

# SECURECARE DENTAL

## COPAY SCHEDULE NV400 - 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	\$6	\$22	Panoramic Image - Image Capture Only	D0701	\$21	\$134
Limited Oral Evaluation - Problem Focused	D0140	\$6	\$35	Intraoral - Occlusal Image - Image Capture Only	D0706	\$6	\$33
Oral Evaluation - under 3 years old	D0145	\$6	\$50	Intraoral - Periapical image - Image Capture Only	D0707	\$6	\$19
Comprehensive Oral Evaluation	D0150	\$6	\$37	Intraoral - Bitewing Image - Image Capture Only	D0708	\$6	\$20
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$6	\$117	Intraoral - Complete Series - Image Capture Only	D0709	\$15	\$92
Re-evaluation - Limited - Problem Focused	D0170	\$6	\$32	<b>Type I - Preventive Services</b>			
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Prophylaxis Cleaning - Adult	D1110	\$6	\$28
Comprehensive Periodontal Evaluation	D0180	\$6	\$56	Prophylaxis Cleaning - Child	D1120	\$6	\$20
Intraoral - Complete Series of Images	D0210	\$15	\$69	Fluoride - Topical Application of Fluoride Varnish	D1206	\$5	\$57
Intraoral - Periapical - 1st Image	D0220	\$6	\$16	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$5	\$18
Intraoral - Periapical - Each Additional Image	D0230	\$6	\$18	Sealant - Per Tooth	D1351	\$17	\$28
Intraoral - Occlusal Image	D0240	\$6	\$25	Preventive Resin Restoration (Including Sealant)	D1352	\$21	\$46
Extraoral - 2D Image	D0250	\$6	\$22	Sealant Repair - Per Tooth	D1353	\$16	\$46
Extraoral - Posterior Image	D0251	\$20	\$37	Space Maintainer; Fixed Unilateral - per quad	D1510	\$106	\$220
Bitewing - 1 Image	D0270	\$6	\$12	Upper Space Maintainer; Fixed Bilateral	D1516	\$111	\$306
Bitewing - 2 Images	D0272	\$6	\$18	Lower Space Maintainer; Fixed Bilateral	D1517	\$111	\$306
Bitewing - 3 Images	D0273	\$6	\$26	Space Maintainer; Removable Unilateral - per quad	D1520	\$82	\$180
Bitewing - 4 Images	D0274	\$6	\$33	Upper Space Maintainer; Removable Bilateral	D1526	\$82	\$272
Vertical Bitewings - 7 to 8 Images	D0277	\$6	\$42	Lower Space Maintainer; Removable Bilateral	D1527	\$82	\$272
Panoramic Image	D0330	\$15	\$67	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$25	\$61
Pulp Vitality Tests	D0460	\$0	\$56	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$25	\$61
Diagnostic Casts	D0470	\$21	\$99	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$25	\$61

**COPAY SCHEDULE NV400 - SCHEDULE OF COPAYMENTS**

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Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$133	\$145	Crown - Porcelain with Predominantly Base Metal	D2751	\$371	\$612
<b>Type II - Restorative Dentistry</b>				Crown - Porcelain With Noble Metal	D2752	\$382	\$626
Amalgam - 1 Surface - Primary or Permanent	D2140	\$42	\$95	Crown - Porcelain with Titanium	D2753	\$371	\$665
Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$42	\$121	Crown - ¾ Cast High Noble Metal	D2780	\$415	\$627
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$42	\$141	Crown - ¾ Cast Predominantly Base Metal	D2781	\$380	\$565
Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$48	\$165	Crown - ¾ Cast Noble Metal	D2782	\$390	\$577
Resin Composite - 1 Surface - Anterior	D2330	\$48	\$122	Crown - ¾ Porcelain/Ceramic	D2783	\$393	\$654
Resin Composite - 2 Surfaces - Anterior	D2331	\$51	\$141	Crown - Full Cast High Noble Metal	D2790	\$418	\$725
Resin Composite - 3 Surfaces - Anterior	D2332	\$61	\$170	Crown - Full Cast Predominantly Base Metal	D2791	\$382	\$709
Resin Composite - 4+ Surfaces - Anterior	D2335	\$77	\$194	Crown - Full Cast Noble Metal	D2792	\$395	\$684
Resin Composite Crown - Anterior	D2390	\$53	\$150	Crown - Titanium	D2794	\$382	\$722
Resin Composite - 1 Surface - Posterior	D2391	\$52	\$130	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$19	\$19
Resin Composite - 2 Surfaces - Posterior	D2392	\$68	\$186	Re-cement/Re-bond Crown	D2920	\$32	\$46
Resin Composite - 3 Surfaces - Posterior	D2393	\$75	\$188	Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$188	\$280
Resin Composite - 4+ Surfaces - Posterior	D2394	\$75	\$233	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$188	\$238
<b>Type III - Onlays Crowns and Bridges</b>				Prefabricated Stainless Steel Crown - Primary	D2930	\$104	\$157
Inlay - Metallic - 1 Surface	D2510	\$213	\$520	Prefabricated Stainless Steel Crown - Permanent	D2931	\$69	\$158
Inlay - Metallic - 2 Surfaces	D2520	\$265	\$532	Prefabricated Resin Crown	D2932	\$93	\$207
Inlay - Metallic - 3+ Surfaces	D2530	\$343	\$630	Protective Restoration	D2940	\$8	\$31
Onlay - Metallic - 2 Surfaces	D2542	\$336	\$699	Core Build Up - Including any Pins when required	D2950	\$99	\$177
Onlay - Metallic - 3 Surfaces	D2543	\$353	\$642	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$19
Onlay - Metallic - 4+ Surfaces	D2544	\$353	\$409	Cast Post and Core - in Addition to Crown	D2952	\$137	\$265
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$239	\$664	Cast Post and Core - Each Additional - same tooth	D2953	\$93	\$119
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$343	\$677	Prefabricated Post and Core - in Addition to Crown	D2954	\$108	\$191
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$313	\$578	Post Removal	D2955	\$0	\$224
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$286	\$622	Each Additional Prefabricated Post - same tooth	D2957	\$41	\$19
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$297	\$577	Labial Veneer (resin laminate) - Chairside	D2960	\$213	\$519
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$403	\$483	Labial Veneer (resin laminate) - Laboratory	D2961	\$369	\$556
Inlay - Resin Composite - 1 Surface	D2650	\$124	\$322	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$329	\$509
Inlay - Resin Composite - 2 Surfaces	D2651	\$173	\$394	Crown Repair	D2980	\$66	\$125
Inlay - Resin Composite - 3+ Surfaces	D2652	\$229	\$414	Inlay Repair	D2981	\$66	\$124
Onlay - Resin Composite - 2 Surfaces	D2662	\$222	\$327	Onlay Repair	D2982	\$66	\$124
Onlay - Resin Composite - 3 Surfaces	D2663	\$287	\$452	Veneer Repair	D2983	\$66	\$124
Onlay - Resin Composite - 4+ Surfaces	D2664	\$348	\$514	<b>Type III - Endodontics</b>			
Crown - Resin Based Composite - Indirect	D2710	\$156	\$162	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$21	\$68
Crown - ¾ Resin Based Composite - Indirect	D2712	\$180	\$322	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$16	\$42
Crown - Resin with High Noble Metal	D2720	\$435	\$640	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$47	\$139
Crown - Resin with Base Metal	D2721	\$419	\$646	Pulpal Debridement - Primary/Permanent	D3221	\$49	\$164
Crown - Resin with Noble Metal	D2722	\$426	\$658	Partial Pulpotomy for Apexogenesis	D3222	\$64	\$145
Crown - Porcelain/Ceramic	D2740	\$403	\$691	Pulpal Therapy Anterior - Primary	D3230	\$64	\$145
Crown - Porcelain with High Noble Metal	D2750	\$403	\$670	Pulpal Therapy Posterior - Primary	D3240	\$58	\$165
				Root Canal - Anterior (Excluding Final Restoration)	D3310	\$186	\$424

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Root Canal - Premolar (Excluding Final Restoration)	D3320	\$254	\$596	Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$91	\$212
Root Canal - Molar (Excluding Final Restoration)	D3330	\$403	\$791	Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$50	\$106
Treatment of Root Canal Obstruction - non surgical	D3331	\$147	\$213	Scaling - Full Mouth - After Oral Evaluation	D4346	\$52	\$49
Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$196	\$452	Full Mouth Debridement	D4355	\$53	\$153
Internal Root Repair of Perforation Defects	D3333	\$189	\$187	Periodontal Maintenance Procedures	D4910	\$57	\$121
Retreatment of Previous RCT - Anterior	D3346	\$343	\$897				
Retreatment of Previous RCT - Premolar	D3347	\$353	\$930	<b>Type III - Removable Prosthetics</b>			
Retreatment of Previous RCT - Molar	D3348	\$365	\$978	Complete Denture - Upper	D5110	\$398	\$908
Apexification/Recalcification - Initial Visit	D3351	\$49	\$304	Complete Denture - Lower	D5120	\$398	\$908
Apexification/Recalcification - Interim Visit	D3352	\$49	\$129	Immediate Denture - Upper	D5130	\$398	\$1,011
Apexification/Recalcification - Final Visit	D3353	\$49	\$434	Immediate Denture - Lower	D5140	\$398	\$1,011
Apicoectomy - Anterior	D3410	\$239	\$691	Upper Partial Denture - Resin Base	D5211	\$343	\$980
Apicoectomy - Premolar - 1st Root	D3421	\$255	\$784	Lower Partial Denture - Resin Base	D5212	\$343	\$1,184
Apicoectomy - Molar - 1st Root	D3425	\$366	\$940	Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$440	\$1,095
Apicoectomy - Each Additional Root	D3426	\$49	\$142	Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$440	\$1,095
Retrograde Filling - Per Root	D3430	\$49	\$185	Upper Immediate Partial Denture - Resin Base	D5221	\$603	\$1,103
Root Amputation - Per Root	D3450	\$110	\$427	Lower Immediate Partial Denture - Resin Base	D5222	\$603	\$1,325
Hemisection (Including any Root Removal)	D3920	\$110	\$378	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$811	\$1,422
Canal Preparation/Post Fitting	D3950	\$0	\$195	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$811	\$1,422
				Upper Partial Denture - Flexible Base	D5225	\$440	\$1,364
<b>Type III - Periodontics</b>				Lower Partial Denture - Flexible Base	D5226	\$440	\$1,364
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$239	\$782	Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$279	\$612
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$66	\$288	Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$279	\$612
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$41	\$233	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$279	\$717
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$303	\$794	Removable Resin Unilateral Partial Denture - per quad	D5286	\$279	\$717
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$196	\$499	Adjust Complete Denture - Upper	D5410	\$25	\$50
Crown Lengthening - Hard Tissue	D4249	\$329	\$970	Adjust Complete Denture - Lower	D5411	\$25	\$50
Osseous Surgery - 4+ teeth/quad	D4260	\$403	\$1,412	Adjust Partial Denture - Upper	D5421	\$25	\$8
Osseous Surgery - 1-3 teeth/quad	D4261	\$223	\$721	Adjust Partial Denture - Lower	D5422	\$25	\$8
Pedicle Soft Tissue Graft Procedure	D4270	\$107	\$1,111	Repair Broken Complete Denture Base - Mandibular	D5511	\$59	\$97
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$398	\$1,279	Repair Broken Complete Denture Base - Maxillary	D5512	\$59	\$97
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$295	\$679	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$49	\$80
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$410	\$913	Repair Resin Partial Denture Base - Mandibular	D5611	\$49	\$90
Combined Connective Tissue/Double Pedicle Graft	D4276	\$549	\$1,333	Repair Resin Partial Denture Base - Maxillary	D5612	\$49	\$90
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$229	\$1,059	Repair Cast Partial Framework - Mandibular	D5621	\$58	\$78
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$229	\$224	Repair Cast Partial Framework - Maxillary	D5622	\$58	\$78
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$398	\$1,062	Repair or Replace Broken Clasp - per tooth	D5630	\$58	\$134
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$410	\$751	Replace Broken Teeth - Per Tooth	D5640	\$58	\$97
Provisional Intracoronal Splint	D4320	\$117	\$339	Add Tooth to Existing Partial Denture	D5650	\$58	\$120
Provisional Extracoronal Splint	D4321	\$114	\$318	Add Clasp to Existing Partial Denture - per tooth	D5660	\$58	\$125
				Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$206	\$303
				Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$206	\$303

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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	\$107	\$223	Pontic - Cast Predominantly Base Metal	D6211	\$393	\$731
Rebase Complete Lower Denture	D5711	\$107	\$195	Pontic - Cast Noble Metal	D6212	\$409	\$713
Rebase Upper Partial Denture	D5720	\$107	\$243	Pontic - Titanium	D6214	\$419	\$656
Rebase Lower Partial Denture	D5721	\$107	\$243	Pontic - Porcelain Fused to High Noble Metal	D6240	\$339	\$604
Reline Complete Upper Denture (Chairside)	D5730	\$107	\$155	Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$339	\$569
Reline Complete Lower Denture (Chairside)	D5731	\$107	\$155	Pontic - Porcelain Fused to Noble Metal	D6242	\$339	\$603
Reline Upper Partial Denture (Chairside)	D5740	\$107	\$124	Pontic - Porcelain Fused to Titanium	D6243	\$339	\$591
Reline Lower Partial Denture (Chairside)	D5741	\$107	\$124	Pontic - Porcelain/Ceramic	D6245	\$479	\$656
Reline Complete Upper Denture (Laboratory)	D5750	\$107	\$191	Pontic - Resin with High Noble Metal	D6250	\$469	\$903
Reline Complete Lower Denture (Laboratory)	D5751	\$107	\$191	Pontic - Resin with Predominantly Base Metal	D6251	\$405	\$812
Reline Upper Partial Denture (Laboratory)	D5760	\$107	\$202	Pontic - Resin with Noble Metal	D6252	\$447	\$854
Reline Lower Partial Denture (Laboratory)	D5761	\$107	\$202	Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$262	\$112
Tissue Conditioning - Upper	D5850	\$27	\$28	Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$246	\$155
Tissue Conditioning - Lower	D5851	\$25	\$26	Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$231	\$181
<b>Type III - Implants</b>				Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$360	\$492
Surgical Placement of Implant Body - Endosteal	D6010	\$1,082	\$1,991	Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$376	\$463
Surgical Placement of Mini Implant	D6013	\$1,082	\$1,976	Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$360	\$477
Prefabricated Abutment - includes modification & placement	D6056	\$289	\$410	Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$419	\$526
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$694	\$1,107	Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$328	\$487
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$682	\$1,101	Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$376	\$521
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$601	\$1,051	Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$369	\$473
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$642	\$1,068	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$409	\$520
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$647	\$1,061	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$409	\$413
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$513	\$940	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$426	\$450
Crown - Abutment Supp. Cast Noble Metal	D6064	\$551	\$983	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$353	\$535
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$666	\$1,104	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$435	\$550
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$649	\$1,074	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$328	\$572
Crown - Implant Supp. High Noble Alloy	D6067	\$605	\$1,053	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$409	\$524
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$598	\$1,197	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$343	\$517
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$639	\$1,217	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$442	\$484
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$639	\$1,217	Retainer Inlay - Titanium	D6624	\$321	\$584
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$510	\$1,321	Retainer Onlay - Titanium	D6634	\$340	\$610
Crown - Implant Supp. - Noble Alloy	D6087	\$548	\$1,117	Retainer Crown - Resin With High Noble Metal	D6720	\$409	\$644
Crown - Implant Supp. - Titanium	D6088	\$598	\$956	Retainer Crown - Resin With Base Metal	D6721	\$386	\$656
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$39	\$91	Retainer Crown - Resin With Noble Metal	D6722	\$393	\$642
Crown - Abutment Supp. Titanium	D6094	\$598	\$834	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$408	\$670
Repair Implant Abutment - By Report	D6095	\$201	\$201	Retainer Crown - Porcelain With High Noble Metal	D6750	\$337	\$585
Remove Broken Implant Retaining Screw	D6096	\$35	\$35	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$316	\$540
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$646	\$1,223	Retainer Crown - Porcelain With Noble Metal	D6752	\$337	\$564
				Retainer Crown - Porcelain Fused to Titanium	D6753	\$316	\$573
				Retainer Crown - ¾ Cast High Noble Metal	D6780	\$463	\$598
<b>Type III - Pontics and Retainers</b>				Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$404	\$580
Pontic - Cast High Noble Metal	D6210	\$419	\$683	Retainer Crown - ¾ Cast Noble Metal	D6782	\$420	\$504

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Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$393	\$615	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$131	\$617
Retainer Crown ¾ -Titanium	D6784	\$393	\$613	Sequestrectomy for Osteomyelitis	D7550	\$61	\$357
Retainer Crown - Full Cast High Noble Metal	D6790	\$409	\$605	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$701	\$3,321
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$402	\$687	Suture of Recent Small Wounds up to 5cm	D7910	\$61	\$587
Retainer Crown - Full Cast Noble Metal	D6792	\$405	\$650	Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$114	\$448
Retainer Crown - Titanium	D6794	\$382	\$666	Lingual Frenectomy (Frenulectomy)	D7962	\$114	\$448
Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$64	Excision of Hyperplastic Tissue - Per Arch	D7970	\$110	\$627
Stress Breaker	D6940	\$54	\$79	Excision of Pericoronal Gingiva	D7971	\$86	\$217
Fixed Partial Denture Repair - by Report	D6980	\$107	\$99	Surgical Reduction of Fibrous Tuberosity	D7972	\$328	\$828
<b>Type II - Oral Surgery</b>				Non-Surgical Sialolithotomy	D7979	\$287	\$819
Extraction - Coronal Remnants - Primary Tooth	D7111	\$41	\$73	Surgical Sialolithotomy	D7980	\$287	\$819
Extraction - Erupted Tooth or Exposed Root	D7140	\$60	\$124	Closure of Salivary Fistula	D7983	\$931	\$2,136
Extraction - Erupted Tooth	D7210	\$90	\$184	<b>Type - Miscellaneous Services</b>			
Removal of Impacted Tooth - Soft Tissue	D7220	\$98	\$231	I - Palliative (Emergency) Treatment of Pain	D9110	\$19	\$83
Removal of Impacted Tooth - Partially Bony	D7230	\$114	\$298	I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$96
Removal of Impacted Tooth - Completely Bony	D7240	\$163	\$381	III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$53	\$190
Removal of Residual Tooth Roots	D7250	\$77	\$178	III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$53	\$190
Coronectomy - Intentional Partial Tooth Removal	D7251	\$121	\$432	III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$19	\$58
Oroantral Fistula Closure	D7260	\$147	\$1,447	III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$42	\$161
Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$246	\$511	III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$42	\$161
Tooth Transplantation	D7272	\$246	\$477	III - Non-Intravenous Conscious Sedation*	D9248	\$69	\$88
Exposure of an Unerrupted Tooth	D7280	\$189	\$352	I - Consultation	D9310	\$0	\$100
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$66	\$829	I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$66	\$323	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$49	\$49
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$99	\$343	II - Treatment of Complications (Post Surgical)	D9930	\$16	\$16
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$51	\$277	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$95	\$302
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$147	\$575	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$95	\$302
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$72	\$447	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$95	\$302
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$196	\$2,354	III - Occlusal Adjustment - Limited	D9951	\$52	\$124
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$295	\$6,979	III - Occlusal Adjustment - Complete	D9952	\$124	\$558
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$311	\$862	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$189	\$1,025				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$336	\$897				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$393	\$1,207				
Removal of Lateral Exostosis - Per Site	D7471	\$103	\$1,265				
Removal of Torus Palantinus	D7472	\$262	\$1,475				
Removal of Torus Mandibularus	D7473	\$262	\$1,384				
Reduction of Osseous Tuberosity	D7485	\$262	\$1,222				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$61	\$312				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$131	\$1,727				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$61	\$639				