316	\$573
Repair Implant Abutment - By Report	D6095	\$202	\$202	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$455	\$590
Remove Broken Implant Retaining Screw	D6096	\$31	\$31	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$378	\$554
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$649	\$1,223	Retainer Crown - ¾ Cast Noble Metal	D6782	\$386	\$470
<b>Type III - Pontics and Retainers</b>				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$386	\$608
Pontic - Cast High Noble Metal	D6210	\$411	\$675	Retainer Crown ¾ -Titanium	D6784	\$386	\$587
Pontic - Cast Predominantly Base Metal	D6211	\$386	\$724	Retainer Crown - Full Cast High Noble Metal	D6790	\$402	\$598
Pontic - Cast Noble Metal	D6212	\$402	\$706	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$395	\$680
Pontic - Titanium	D6214	\$411	\$648	Retainer Crown - Full Cast Noble Metal	D6792	\$419	\$664
Pontic - Porcelain Fused to High Noble Metal	D6240	\$339	\$604	Retainer Crown - Titanium	D6794	\$382	\$666
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$339	\$569	Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$64
Pontic - Porcelain Fused to Noble Metal	D6242	\$339	\$603	Stress Breaker	D6940	\$53	\$78
Pontic - Porcelain Fused to Titanium	D6243	\$339	\$591	Fixed Partial Denture Repair - by Report	D6980	\$105	\$97
Pontic - Porcelain/Ceramic	D6245	\$471	\$648	<b>Type II - Oral Surgery</b>			
Pontic - Resin with High Noble Metal	D6250	\$449	\$883	Extraction - Coronal Remnants - Primary Tooth	D7111	\$41	\$73
Pontic - Resin with Predominantly Base Metal	D6251	\$385	\$792	Extraction - Erupted Tooth or Exposed Root	D7140	\$60	\$124
Pontic - Resin with Noble Metal	D6252	\$422	\$829	Extraction - Erupted Tooth	D7210	\$90	\$184
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$258	\$108	Removal of Impacted Tooth - Soft Tissue	D7220	\$98	\$231
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$242	\$151	Removal of Impacted Tooth - Partially Bony	D7230	\$114	\$298
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$227	\$177	Removal of Impacted Tooth - Completely Bony	D7240	\$163	\$381
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$354	\$486	Removal of Residual Tooth Roots	D7250	\$77	\$178
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$370	\$457	Coronectomy - Intentional Partial Tooth Removal	D7251	\$121	\$432
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$354	\$471	Oroantral Fistula Closure	D7260	\$147	\$1,447
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$411	\$518	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$242	\$507
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$322	\$481	Tooth Transplantation	D7272	\$242	\$473
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$370	\$515	Exposure of an Unerupted Tooth	D7280	\$186	\$349
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$363	\$467	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$65	\$828
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$402	\$513	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$65	\$322
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$402	\$406	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$96	\$340
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$419	\$443	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$52	\$278
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$347	\$529	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$145	\$573
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$427	\$542	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$72	\$447
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$322	\$566	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$193	\$2,351
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$402	\$517	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$289	\$6,973
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$338	\$512	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$305	\$856
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$435	\$477	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$186	\$1,022
Retainer Inlay - Titanium	D6624	\$323	\$586	Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$331	\$892
Retainer Onlay - Titanium	D6634	\$343	\$613	Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$386	\$1,200
Retainer Crown - Resin With High Noble Metal	D6720	\$402	\$637	Removal of Lateral Exostosis - Per Site	D7471	\$101	\$1,263
Retainer Crown - Resin With Base Metal	D6721	\$378	\$648	Removal of Torus Palatinus	D7472	\$258	\$1,471
Retainer Crown - Resin With Noble Metal	D6722	\$386	\$635	Removal of Torus Mandibularus	D7473	\$258	\$1,380
Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$408	\$670	Reduction of Osseous Tuberosity	D7485	\$258	\$1,218
Retainer Crown - Porcelain With High Noble Metal	D6750	\$337	\$585	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$60	\$311
Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$316	\$540	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$128	\$1,724
Retainer Crown - Porcelain With Noble Metal	D6752	\$337	\$564				

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	\$60	\$638				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$128	\$614				
Sequestrectomy for Osteomyelitis	D7550	\$60	\$356				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$702	\$3,322				
Suture of Recent Small Wounds up to 5cm	D7910	\$60	\$586				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$112	\$370				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$108	\$625				
Excision of Pericoronal Gingiva	D7971	\$85	\$216				
Surgical Reduction of Fibrous Tuberosity	D7972	\$322	\$822				
Non-Surgical Sialolithotomy	D7979	\$282	\$814				
Surgical Sialolithotomy	D7980	\$282	\$814				
Closure of Salivary Fistula	D7983	\$933	\$2,138				
<b>Type - Miscellaneous Services</b>							
I - Palliative (Emergency) Treatment of Pain	D9110	\$19	\$83				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$96				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$52	\$189				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$52	\$189				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$19	\$58				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$41	\$160				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$41	\$160				
III - Non-Intravenous Conscious Sedation*	D9248	\$67	\$86				
I - Consultation	D9310	\$0	\$100				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$49	\$49				
II - Treatment of Complications (Post Surgical)	D9930	\$16	\$16				
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	\$51	\$123				
III - Occlusal Adjustment - Complete	D9952	\$122	\$556				
* Covered only when performed in conjunction with covered oral surgery.							