

# SECURECARE DENTAL

## COPAY SCHEDULE AZ100 - 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.securecaredental.com](http://www.securecaredental.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>							
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 - Complete Series - Image Capture Only	D0709	\$0	\$0
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$0	<b>Type I - Preventive Services</b>			
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 - Complete 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	\$0	\$0
Pulp Vitality Tests	D0460	\$0	\$0	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$0	\$0
Diagnostic Casts	D0470	\$0	\$0	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$0	\$0

**COPAY SCHEDULE AZ100 - 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	\$697	\$960
<b>Type II - Restorative Dentistry</b>				Crown - Porcelain With Noble Metal	D2752	\$714	\$983
Amalgam - 1 Surface - Primary or Permanent	D2140	\$64	\$143	Crown - Porcelain with Titanium	D2753	\$697	\$1,024
Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$78	\$185	Crown - ¾ Cast High Noble Metal	D2780	\$691	\$989
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$87	\$224	Crown - ¾ Cast Predominantly Base Metal	D2781	\$678	\$931
Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$114	\$272	Crown - ¾ Cast Noble Metal	D2782	\$685	\$961
Resin Composite - 1 Surface - Anterior	D2330	\$68	\$149	Crown - ¾ Porcelain/Ceramic	D2783	\$694	\$1,017
Resin Composite - 2 Surfaces - Anterior	D2331	\$94	\$183	Crown - Full Cast High Noble Metal	D2790	\$694	\$995
Resin Composite - 3 Surfaces - Anterior	D2332	\$109	\$220	Crown - Full Cast Predominantly Base Metal	D2791	\$660	\$943
Resin Composite - 4+ Surfaces - Anterior	D2335	\$118	\$260	Crown - Full Cast Noble Metal	D2792	\$675	\$960
Resin Composite Crown - Anterior	D2390	\$161	\$288	Crown - Titanium	D2794	\$663	\$1,018
Resin Composite - 1 Surface - Posterior	D2391	\$88	\$166	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$80	\$92
Resin Composite - 2 Surfaces - Posterior	D2392	\$109	\$213	Re-cement/Re-bond Crown	D2920	\$83	\$94
Resin Composite - 3 Surfaces - Posterior	D2393	\$134	\$267	Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$279	\$401
Resin Composite - 4+ Surfaces - Posterior	D2394	\$154	\$328	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$279	\$371
<b>Type III - Onlays Crowns and Bridges</b>				Prefabricated Stainless Steel Crown - Primary	D2930	\$137	\$255
Inlay - Metallic - 1 Surface	D2510	\$390	\$734	Prefabricated Stainless Steel Crown - Permanent	D2931	\$162	\$289
Inlay - Metallic - 2 Surfaces	D2520	\$464	\$833	Prefabricated Resin Crown	D2932	\$125	\$308
Inlay - Metallic - 3+ Surfaces	D2530	\$575	\$960	Protective Restoration	D2940	\$67	\$98
Onlay - Metallic - 2 Surfaces	D2542	\$504	\$942	Core Build Up - Including any Pins when required	D2950	\$154	\$248
Onlay - Metallic - 3 Surfaces	D2543	\$630	\$985	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$50	\$55
Onlay - Metallic - 4+ Surfaces	D2544	\$815	\$1,025	Cast Post and Core - in Addition to Crown	D2952	\$224	\$385
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$398	\$864	Cast Post and Core - Each Additional - same tooth	D2953	\$164	\$193
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$514	\$912	Prefabricated Post and Core - in Addition to Crown	D2954	\$186	\$308
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$596	\$971	Post Removal	D2955	\$0	\$0
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$518	\$944	Each Additional Prefabricated Post - same tooth	D2957	\$151	\$154
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$620	\$1,018	Labial Veneer (resin laminate) - Chairside	D2960	\$366	\$745
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$822	\$1,080	Labial Veneer (resin laminate) - Laboratory	D2961	\$538	\$845
Inlay - Resin Composite - 1 Surface	D2650	\$342	\$568	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$624	\$918
Inlay - Resin Composite - 2 Surfaces	D2651	\$412	\$676	Crown Repair	D2980	\$110	\$180
Inlay - Resin Composite - 3+ Surfaces	D2652	\$471	\$711	Inlay Repair	D2981	\$111	\$180
Onlay - Resin Composite - 2 Surfaces	D2662	\$458	\$617	Onlay Repair	D2982	\$111	\$180
Onlay - Resin Composite - 3 Surfaces	D2663	\$500	\$726	Veneer Repair	D2983	\$111	\$180
Onlay - Resin Composite - 4+ Surfaces	D2664	\$543	\$778	<b>Type III - Endodontics</b>			
Crown - Resin Based Composite - Indirect	D2710	\$386	\$413	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$46	\$91
Crown - ¾ Resin Based Composite - Indirect	D2712	\$265	\$413	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$41	\$73
Crown - Resin with High Noble Metal	D2720	\$741	\$1,018	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$93	\$186
Crown - Resin with Base Metal	D2721	\$668	\$954	Pulpal Debridement - Primary/Permanent	D3221	\$70	\$204
Crown - Resin with Noble Metal	D2722	\$679	\$975	Partial Pulpotomy for Apexogenesis	D3222	\$90	\$189
Crown - Porcelain/Ceramic	D2740	\$774	\$1,075	Pulpal Therapy Anterior - Primary	D3230	\$83	\$168
Crown - Porcelain with High Noble Metal	D2750	\$758	\$1,031	Pulpal Therapy Posterior - Primary	D3240	\$100	\$207
				Root Canal - Anterior (Excluding Final Restoration)	D3310	\$427	\$660

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Root Canal - Premolar (Excluding Final Restoration)	D3320	\$511	\$809	Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$129	\$227
Root Canal - Molar (Excluding Final Restoration)	D3330	\$605	\$1,003	Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$69	\$134
Treatment of Root Canal Obstruction - non surgical	D3331	\$174	\$259	Scaling - Full Mouth - After Oral Evaluation	D4346	\$75	\$69
Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$221	\$492	Full Mouth Debridement	D4355	\$64	\$158
Internal Root Repair of Perforation Defects	D3333	\$165	\$191	Periodontal Maintenance Procedures	D4910	\$72	\$127
Retreatment of Previous RCT - Anterior	D3346	\$460	\$880				
Retreatment of Previous RCT - Premolar	D3347	\$572	\$1,035	<b>Type III - Removable Prosthetics</b>			
Retreatment of Previous RCT - Molar	D3348	\$594	\$1,281	Complete Denture - Upper	D5110	\$916	\$1,612
Apexification/Recalcification - Initial Visit	D3351	\$158	\$389	Complete Denture - Lower	D5120	\$916	\$1,612
Apexification/Recalcification - Interim Visit	D3352	\$94	\$175	Immediate Denture - Upper	D5130	\$894	\$1,758
Apexification/Recalcification - Final Visit	D3353	\$193	\$537	Immediate Denture - Lower	D5140	\$894	\$1,758
Apicoectomy - Anterior	D3410	\$372	\$772	Upper Partial Denture - Resin Base	D5211	\$639	\$1,361
Apicoectomy - Premolar - 1st Root	D3421	\$379	\$859	Lower Partial Denture - Resin Base	D5212	\$639	\$1,581
Apicoectomy - Molar - 1st Root	D3425	\$384	\$974	Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$896	\$1,782
Apicoectomy - Each Additional Root	D3426	\$226	\$329	Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$896	\$1,782
Retrograde Filling - Per Root	D3430	\$118	\$242	Upper Immediate Partial Denture - Resin Base	D5221	\$856	\$1,484
Root Amputation - Per Root	D3450	\$201	\$504	Lower Immediate Partial Denture - Resin Base	D5222	\$856	\$1,724
Hemisection (Including any Root Removal)	D3920	\$132	\$383	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$1,148	\$1,942
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$1,148	\$1,942
				Upper Partial Denture - Flexible Base	D5225	\$896	\$1,979
<b>Type III - Periodontics</b>				Lower Partial Denture - Flexible Base	D5226	\$896	\$1,979
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$290	\$746	Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$556	\$1,039
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$118	\$331	Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$556	\$1,039
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$92	\$265	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$556	\$1,131
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$440	\$945	Removable Resin Unilateral Partial Denture - per quad	D5286	\$556	\$1,131
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$235	\$547	Adjust Complete Denture - Upper	D5410	\$55	\$88
Crown Lengthening - Hard Tissue	D4249	\$498	\$1,036	Adjust Complete Denture - Lower	D5411	\$55	\$88
Osseous Surgery - 4+ teeth/quad	D4260	\$511	\$1,575	Adjust Partial Denture - Upper	D5421	\$94	\$88
Osseous Surgery - 1-3 teeth/quad	D4261	\$422	\$845	Adjust Partial Denture - Lower	D5422	\$94	\$88
Pedicle Soft Tissue Graft Procedure	D4270	\$160	\$1,119	Repair Broken Complete Denture Base - Mandibular	D5511	\$114	\$177
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$583	\$1,367	Repair Broken Complete Denture Base - Maxillary	D5512	\$114	\$177
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$372	\$776	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$94	\$147
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$494	\$1,028	Repair Resin Partial Denture Base - Mandibular	D5611	\$125	\$191
Combined Connective Tissue/Double Pedicle Graft	D4276	\$709	\$1,533	Repair Resin Partial Denture Base - Maxillary	D5612	\$125	\$191
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$341	\$1,160	Repair Cast Partial Framework - Mandibular	D5621	\$153	\$206
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$341	\$381	Repair Cast Partial Framework - Maxillary	D5622	\$153	\$206
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$583	\$1,165	Repair or Replace Broken Clasp - per tooth	D5630	\$141	\$250
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$494	\$877	Replace Broken Teeth - Per Tooth	D5640	\$102	\$162
Provisional Intracoronal Splint	D4320	\$157	\$401	Add Tooth to Existing Partial Denture	D5650	\$131	\$221
Provisional Extracoronal Splint	D4321	\$143	\$364	Add Clasp to Existing Partial Denture - per tooth	D5660	\$159	\$265
				Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$454	\$647
				Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$454	\$647

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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
Rebase Complete Upper Denture	D5710	\$441	\$655	Pontic - Cast Predominantly Base Metal	D6211	\$597	\$943
Rebase Complete Lower Denture	D5711	\$441	\$625	Pontic - Cast Noble Metal	D6212	\$659	\$981
Rebase Upper Partial Denture	D5720	\$398	\$618	Pontic - Titanium	D6214	\$743	\$1,012
Rebase Lower Partial Denture	D5721	\$398	\$618	Pontic - Porcelain Fused to High Noble Metal	D6240	\$708	\$993
Reline Complete Upper Denture (Chairside)	D5730	\$279	\$369	Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$660	\$917
Reline Complete Lower Denture (Chairside)	D5731	\$279	\$369	Pontic - Porcelain Fused to Noble Metal	D6242	\$673	\$968
Reline Upper Partial Denture (Chairside)	D5740	\$276	\$338	Pontic - Porcelain Fused to Titanium	D6243	\$660	\$957
Reline Lower Partial Denture (Chairside)	D5741	\$276	\$338	Pontic - Porcelain/Ceramic	D6245	\$800	\$1,025
Reline Complete Upper Denture (Laboratory)	D5750	\$339	\$493	Pontic - Resin with High Noble Metal	D6250	\$584	\$981
Reline Complete Lower Denture (Laboratory)	D5751	\$339	\$493	Pontic - Resin with Predominantly Base Metal	D6251	\$532	\$905
Reline Upper Partial Denture (Laboratory)	D5760	\$325	\$485	Pontic - Resin with Noble Metal	D6252	\$556	\$934
Reline Lower Partial Denture (Laboratory)	D5761	\$325	\$485	Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$481	\$374
Tissue Conditioning - Upper	D5850	\$131	\$154	Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$466	\$412
Tissue Conditioning - Lower	D5851	\$131	\$154	Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$315	\$270
<b>Type III - Implants</b>				Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$565	\$743
Surgical Placement of Implant Body - Endosteal	D6010	\$1,486	\$2,694	Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$632	\$779
Surgical Placement of Mini Implant	D6013	\$1,496	\$2,694	Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$622	\$794
Prefabricated Abutment - includes modification & placement	D6056	\$370	\$559	Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$695	\$873
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$949	\$1,551	Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$574	\$778
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$936	\$1,530	Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$624	\$824
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$831	\$1,446	Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$608	\$765
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$881	\$1,476	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$674	\$849
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$888	\$1,470	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$726	\$807
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$709	\$1,280	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$741	\$842
Crown - Abutment Supp. Cast Noble Metal	D6064	\$757	\$1,339	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$622	\$856
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$915	\$1,526	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$744	\$936
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$891	\$1,486	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$566	\$851
Crown - Implant Supp. High Noble Alloy	D6067	\$833	\$1,442	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$705	\$890
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$831	\$1,575	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$608	\$833
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$881	\$1,607	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$744	\$866
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$881	\$1,607	Retainer Inlay - Titanium	D6624	\$552	\$794
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$709	\$1,661	Retainer Onlay - Titanium	D6634	\$585	\$833
Crown - Implant Supp. - Noble Alloy	D6087	\$757	\$1,458	Retainer Crown - Resin With High Noble Metal	D6720	\$694	\$992
Crown - Implant Supp. - Titanium	D6088	\$830	\$1,322	Retainer Crown - Resin With Base Metal	D6721	\$622	\$941
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$54	\$119	Retainer Crown - Resin With Noble Metal	D6722	\$652	\$958
Crown - Abutment Supp. Titanium	D6094	\$830	\$1,214	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$763	\$1,043
Repair Implant Abutment - By Report	D6095	\$275	\$375	Retainer Crown - Porcelain With High Noble Metal	D6750	\$763	\$1,016
Remove Broken Implant Retaining Screw	D6096	\$45	\$45	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$702	\$948
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$891	\$1,618	Retainer Crown - Porcelain With Noble Metal	D6752	\$719	\$970
				Retainer Crown - Porcelain Fused to Titanium	D6753	\$702	\$976
				Retainer Crown - ¾ Cast High Noble Metal	D6780	\$747	\$958
<b>Type III - Pontics and Retainers</b>				Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$713	\$958
Pontic - Cast High Noble Metal	D6210	\$713	\$1,006	Retainer Crown - ¾ Cast Noble Metal	D6782	\$727	\$890

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Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$698	\$986	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$197	\$753
Retainer Crown ¾ -Titanium	D6784	\$713	\$987	Sequestrectomy for Osteomyelitis	D7550	\$146	\$470
Retainer Crown - Full Cast High Noble Metal	D6790	\$713	\$981	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$924	\$3,729
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$597	\$930	Suture of Recent Small Wounds up to 5cm	D7910	\$65	\$604
Retainer Crown - Full Cast Noble Metal	D6792	\$659	\$964	Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$219	\$0
Retainer Crown - Titanium	D6794	\$663	\$964	Lingual Frenectomy (Frenulectomy)	D7962	\$219	\$632
Re-cement or Re-bond Fixed Partial Denture	D6930	\$75	\$142	Excision of Hyperplastic Tissue - Per Arch	D7970	\$172	\$737
Stress Breaker	D6940	\$235	\$321	Excision of Pericoronal Gingiva	D7971	\$109	\$276
Fixed Partial Denture Repair - by Report	D6980	\$175	\$158	Surgical Reduction of Fibrous Tuberosity	D7972	\$399	\$1,031
<b>Type II - Oral Surgery</b>				Non-Surgical Sialolithotomy	D7979	\$540	\$1,160
Extraction - Coronal Remnants - Primary Tooth	D7111	\$63	\$119	Surgical Sialolithotomy	D7980	\$540	\$1,160
Extraction - Erupted Tooth or Exposed Root	D7140	\$95	\$159	Closure of Salivary Fistula	D7983	\$1,229	\$2,633
Extraction - Erupted Tooth	D7210	\$133	\$239	<b>Type - Miscellaneous Services</b>			
Removal of Impacted Tooth - Soft Tissue	D7220	\$147	\$298	I - Palliative (Emergency) Treatment of Pain	D9110	\$56	\$122
Removal of Impacted Tooth - Partially Bony	D7230	\$188	\$397	I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0
Removal of Impacted Tooth - Completely Bony	D7240	\$211	\$466	III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$90	\$199
Removal of Residual Tooth Roots	D7250	\$124	\$251	III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$90	\$199
Coronectomy - Intentional Partial Tooth Removal	D7251	\$160	\$493	III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$53	\$73
Oroantral Fistula Closure	D7260	\$194	\$1,609	III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$74	\$168
Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$302	\$670	III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$74	\$168
Tooth Transplantation	D7272	\$380	\$670	III - Non-Intravenous Conscious Sedation*	D9248	\$79	\$107
Exposure of an Unerrupted Tooth	D7280	\$233	\$469	I - Consultation	D9310	\$53	\$166
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$104	\$939	I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$104	\$402	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$67	\$67
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$118	\$368	II - Treatment of Complications (Post Surgical)	D9930	\$63	\$63
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$83	\$322	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$247	\$546
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$155	\$599	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$247	\$546
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$109	\$506	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$247	\$546
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$267	\$2,532	III - Occlusal Adjustment - Limited	D9951	\$80	\$160
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$439	\$7,366	III - Occlusal Adjustment - Complete	D9952	\$169	\$753
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$420	\$1,105	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$508	\$1,510				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$408	\$1,105				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$519	\$1,510				
Removal of Lateral Exostosis - Per Site	D7471	\$140	\$1,368				
Removal of Torus Palantinus	D7472	\$297	\$1,626				
Removal of Torus Mandibularus	D7473	\$297	\$1,534				
Reduction of Osseous Tuberosity	D7485	\$297	\$1,368				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$118	\$396				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$197	\$1,886				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$68	\$680				