

SECURECARE DENTAL
SCHEDULE OF OUT OF NETWORK BENEFIT PAYMENTS

GENERAL INFORMATION

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

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

COVERED SERVICES	ADA CODE	BENEFIT PAYMENT	COVERED SERVICES	ADA CODE	BENEFIT PAYMENT
Type I - Diagnostic/Evaluation Services			Sealant Repair - Per Tooth	D1353	\$8
Periodic Oral Evaluation	D0120	\$10	Space Maintainer; Fixed Unilateral - per quad	D1510	\$26
Limited Oral Evaluation - Problem Focused	D0140	\$12	Upper Space Maintainer; Fixed Bilateral	D1516	\$82
Oral Evaluation - under 3 years old	D0145	\$0	Lower Space Maintainer; Fixed Bilateral	D1517	\$82
Comprehensive Oral Evaluation	D0150	\$16	Space Maintainer; Removable Unilateral - per quad	D1520	\$78
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$21	Upper Space Maintainer; Removable Bilateral	D1526	\$129
Re-evaluation - Limited - Problem Focused	D0170	\$10	Lower Space Maintainer; Removable Bilateral	D1527	\$129
Re-evaluation Post-Operative Office Visit	D0171	\$10	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$9
Comprehensive Periodontal Evaluation	D0180	\$4	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$9
Intraoral - Complete Series of Images	D0210	\$45	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$9
Intraoral - Periapical - 1st Image	D0220	\$1	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$49
Intraoral - Periapical - Each Additional Image	D0230	\$0			
Intraoral - Occlusal Image	D0240	\$5	Type II - Restorative Dentistry		
Extraoral - 2D Image	D0250	\$15	Amalgam - 1 Surface - Primary or Permanent	D2140	\$0
Extraoral - Posterior Image	D0251	\$18	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$5
Bitewing - 1 Image	D0270	\$1	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$12
Bitewing - 2 Images	D0272	\$9	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$27
Bitewing - 3 Images	D0273	\$17	Resin Composite - 1 Surface - Anterior	D2330	\$1
Bitewing - 4 Images	D0274	\$15	Resin Composite - 2 Surfaces - Anterior	D2331	\$18
Vertical Bitewings - 7 to 8 Images	D0277	\$31	Resin Composite - 3 Surfaces - Anterior	D2332	\$21
Panoramic Image	D0330	\$18	Resin Composite - 4+ Surfaces - Anterior	D2335	\$13
Pulp Vitality Tests	D0460	\$18	Resin Composite Crown - Anterior	D2390	\$74
Diagnostic Casts	D0470	\$23	Resin Composite - 1 Surface - Posterior	D2391	\$10
Panoramic Image - Image Capture Only	D0701	\$28	Resin Composite - 2 Surfaces - Posterior	D2392	\$13
Intraoral - Occlusal Image - Image Capture Only	D0706	\$5	Resin Composite - 3 Surfaces - Posterior	D2393	\$33
Intraoral - Periapical image - Image Capture Only	D0707	\$1	Resin Composite - 4+ Surfaces - Posterior	D2394	\$42
Intraoral - Bitewing Image - Image Capture Only	D0708	\$1			
Intraoral - Complete Series - Image Capture Only	D0709	\$43	Type III - Onlays Crowns and Bridges		
Type I - Preventive Services			Inlay - Metallic - 1 Surface	D2510	\$10
Prophylaxis Cleaning - Adult	D1110	\$35	Inlay - Metallic - 2 Surfaces	D2520	\$57
Prophylaxis Cleaning - Child	D1120	\$20	Inlay - Metallic - 3+ Surfaces	D2530	\$13
Fluoride - Topical Application of Fluoride Varnish	D1206	\$7	Onlay - Metallic - 2 Surfaces	D2542	\$35
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$5	Onlay - Metallic - 3 Surfaces	D2543	\$108
Sealant - Per Tooth	D1351	\$2	Onlay - Metallic - 4+ Surfaces	D2544	\$116
Preventive Resin Restoration (Including Sealant)	D1352	\$8	Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$17
			Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$23

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Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$70	Labial Veneer (resin laminate) - Chairside	D2960	\$1
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$52	Labial Veneer (resin laminate) - Laboratory	D2961	\$0
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$129	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$127
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$213	Crown Repair	D2980	\$43
Inlay - Resin Composite - 1 Surface	D2650	\$26	Inlay Repair	D2981	\$43
Inlay - Resin Composite - 2 Surfaces	D2651	\$42	Onlay Repair	D2982	\$43
Inlay - Resin Composite - 3+ Surfaces	D2652	\$40	Veneer Repair	D2983	\$43
Onlay - Resin Composite - 2 Surfaces	D2662	\$37			
Onlay - Resin Composite - 3 Surfaces	D2663	\$14	Type III - Endodontics		
Onlay - Resin Composite - 4+ Surfaces	D2664	\$212	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$0
Crown - Resin Based Composite - Indirect	D2710	\$35	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$3
Crown - ¾ Resin Based Composite - Indirect	D2712	\$98	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$15
Crown - Resin with High Noble Metal	D2720	\$81	Pulpal Debridement - Primary/Permanent	D3221	\$6
Crown - Resin with Base Metal	D2721	\$37	Partial Pulpotomy for Apexogenesis	D3222	\$34
Crown - Resin with Noble Metal	D2722	\$40	Pulpal Therapy Anterior - Primary	D3230	\$12
Crown - Porcelain/Ceramic	D2740	\$200	Pulpal Therapy Posterior - Primary	D3240	\$12
Crown - Porcelain with High Noble Metal	D2750	\$150	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$135
Crown - Porcelain with Predominantly Base Metal	D2751	\$170	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$175
Crown - Porcelain With Noble Metal	D2752	\$175	Root Canal - Molar (Excluding Final Restoration)	D3330	\$130
Crown - Porcelain with Titanium	D2753	\$170	Treatment of Root Canal Obstruction - non surgical	D3331	\$15
Crown - ¾ Cast High Noble Metal	D2780	\$86	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$12
Crown - ¾ Cast Predominantly Base Metal	D2781	\$94	Internal Root Repair of Perforation Defects	D3333	\$13
Crown - ¾ Cast Noble Metal	D2782	\$115	Retreatment of Previous RCT - Anterior	D3346	\$11
Crown - ¾ Porcelain/Ceramic	D2783	\$83	Retreatment of Previous RCT - Premolar	D3347	\$17
Crown - Full Cast High Noble Metal	D2790	\$70	Retreatment of Previous RCT - Molar	D3348	\$25
Crown - Full Cast Predominantly Base Metal	D2791	\$11	Apexification/Recalcification - Initial Visit	D3351	\$32
Crown - Full Cast Noble Metal	D2792	\$44	Apexification/Recalcification - Interim Visit	D3352	\$32
Crown - Titanium	D2794	\$70	Apexification/Recalcification - Final Visit	D3353	\$32
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$17	Apicoectomy - Anterior	D3410	\$17
Re-cement/Re-bond Crown	D2920	\$1	Apicoectomy - Premolar - 1st Root	D3421	\$86
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$103	Apicoectomy - Molar - 1st Root	D3425	\$29
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$103	Apicoectomy - Each Additional Root	D3426	\$140
Prefabricated Stainless Steel Crown - Primary	D2930	\$0	Retrograde Filling - Per Root	D3430	\$25
Prefabricated Stainless Steel Crown - Permanent	D2931	\$25	Root Amputation - Per Root	D3450	\$69
Prefabricated Resin Crown	D2932	\$9	Hemisection (Including any Root Removal)	D3920	\$13
Protective Restoration	D2940	\$16	Canal Preparation/Post Fitting	D3950	\$66
Core Build Up - Including any Pins when required	D2950	\$0			
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$3	Type III - Periodontics		
Cast Post and Core - in Addition to Crown	D2952	\$38	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$20
Cast Post and Core - Each Additional - same tooth	D2953	\$15	Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$3
Prefabricated Post and Core - in Addition to Crown	D2954	\$18	Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$16
Post Removal	D2955	\$100	Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$56
Each Additional Prefabricated Post - same tooth	D2957	\$37	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$23

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COVERED SERVICES	ADA CODE	BENEFIT PAYMENT	COVERED SERVICES	ADA CODE	BENEFIT PAYMENT
Crown Lengthening - Hard Tissue	D4249	\$108	Adjust Complete Denture - Lower	D5411	\$1
Osseous Surgery - 4+ teeth/quad	D4260	\$11	Adjust Partial Denture - Upper	D5421	\$7
Osseous Surgery - 1-3 teeth/quad	D4261	\$111	Adjust Partial Denture - Lower	D5422	\$7
Pedicle Soft Tissue Graft Procedure	D4270	\$38	Repair Broken Complete Denture Base - Mandibular	D5511	\$11
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$162	Repair Broken Complete Denture Base - Maxillary	D5512	\$11
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$48	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$10
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$50	Repair Resin Partial Denture Base - Mandibular	D5611	\$19
Combined Connective Tissue/Double Pedicle Graft	D4276	\$101	Repair Resin Partial Denture Base - Maxillary	D5612	\$19
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$111	Repair Cast Partial Framework - Mandibular	D5621	\$26
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$111	Repair Cast Partial Framework - Maxillary	D5622	\$26
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$531	Repair or Replace Broken Clasp - per tooth	D5630	\$17
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$347	Replace Broken Teeth - Per Tooth	D5640	\$12
Provisional Intracoronal Splint	D4320	\$28	Add Tooth to Existing Partial Denture	D5650	\$9
Provisional Extracoronal Splint	D4321	\$18	Add Clasp to Existing Partial Denture - per tooth	D5660	\$32
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$20	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$46
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$12	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$46
Scaling - Full Mouth - After Oral Evaluation	D4346	\$20	Rebase Complete Upper Denture	D5710	\$121
Full Mouth Debridement	D4355	\$5	Rebase Complete Lower Denture	D5711	\$121
Periodontal Maintenance Procedures	D4910	\$5	Rebase Upper Partial Denture	D5720	\$86
			Rebase Lower Partial Denture	D5721	\$86
Type III - Removable Prosthetics			Reline Complete Upper Denture (Chairside)	D5730	\$0
Complete Denture - Upper	D5110	\$290	Reline Complete Lower Denture (Chairside)	D5731	\$0
Complete Denture - Lower	D5120	\$290	Reline Upper Partial Denture (Chairside)	D5740	\$0
Immediate Denture - Upper	D5130	\$264	Reline Lower Partial Denture (Chairside)	D5741	\$0
Immediate Denture - Lower	D5140	\$264	Reline Complete Upper Denture (Laboratory)	D5750	\$69
Upper Partial Denture - Resin Base	D5211	\$0	Reline Complete Lower Denture (Laboratory)	D5751	\$69
Lower Partial Denture - Resin Base	D5212	\$0	Reline Upper Partial Denture (Laboratory)	D5760	\$58
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$225	Reline Lower Partial Denture (Laboratory)	D5761	\$58
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$225	Tissue Conditioning - Upper	D5850	\$35
Upper Immediate Partial Denture - Resin Base	D5221	\$601	Tissue Conditioning - Lower	D5851	\$36
Lower Immediate Partial Denture - Resin Base	D5222	\$601			
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$802	Type III - Implants		
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$802	Surgical Placement of Implant Body - Endosteal	D6010	\$349
Upper Partial Denture - Flexible Base	D5225	\$225	Surgical Placement of Mini Implant	D6013	\$476
Lower Partial Denture - Flexible Base	D5226	\$225	Prefabricated Abutment - includes modification & placement	D6056	\$94
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$68	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$229
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$68	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$217
Removable Flexible Unilateral Partial Denture - per quad	D5284	\$68	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$262
Removable Resin Unilateral Partial Denture - per quad	D5286	\$68	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$205
Adjust Complete Denture - Upper	D5410	\$1	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$205
			Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$223
			Crown - Abutment Supp. Cast Noble Metal	D6064	\$175

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COVERED SERVICES	ADA CODE	BENEFIT PAYMENT	COVERED SERVICES	ADA CODE	BENEFIT PAYMENT
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$211	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$32
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$206	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$74
Crown - Implant Supp. High Noble Alloy	D6067	\$193	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$52
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$262	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$78
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$205	Retainer Inlay - Titanium	D6624	\$236
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$205	Retainer Onlay - Titanium	D6634	\$251
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$223	Retainer Crown - Resin With High Noble Metal	D6720	\$65
Crown - Implant Supp. - Noble Alloy	D6087	\$175	Retainer Crown - Resin With Base Metal	D6721	\$28
Crown - Implant Supp. - Titanium	D6088	\$261	Retainer Crown - Resin With Noble Metal	D6722	\$46
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$17	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$165
Crown - Abutment Supp. Titanium	D6094	\$261	Retainer Crown - Porcelain With High Noble Metal	D6750	\$176
Repair Implant Abutment - By Report	D6095	\$0	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$171
Remove Broken Implant Retaining Screw	D6096	\$15	Retainer Crown - Porcelain With Noble Metal	D6752	\$145
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$206	Retainer Crown - Porcelain Fused to Titanium	D6753	\$171
			Retainer Crown - ¾ Cast High Noble Metal	D6780	\$61
Type III - Pontics and Retainers			Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$94
Pontic - Cast High Noble Metal	D6210	\$97	Retainer Crown - ¾ Cast Noble Metal	D6782	\$129
Pontic - Cast Predominantly Base Metal	D6211	\$24	Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$289
Pontic - Cast Noble Metal	D6212	\$60	Retainer Crown ¾ -Titanium	D6784	\$94
Pontic - Titanium	D6214	\$308	Retainer Crown - Full Cast High Noble Metal	D6790	\$104
Pontic - Porcelain Fused to High Noble Metal	D6240	\$145	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$17
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$117	Retainer Crown - Full Cast Noble Metal	D6792	\$46
Pontic - Porcelain Fused to Noble Metal	D6242	\$129	Retainer Crown - Titanium	D6794	\$234
Pontic - Porelain Fused to Titanium	D6243	\$117	Re-cement or Re-bond Fixed Partial Denture	D6930	\$19
Pontic - Porcelain/Ceramic	D6245	\$115	Stress Breaker	D6940	\$96
Pontic - Resin with High Noble Metal	D6250	\$184	Fixed Partial Denture Repair - by Report	D6980	\$66
Pontic - Resin with Predominantly Base Metal	D6251	\$167			
Pontic - Resin with Noble Metal	D6252	\$196	Type II - Oral Surgery		
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$21	Extraction - Coronal Remnants - Primary Tooth	D7111	\$5
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$21	Extraction - Erupted Tooth or Exposed Root	D7140	\$24
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$62	Extraction - Erupted Tooth	D7210	\$24
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$4	Removal of Impacted Tooth - Soft Tissue	D7220	\$8
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$43	Removal of Impacted Tooth - Partially Bony	D7230	\$32
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$50	Removal of Impacted Tooth - Completely Bony	D7240	\$1
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$59	Removal of Residual Tooth Roots	D7250	\$27
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$39	Coronectomy - Intentional Partial Tooth Removal	D7251	\$49
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$36	Oroantral Fistula Closure	D7260	\$59
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$30	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$33
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$49	Evulsed or Displaced Teeth/Alveolus		
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$91	Tooth Transplantation	D7272	\$15
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$88	Exposure of an Unerupted Tooth	D7280	\$15
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$56	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$15
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$84	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$15

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COVERED SERVICES	ADA CODE	BENEFIT PAYMENT	COVERED SERVICES	ADA CODE	BENEFIT PAYMENT
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$19	I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$25
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$23	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$11
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$16	II - Treatment of Complications (Post Surgical)	D9930	\$36
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$33	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$121
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$47	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$121
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$100	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$121
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$80	III - Occlusal Adjustment - Limited	D9951	\$7
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$120	III - Occlusal Adjustment - Complete	D9952	\$29
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$59	* Covered only when performed in conjunction with covered oral surgery.		
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$105			
Removal of Lateral Exostosis - Per Site	D7471	\$30			
Removal of Torus Palatinus	D7472	\$28			
Removal of Torus Mandibularus	D7473	\$28			
Reduction of Osseous Tuberosity	D7485	\$28			
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$6			
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$54			
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$6			
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$54			
Sequestrectomy for Osteomyelitis	D7550	\$79			
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$282			
Suture of Recent Small Wounds up to 5cm	D7910	\$0			
Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$119			
Lingual Frenectomy (Frenulectomy)	D7962	\$119			
Excision of Hyperplastic Tissue - Per Arch	D7970	\$11			
Excision of Pericoronal Gingiva	D7971	\$20			
Surgical Reduction of Fibrous Tuberosity	D7972	\$59			
Non-Surgical Sialolithotomy	D7979	\$237			
Surgical Sialolithotomy	D7980	\$237			
Closure of Salivary Fistula	D7983	\$375			
Type - Miscellaneous Services					
I - Palliative (Emergency) Treatment of Pain	D9110	\$17			
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0			
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$28			
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$28			
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$12			
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$1			
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$21			
III - Non-Intravenous Conscious Sedation*	D9248	\$7			
I - Consultation	D9310	\$43			