

SECURECARE DENTAL

COPAY SCHEDULE AZ500 - 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. 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
Type I - Diagnostic/Evaluation Services							
Periodic Oral Evaluation	D0120	\$0	\$19	Panoramic Image - Image Capture Only	D0701	\$11	\$114
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$44	Intraoral - Occlusal Image - Image Capture Only	D0706	\$6	\$36
Oral Evaluation - under 3 years old	D0145	\$0	\$50	Intraoral - Periapical image - Image Capture Only	D0707	\$6	\$21
Comprehensive Oral Evaluation	D0150	\$0	\$38	Intraoral - Bitewing Image - Image Capture Only	D0708	\$6	\$21
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$117	Intraoral - Complete Series - Image Capture Only	D0709	\$11	\$93
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$29	Type I - Preventive Services			
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Prophylaxis Cleaning - Adult	D1110	\$0	\$20
Comprehensive Periodontal Evaluation	D0180	\$0	\$53	Prophylaxis Cleaning - Child	D1120	\$0	\$22
Intraoral - Complete Series of Images	D0210	\$11	\$68	Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$42
Intraoral - Periapical - 1st Image	D0220	\$6	\$19	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$15
Intraoral - Periapical - Each Additional Image	D0230	\$6	\$20	Sealant - Per Tooth	D1351	\$17	\$37
Intraoral - Occlusal Image	D0240	\$6	\$33	Preventive Resin Restoration (Including Sealant)	D1352	\$19	\$51
Extraoral - 2D Image	D0250	\$6	\$30	Sealant Repair - Per Tooth	D1353	\$18	\$52
Extraoral - Posterior Image	D0251	\$13	\$38	Space Maintainer; Fixed Unilateral - per quad	D1510	\$111	\$250
Bitewing - 1 Image	D0270	\$6	\$18	Upper Space Maintainer; Fixed Bilateral	D1516	\$117	\$311
Bitewing - 2 Images	D0272	\$6	\$28	Lower Space Maintainer; Fixed Bilateral	D1517	\$117	\$311
Bitewing - 3 Images	D0273	\$6	\$33	Space Maintainer; Removable Unilateral - per quad	D1520	\$84	\$224
Bitewing - 4 Images	D0274	\$6	\$36	Upper Space Maintainer; Removable Bilateral	D1526	\$84	\$326
Vertical Bitewings - 7 to 8 Images	D0277	\$6	\$49	Lower Space Maintainer; Removable Bilateral	D1527	\$84	\$326
Panoramic Image	D0330	\$11	\$67	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$26	\$42
Pulp Vitality Tests	D0460	\$0	\$0	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$26	\$42
Diagnostic Casts	D0470	\$11	\$86	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$26	\$42

COPAY SCHEDULE AZ500 - SCHEDULE OF COPAYMENTS

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Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$107	\$141	Crown - Porcelain with Predominantly Base Metal	D2751	\$389	\$652
Type II - Restorative Dentistry				Crown - Porcelain With Noble Metal	D2752	\$400	\$669
Amalgam - 1 Surface - Primary or Permanent	D2140	\$39	\$118	Crown - Porcelain with Titanium	D2753	\$389	\$716
Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$39	\$146	Crown - ¾ Cast High Noble Metal	D2780	\$411	\$709
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$39	\$176	Crown - ¾ Cast Predominantly Base Metal	D2781	\$375	\$628
Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$44	\$202	Crown - ¾ Cast Noble Metal	D2782	\$389	\$665
Resin Composite - 1 Surface - Anterior	D2330	\$50	\$131	Crown - ¾ Porcelain/Ceramic	D2783	\$404	\$727
Resin Composite - 2 Surfaces - Anterior	D2331	\$53	\$142	Crown - Full Cast High Noble Metal	D2790	\$400	\$701
Resin Composite - 3 Surfaces - Anterior	D2332	\$64	\$175	Crown - Full Cast Predominantly Base Metal	D2791	\$386	\$669
Resin Composite - 4+ Surfaces - Anterior	D2335	\$81	\$223	Crown - Full Cast Noble Metal	D2792	\$393	\$678
Resin Composite Crown - Anterior	D2390	\$56	\$183	Crown - Titanium	D2794	\$400	\$755
Resin Composite - 1 Surface - Posterior	D2391	\$54	\$132	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$20	\$32
Resin Composite - 2 Surfaces - Posterior	D2392	\$71	\$175	Re-cement/Re-bond Crown	D2920	\$52	\$63
Resin Composite - 3 Surfaces - Posterior	D2393	\$79	\$212	Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$158	\$280
Resin Composite - 4+ Surfaces - Posterior	D2394	\$79	\$253	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$158	\$250
Type III - Onlays Crowns and Bridges				Prefabricated Stainless Steel Crown - Primary	D2930	\$109	\$227
Inlay - Metallic - 1 Surface	D2510	\$219	\$563	Prefabricated Stainless Steel Crown - Permanent	D2931	\$70	\$197
Inlay - Metallic - 2 Surfaces	D2520	\$278	\$647	Prefabricated Resin Crown	D2932	\$97	\$280
Inlay - Metallic - 3+ Surfaces	D2530	\$354	\$739	Protective Restoration	D2940	\$9	\$40
Onlay - Metallic - 2 Surfaces	D2542	\$346	\$784	Core Build Up - Including any Pins when required	D2950	\$103	\$197
Onlay - Metallic - 3 Surfaces	D2543	\$363	\$718	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$17	\$22
Onlay - Metallic - 4+ Surfaces	D2544	\$363	\$573	Cast Post and Core - in Addition to Crown	D2952	\$143	\$304
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$245	\$711	Cast Post and Core - Each Additional - same tooth	D2953	\$97	\$126
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$354	\$752	Prefabricated Post and Core - in Addition to Crown	D2954	\$113	\$235
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$327	\$702	Post Removal	D2955	\$0	\$0
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$300	\$726	Each Additional Prefabricated Post - same tooth	D2957	\$43	\$46
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$311	\$709	Labial Veneer (resin laminate) - Chairside	D2960	\$219	\$598
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$422	\$680	Labial Veneer (resin laminate) - Laboratory	D2961	\$380	\$687
Inlay - Resin Composite - 1 Surface	D2650	\$128	\$354	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$344	\$638
Inlay - Resin Composite - 2 Surfaces	D2651	\$178	\$442	Crown Repair	D2980	\$68	\$138
Inlay - Resin Composite - 3+ Surfaces	D2652	\$235	\$475	Inlay Repair	D2981	\$68	\$137
Onlay - Resin Composite - 2 Surfaces	D2662	\$229	\$388	Onlay Repair	D2982	\$68	\$137
Onlay - Resin Composite - 3 Surfaces	D2663	\$295	\$521	Veneer Repair	D2983	\$68	\$137
Onlay - Resin Composite - 4+ Surfaces	D2664	\$362	\$597	Type III - Endodontics			
Crown - Resin Based Composite - Indirect	D2710	\$161	\$188	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$21	\$66
Crown - ¾ Resin Based Composite - Indirect	D2712	\$150	\$298	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$17	\$49
Crown - Resin with High Noble Metal	D2720	\$447	\$724	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$49	\$142
Crown - Resin with Base Metal	D2721	\$432	\$718	Pulpal Debridement - Primary/Permanent	D3221	\$51	\$185
Crown - Resin with Noble Metal	D2722	\$438	\$734	Partial Pulpotomy for Apexogenesis	D3222	\$51	\$150
Crown - Porcelain/Ceramic	D2740	\$422	\$723	Pulpal Therapy Anterior - Primary	D3230	\$68	\$153
Crown - Porcelain with High Noble Metal	D2750	\$422	\$695	Pulpal Therapy Posterior - Primary	D3240	\$60	\$167
				Root Canal - Anterior (Excluding Final Restoration)	D3310	\$194	\$427

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Root Canal - Premolar (Excluding Final Restoration)	D3320	\$266	\$564	Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$95	\$193
Root Canal - Molar (Excluding Final Restoration)	D3330	\$422	\$820	Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$52	\$117
Treatment of Root Canal Obstruction - non surgical	D3331	\$152	\$237	Scaling - Full Mouth - After Oral Evaluation	D4346	\$49	\$43
Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$202	\$473	Full Mouth Debridement	D4355	\$56	\$150
Internal Root Repair of Perforation Defects	D3333	\$194	\$220	Periodontal Maintenance Procedures	D4910	\$60	\$115
Retreatment of Previous RCT - Anterior	D3346	\$340	\$760				
Retreatment of Previous RCT - Premolar	D3347	\$345	\$808	Type III - Removable Prosthetics			
Retreatment of Previous RCT - Molar	D3348	\$355	\$1,042	Complete Denture - Upper	D5110	\$416	\$1,112
Apexification/Recalcification - Initial Visit	D3351	\$51	\$282	Complete Denture - Lower	D5120	\$400	\$1,096
Apexification/Recalcification - Interim Visit	D3352	\$51	\$132	Immediate Denture - Upper	D5130	\$416	\$1,280
Apexification/Recalcification - Final Visit	D3353	\$51	\$395	Immediate Denture - Lower	D5140	\$416	\$1,280
Apicoectomy - Anterior	D3410	\$225	\$625	Upper Partial Denture - Resin Base	D5211	\$354	\$1,076
Apicoectomy - Premolar - 1st Root	D3421	\$245	\$725	Lower Partial Denture - Resin Base	D5212	\$354	\$1,296
Apicoectomy - Molar - 1st Root	D3425	\$383	\$973	Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$461	\$1,347
Apicoectomy - Each Additional Root	D3426	\$51	\$154	Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$461	\$1,347
Retrograde Filling - Per Root	D3430	\$51	\$175	Upper Immediate Partial Denture - Resin Base	D5221	\$553	\$1,181
Root Amputation - Per Root	D3450	\$113	\$416	Lower Immediate Partial Denture - Resin Base	D5222	\$553	\$1,421
Hemisection (Including any Root Removal)	D3920	\$113	\$364	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$725	\$1,519
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$725	\$1,519
				Upper Partial Denture - Flexible Base	D5225	\$461	\$1,544
Type III - Periodontics				Lower Partial Denture - Flexible Base	D5226	\$461	\$1,544
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$245	\$701	Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$286	\$769
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$68	\$281	Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$286	\$769
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$39	\$212	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$286	\$861
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$312	\$817	Removable Resin Unilateral Partial Denture - per quad	D5286	\$286	\$861
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$202	\$514	Adjust Complete Denture - Upper	D5410	\$26	\$59
Crown Lengthening - Hard Tissue	D4249	\$344	\$882	Adjust Complete Denture - Lower	D5411	\$26	\$59
Osseous Surgery - 4+ teeth/quad	D4260	\$422	\$1,486	Adjust Partial Denture - Upper	D5421	\$26	\$20
Osseous Surgery - 1-3 teeth/quad	D4261	\$233	\$656	Adjust Partial Denture - Lower	D5422	\$26	\$20
Pedicle Soft Tissue Graft Procedure	D4270	\$110	\$1,069	Repair Broken Complete Denture Base - Mandibular	D5511	\$61	\$124
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$375	\$1,159	Repair Broken Complete Denture Base - Maxillary	D5512	\$61	\$124
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$303	\$707	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$51	\$104
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$360	\$894	Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$117
Combined Connective Tissue/Double Pedicle Graft	D4276	\$565	\$1,389	Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$117
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$220	\$1,039	Repair Cast Partial Framework - Mandibular	D5621	\$60	\$113
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$220	\$260	Repair Cast Partial Framework - Maxillary	D5622	\$60	\$113
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$375	\$957	Repair or Replace Broken Clasp - per tooth	D5630	\$60	\$169
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$360	\$743	Replace Broken Teeth - Per Tooth	D5640	\$60	\$120
Provisional Intracoronal Splint	D4320	\$120	\$364	Add Tooth to Existing Partial Denture	D5650	\$60	\$150
Provisional Extracoronal Splint	D4321	\$118	\$339	Add Clasp to Existing Partial Denture - per tooth	D5660	\$60	\$166
				Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$211	\$404
				Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$211	\$404

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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	\$110	\$324	Pontic - Cast Predominantly Base Metal	D6211	\$404	\$750
Rebase Complete Lower Denture	D5711	\$110	\$294	Pontic - Cast Noble Metal	D6212	\$421	\$743
Rebase Upper Partial Denture	D5720	\$110	\$330	Pontic - Titanium	D6214	\$431	\$700
Rebase Lower Partial Denture	D5721	\$110	\$330	Pontic - Porcelain Fused to High Noble Metal	D6240	\$355	\$640
Reline Complete Upper Denture (Chairside)	D5730	\$110	\$200	Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$355	\$612
Reline Complete Lower Denture (Chairside)	D5731	\$110	\$200	Pontic - Porcelain Fused to Noble Metal	D6242	\$355	\$650
Reline Upper Partial Denture (Chairside)	D5740	\$110	\$172	Pontic - Porcelain Fused to Titanium	D6243	\$355	\$652
Reline Lower Partial Denture (Chairside)	D5741	\$110	\$172	Pontic - Porcelain/Ceramic	D6245	\$493	\$718
Reline Complete Upper Denture (Laboratory)	D5750	\$110	\$264	Pontic - Resin with High Noble Metal	D6250	\$391	\$788
Reline Complete Lower Denture (Laboratory)	D5751	\$110	\$264	Pontic - Resin with Predominantly Base Metal	D6251	\$334	\$707
Reline Upper Partial Denture (Laboratory)	D5760	\$110	\$270	Pontic - Resin with Noble Metal	D6252	\$350	\$728
Reline Lower Partial Denture (Laboratory)	D5761	\$110	\$270	Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$270	\$163
Tissue Conditioning - Upper	D5850	\$28	\$51	Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$253	\$199
Tissue Conditioning - Lower	D5851	\$26	\$49	Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$265	\$220
Type III - Implants				Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$371	\$549
Surgical Placement of Implant Body - Endosteal	D6010	\$941	\$2,149	Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$387	\$534
Surgical Placement of Mini Implant	D6013	\$941	\$2,139	Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$371	\$543
Prefabricated Abutment - includes modification & placement	D6056	\$253	\$442	Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$431	\$609
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$601	\$1,203	Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$337	\$541
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$593	\$1,187	Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$387	\$587
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$523	\$1,138	Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$380	\$537
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$558	\$1,153	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$421	\$596
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$562	\$1,144	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$421	\$502
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$446	\$1,017	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$438	\$539
Crown - Abutment Supp. Cast Noble Metal	D6064	\$480	\$1,062	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$363	\$597
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$579	\$1,190	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$447	\$639
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$564	\$1,159	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$337	\$622
Crown - Implant Supp. High Noble Alloy	D6067	\$527	\$1,136	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$421	\$606
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$523	\$1,267	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$354	\$579
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$558	\$1,284	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$455	\$577
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$558	\$1,284	Retainer Inlay - Titanium	D6624	\$278	\$520
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$446	\$1,398	Retainer Onlay - Titanium	D6634	\$294	\$542
Crown - Implant Supp. - Noble Alloy	D6087	\$480	\$1,181	Retainer Crown - Resin With High Noble Metal	D6720	\$421	\$719
Crown - Implant Supp. - Titanium	D6088	\$522	\$1,014	Retainer Crown - Resin With Base Metal	D6721	\$396	\$715
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$33	\$98	Retainer Crown - Resin With Noble Metal	D6722	\$404	\$710
Crown - Abutment Supp. Titanium	D6094	\$522	\$906	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$427	\$707
Repair Implant Abutment - By Report	D6095	\$175	\$250	Retainer Crown - Porcelain With High Noble Metal	D6750	\$353	\$606
Remove Broken Implant Retaining Screw	D6096	\$26	\$26	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$331	\$577
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$564	\$1,291	Retainer Crown - Porcelain With Noble Metal	D6752	\$353	\$604
				Retainer Crown - Porcelain Fused to Titanium	D6753	\$331	\$605
				Retainer Crown - ¾ Cast High Noble Metal	D6780	\$450	\$661
Type III - Pontics and Retainers				Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$396	\$641
Pontic - Cast High Noble Metal	D6210	\$431	\$724	Retainer Crown - ¾ Cast Noble Metal	D6782	\$404	\$567

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Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$404	\$692	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$134	\$690
Retainer Crown ¾ -Titanium	D6784	\$404	\$670	Sequestrectomy for Osteomyelitis	D7550	\$63	\$387
Retainer Crown - Full Cast High Noble Metal	D6790	\$421	\$689	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$586	\$3,391
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$414	\$747	Suture of Recent Small Wounds up to 5cm	D7910	\$63	\$602
Retainer Crown - Full Cast Noble Metal	D6792	\$438	\$743	Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$118	\$531
Retainer Crown - Titanium	D6794	\$400	\$701	Lingual Frenectomy (Frenulectomy)	D7962	\$118	\$531
Re-cement or Re-bond Fixed Partial Denture	D6930	\$17	\$84	Excision of Hyperplastic Tissue - Per Arch	D7970	\$113	\$678
Stress Breaker	D6940	\$56	\$142	Excision of Pericoronal Gingiva	D7971	\$89	\$256
Fixed Partial Denture Repair - by Report	D6980	\$110	\$93	Surgical Reduction of Fibrous Tuberosity	D7972	\$337	\$969
				Non-Surgical Sialolithotomy	D7979	\$295	\$915
				Surgical Sialolithotomy	D7980	\$295	\$915
				Closure of Salivary Fistula	D7983	\$779	\$2,183
Type II - Oral Surgery				Type - Miscellaneous Services			
Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$99	I - Palliative (Emergency) Treatment of Pain	D9110	\$20	\$86
Extraction - Erupted Tooth or Exposed Root	D7140	\$63	\$127	I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0
Extraction - Erupted Tooth	D7210	\$94	\$200	III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$53	\$162
Removal of Impacted Tooth - Soft Tissue	D7220	\$102	\$253	III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$53	\$162
Removal of Impacted Tooth - Partially Bony	D7230	\$120	\$329	III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$40
Removal of Impacted Tooth - Completely Bony	D7240	\$171	\$426	III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$44	\$138
Removal of Residual Tooth Roots	D7250	\$81	\$208	III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$44	\$138
Coronectomy - Intentional Partial Tooth Removal	D7251	\$101	\$434	III - Non-Intravenous Conscious Sedation*	D9248	\$70	\$98
Oroantral Fistula Closure	D7260	\$123	\$1,538	I - Consultation	D9310	\$0	\$113
Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$253	\$621	I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0
Tooth Transplantation	D7272	\$253	\$543	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$51	\$51
Exposure of an Unerrupted Tooth	D7280	\$194	\$430	II - Treatment of Complications (Post Surgical)	D9930	\$17	\$17
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$68	\$903	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$100	\$399
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$68	\$366	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$100	\$399
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$101	\$351	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$100	\$399
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$43	\$282	III - Occlusal Adjustment - Limited	D9951	\$53	\$133
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$152	\$596	III - Occlusal Adjustment - Complete	D9952	\$128	\$712
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$60	\$457				
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$202	\$2,467				
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$303	\$7,230				
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$320	\$1,005				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$194	\$1,196				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$346	\$1,043				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$404	\$1,395				
Removal of Lateral Exostosis - Per Site	D7471	\$105	\$1,333				
Removal of Torus Palantinus	D7472	\$270	\$1,599				
Removal of Torus Mandibularus	D7473	\$270	\$1,507				
Reduction of Osseous Tuberosity	D7485	\$270	\$1,341				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$63	\$341				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$134	\$1,823				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$63	\$675				

* Covered only when performed in conjunction with covered oral surgery.