SECURECARE DENTAL COPAY PLAN AZ100 - SCHEDULE OF DENTIST COPAYMENTS

GENERAL INFORMATION

When \$0 is listed, the provider is reimbursed 100% of the SPDO Fee Schedule. Lab fees are included in the SPDO Fee Schedule unless indicated specifically by seperate code. See Member ID Card for Office Visit Copay.

THIS IS NOT A PRE-PAID CAPITATION PLAN. You MUST submit claims according to the instructions provided in the Provider Manual for reimbursement.

GENERAL DENTIST

The Copay Plan is a fee-for-service dental plan designed with convenient copays. If the treating dentist is a General Dentist, the patient is responsible for the Genteral Dentist Copay(s) for services rendered. **SecureCare Dental** will compensate you the remainder up to the maximum allowable in the SPDO Fee Schedule.

SPECIALIST DENTIST

The Copay Plan is a fee-for-service dental plan designed with convenient copays. If the treating dentist is a Specialist, including Pediatric, the patient is responsible for the Specialist Dentist Copay(s) for services rendered. **SecureCare Dental** will compensate you the remainder up to the maximum allowable in the SPDO Fee Schedule.

COVERED SERVICES	ADA CODE	GENERAL DENTIST	SPECIALIST DENTIST	COVERED SERVICES	ADA CODE	GENERAL DENTIST	SPECIALIST DENTIST
	CODE	COPAY	COPAY		CODE	COPAY	COPAY
Type I - Diagnostic/Evaluation Services				Prophylaxis Cleaning - Child	D1120	\$0	\$0
Periodic Oral Evaluation	D0120	\$0	\$0	Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$0
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$0	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$0
Oral Evaluation - under 3 years old	D0145	\$0	\$0	Sealant - Per Tooth	D1351	\$0	\$0
Comprehensive Oral Evaluation	D0150	\$0	\$0	Preventive Resin Restoration (Including Sealant)	D1352	\$0	\$0
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$0	\$0
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$0	Space Maintainer; Fixed Unilateral - per quad	D1510	\$0	\$0
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Upper Space Maintainer; Fixed Bilateral	D1516	\$0	\$0
Comprehensive Periodontal Evaluation	D0180	\$0	\$0	Lower Space Maintainer; Fixed Bilateral	D1517	\$0	\$0
Intraoral - Complete Series of Images	D0210	\$0	\$0	Space Maintainer; Removable Unilateral - per quad	D1520	\$0	\$0
Intraoral - Periapical - 1st Image	D0220	\$0	\$0	Upper Space Maintainer; Removable Bilateral	D1526	\$0	\$0
Intraoral - Periapical - Each Additional Image	D0230	\$0	\$0	Lower Space Maintainer; Removable Bilateral	D1527	\$0	\$0
Intraoral - Occlusal Image	D0240	\$0	\$0	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$0	\$0
Extraoral - 2D Image	D0250	\$0	\$0	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$0	\$0
Extraoral - Posterior Image	D0251	\$0	\$0	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$0	\$0
Bitewing - 1 Image	D0270	\$0	\$0	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$0	\$0
Bitewing - 2 Images	D0272	\$0	\$0				
Bitewing - 3 Images	D0273	\$0	\$0	Type II - Restorative Dentistry			
Bitewing - 4 Images	D0274	\$0	\$0	Amalgam - 1 Surface - Primary or Permanent	D2140	\$64	\$143
Vertical Bitewings - 7 to 8 Images	D0277	\$0	\$0	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$78	\$185
Panoramic Image	D0330	\$0	\$0	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$87	\$224
Pulp Vitality Tests	D0460	\$0	\$0	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$114	\$272
Diagnostic Casts	D0470	\$0	\$0	Resin Composite - 1 Surface - Anterior	D2330	\$68	\$149
Panoramic Image - Image Capture Only	D0701	\$0	\$0	Resin Composite - 2 Surfaces - Anterior	D2331	\$94	\$183
Intraoral - Occlusal Image - Image Capture Only	D0706	\$0	\$0	Resin Composite - 3 Surfaces - Anterior	D2332	\$109	\$220
Intraoral - Periapical image - Image Capture Only	D0707	\$0	\$0	Resin Composite - 4+ Surfaces - Anterior	D2335	\$118	\$260
Intraoral - Bitewing Image - Image Capture Only	D0708	\$0	\$0	Resin Composite Crown - Anterior	D2390	\$161	\$288
Intraoral - Complete Series - Image Capture Only	D0709	\$0	\$0	Resin Composite - 1 Surface - Posterior	D2391	\$88	\$166
				Resin Composite - 2 Surfaces - Posterior	D2392	\$109	\$213
Type I - Preventive Services				Resin Composite - 3 Surfaces - Posterior	D2393	\$134	\$267
Prophylaxis Cleaning - Adult	D1110	\$0	\$0	Resin Composite - 4+ Surfaces - Posterior	D2394	\$154	\$328

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
				Core Build Up - Including any Pins when required	D2950	\$154	\$248
Type III - Onlays Crowns and Bridges				Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$50	\$55
Inlay - Metallic - 1 Surface	D2510	\$390	\$734	Cast Post and Core - in Addition to Crown	D2952	\$224	\$385
Inlay - Metallic - 2 Surfaces	D2520	\$464	\$833	Cast Post and Core - Each Additional - same tooth	D2953	\$164	\$193
Inlay - Metallic - 3+ Surfaces	D2530	\$575	\$960	Prefabricated Post and Core - in Addition to Crown	D2954	\$186	\$308
Onlay - Metallic - 2 Surfaces	D2542	\$504	\$942	Post Removal	D2955	\$0	\$0
Onlay - Metallic - 3 Surfaces	D2543	\$630	\$985	Each Additional Prefabricated Post - same tooth	D2957	\$151	\$154
Onlay - Metallic - 4+ Surfaces	D2544	\$815	\$1,025	Labial Veneer (resin laminate) - Chairside	D2960	\$366	\$745
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$398	\$864	Labial Veneer (resin laminate) - Laboratory	D2961	\$538	\$845
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$514	\$912	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$624	\$918
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$596	\$971	Crown Repair	D2980	\$110	\$180
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$518	\$944	Inlay Repair	D2981	\$111	\$180
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$620	\$1,018	Onlay Repair	D2982	\$111	\$180
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$822	\$1,080	Veneer Repair	D2983	\$111	\$180
Inlay - Resin Composite - 1 Surface	D2650	\$342	\$568				
Inlay - Resin Composite - 2 Surfaces	D2651	\$412	\$676	Type III - Endodontics			
Inlay - Resin Composite - 3+ Surfaces	D2652	\$471	\$711	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$46	\$91
Onlay - Resin Composite - 2 Surfaces	D2662	\$458	\$617	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$41	\$73
Onlay - Resin Composite - 3 Surfaces	D2663	\$500	\$726	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$93	\$186
Onlay - Resin Composite - 4+ Surfaces	D2664	\$543	\$778	Pulpal Debridement - Primary/Permanent	D3221	\$70	\$204
Crown - Resin Based Composite - Indirect	D2710	\$386	\$413	Partial Pulpotomy for Apexogenesis	D3222	\$90	\$189
Crown - 3/4 Resin Based Composite - Indirect	D2712	\$265	\$413	Pulpal Therapy Anterior - Primary	D3230	\$83	\$168
Crown - Resin with High Noble Metal	D2720	\$741	\$1,018	Pulpal Therapy Posterior - Primary	D3240	\$100	\$207
Crown - Resin with Base Metal	D2721	\$668	\$954	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$427	\$660
Crown - Resin with Noble Metal	D2722	\$679	\$975	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$511	\$809
Crown - Porcelain/Ceramic	D2740	\$774	\$1,075	Root Canal - Molar (Excluding Final Restoration)	D3330	\$605	\$1,003
Crown - Porcelain with High Noble Metal	D2750	\$758	\$1,031	Treatment of Root Canal Obstruction - non surgical	D3331	\$174	\$259
Crown - Porcelain with Predominantly Base Metal	D2751	\$697	\$960	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$221	\$492
Crown - Porcelain With Noble Metal	D2752	\$714	\$983	Internal Root Repair of Perforation Defects	D3333	\$165	\$191
Crown - Porcelain with Titanium	D2753	\$697	\$1,024	Retreatment of Previous RCT - Anterior	D3346	\$460	\$880
Crown - 3/4 Cast High Noble Metal	D2780	\$691	\$989	Retreatment of Previous RCT - Premolar	D3347	\$572	\$1,035
Crown - 3/4 Cast Predominantly Base Metal	D2781	\$678	\$931	Retreatment of Previous RCT - Molar	D3348	\$594	\$1,281
Crown - 3/4 Cast Noble Metal	D2782	\$685	\$961	Apexification/Recalcification - Initial Visit	D3351	\$158	\$389
Crown - 3/4 Porcelain/Ceramic	D2783	\$694	\$1,017	Apexification/Recalcification - Interim Visit	D3352	\$94	\$175
Crown - Full Cast High Noble Metal	D2790	\$694	\$995	Apexification/Recalcification - Final Visit	D3353	\$193	\$537
Crown - Full Cast Predominantly Base Metal	D2791	\$660	\$943	Apicoectomy - Anterior	D3410	\$372	\$772
Crown - Full Cast Noble Metal	D2792	\$675	\$960	Apicoectomy - Premolar - 1st Root	D3421	\$379	\$859
Crown - Titanium	D2794	\$663	\$1,018	Apicoectomy - Molar - 1st Root	D3425	\$384	\$974
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$80	\$92	Apicoectomy - Each Additional Root	D3426	\$226	\$329
Re-cement/Re-bond Crown	D2920	\$83	\$94	Retrograde Filling - Per Root	D3430	\$118	\$242
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$279	\$401	Root Amputation - Per Root	D3450	\$201	\$504
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$279	\$371	Hemisection (Including any Root Removal)	D3920	\$132	\$383
Prefabricated Stainless Steel Crown - Primary	D2930	\$137	\$255	Canal Preparation/Post Fitting	D3950	\$0	\$0
Prefabricated Stainless Steel Crown - Permanent	D2931	\$162	\$289	·			
Prefabricated Resin Crown	D2932	\$125	\$308	Type III - Periodontics			
Protective Restoration	D2940	\$67	\$98	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$290	\$746

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$118	\$331	Adjust Complete Denture - Upper	D5410	\$55	\$88
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$92	\$265	Adjust Complete Denture - Lower	D5411	\$55	\$88
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$440	\$945	Adjust Partial Denture - Upper	D5421	\$94	\$88
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$235	\$547	Adjust Partial Denture - Lower	D5422	\$94	\$88
Crown Lengthening - Hard Tissue	D4249	\$498	\$1,036	Repair Broken Complete Denture Base - Mandibular	D5511	\$114	\$177
Osseous Surgery - 4+ teeth/quad	D4260	\$511	\$1,575	Repair Broken Complete Denture Base - Maxillary	D5512	\$114	\$177
Osseous Surgery - 1-3 teeth/quad	D4261	\$422	\$845	Replace Missing or Broken Teeth - Complete Denture - Per	D5520	\$94	\$147
Pedicle Soft Tissue Graft Procedure	D4270	\$160	\$1,119	Tooth			
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$583	\$1,367	Repair Resin Partial Denture Base - Mandibular	D5611	\$125	\$191
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$372	\$776	Repair Resin Partial Denture Base - Maxillary	D5612	\$125	\$191
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl	D4275	\$494	\$1,028	Repair Cast Partial Framework - Mandibular	D5621	\$153	\$206
implants)				Repair Cast Partial Framework - Maxillary	D5622	\$153	\$206
Combined Connective Tissue/Double Pedicle Graft	D4276	\$709	\$1,533	Repair or Replace Broken Clasp - per tooth	D5630	\$141	\$250
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$341	\$1,160	Replace Broken Teeth - Per Tooth	D5640	\$102	\$162
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl	D4278	\$341	\$381	Add Tooth to Existing Partial Denture	D5650	\$131	\$221
implants) Autogenous Connective Tissue Graft - Each Addl Tooth (excl	D4283	\$583	¢1 165	Add Clasp to Existing Partial Denture - per tooth	D5660	\$159	\$265
implants)	D4283	\$383	\$1,165	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$454	\$647
Non-Autogenous Connective Tissue Graft - Each Addl Tooth	D4285	\$494	\$877	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$454	\$647
(excl implants)		7.7.	Ψ077	Rebase Complete Upper Denture	D5710	\$441	\$655
Provisional Intracoronal Splint	D4320	\$157	\$401	Rebase Complete Lower Denture	D5711	\$441	\$625
Provisional Extracoronal Splint	D4321	\$143	\$364	Rebase Upper Partial Denture	D5720	\$398	\$618
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$129	\$227	Rebase Lower Partial Denture	D5721	\$398	\$618
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$69	\$134	Reline Complete Upper Denture (Chairside)	D5730	\$279	\$369
Scaling - Full Mouth - After Oral Evaluation	D4346	\$75	\$69	Reline Complete Lower Denture (Chairside)	D5731	\$279	\$369
Full Mouth Debridement	D4355	\$64	\$158	Reline Upper Partial Denture (Chairside)	D5740	\$276	\$338
Periodontal Maintenance Procedures	D4910	\$72	\$127	Reline Lower Partial Denture (Chairside)	D5741	\$276	\$338
				Reline Complete Upper Denture (Laboratory)	D5750	\$339	\$493
Type III - Removable Prosthetics				Reline Complete Lower Denture (Laboratory)	D5751	\$339	\$493
Complete Denture - Upper	D5110	\$916	\$1,612	Reline Upper Partial Denture (Laboratory)	D5760	\$325	\$485
Complete Denture - Lower	D5120	\$916	\$1,612	Reline Lower Partial Denture (Laboratory)	D5761	\$325	\$485
Immediate Denture - Upper	D5130	\$894	\$1,758	Tissue Conditioning - Upper	D5850	\$131	\$154
Immediate Denture - Lower	D5140	\$894	\$1,758	Tissue Conditioning - Lower	D5851	\$131	\$154
Upper Partial Denture - Resin Base	D5211	\$639	\$1,361				
Lower Partial Denture - Resin Base	D5212	\$639	\$1,581	Type III - Implants	D :010	44.40.5	
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$896	\$1,782	Surgical Placement of Implant Body - Endosteal	D6010	\$1,486	\$2,694
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$896	\$1,782	Surgical Placement of Mini Implant	D6013	\$1,496	\$2,694
Upper Immediate Partial Denture - Resin Base	D5221	\$856	\$1,484	Prefabricated Abutment - includes modification & placement	D6056	\$370	\$559
Lower Immediate Partial Denture - Resin Base	D5222	\$856	\$1,724	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$949	\$1,551
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$1,148	\$1,942	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$936	\$1,530
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$1,148	\$1,942	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal		\$831	\$1,446
Upper Partial Denture - Flexible Base	D5225	\$896	\$1,979	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$881	\$1,476
Lower Partial Denture - Flexible Base	D5226	\$896	\$1,979	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$888	\$1,470
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$556	\$1,039	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$709	\$1,280
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$556	\$1,039	Crown - Abutment Supp. Cast Noble Metal	D6064	\$757	\$1,339
Removable Flexible Unilateral Partial Denture - per quad	D5284	\$556	\$1,131	Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$915	\$1,526
Removable Resin Unilateral Partial Denture - per quad	D5286	\$556	\$1,131	Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$891	\$1,486

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Crown - Implant Supp. High Noble Alloy	D6067	\$833	\$1,442	Retainer Onlay - Titanium	D6634	\$585	\$833
Crown - Implant Supp Porcelain Fused to Predom. Base Alloy	D6082	\$831	\$1,575	Retainer Crown - Resin With High Noble Metal	D6720	\$694	\$992
Crown - Implant Supp Porcelain Fused to Noble Alloy	D6083	\$881	\$1,607	Retainer Crown - Resin With Base Metal	D6721	\$622	\$941
Crown - Implant Supp Porcelain Fused to Titanium	D6084	\$881	\$1,607	Retainer Crown - Resin With Noble Metal	D6722	\$652	\$958
Crown - Implant Supp Predom. Base Alloy	D6086	\$709	\$1,661	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$763	\$1,043
Crown - Implant Supp Noble Alloy	D6087	\$757	\$1,458	Retainer Crown - Porcelain With High Noble Metal	D6750	\$763	\$1,016
Crown - Implant Supp Titanium	D6088	\$830	\$1,322	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$702	\$948
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$54	\$119	Retainer Crown - Porcelain With Noble Metal	D6752	\$719	\$970
Crown - Abutment Supp. Titanium	D6094	\$830	\$1,214	Retainer Crown - Porcelain Fused to Titanium	D6753	\$702	\$976
Repair Implant Abutment - By Report	D6095	\$275	\$375	Retainer Crown - ³ / ₄ Cast High Noble Metal	D6780	\$747	\$958
Remove Broken Implant Retaining Screw	D6096	\$45	\$45	Retainer Crown - 3/4 Cast Predominantly Base Metal	D6781	\$713	\$958
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$891	\$1,618	Retainer Crown - 34 Cast Noble Metal	D6782	\$727	\$890
rr			7-,	Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$698	\$986
Type III - Pontics and Retainers				Retainer Crown ¾ -Titanium	D6784	\$713	\$987
Pontic - Cast High Noble Metal	D6210	\$713	\$1,006	Retainer Crown - Full Cast High Noble Metal	D6790	\$713	\$981
Pontic - Cast Predominantly Base Metal	D6211	\$597	\$943	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$597	\$930
Pontic - Cast Noble Metal	D6212	\$659	\$981	Retainer Crown - Full Cast Noble Metal	D6792	\$659	\$964
Pontic - Titanium	D6214	\$743	\$1,012	Retainer Crown - Titanium	D6794	\$663	\$964
Pontic - Porcelain Fused to High Noble Metal	D6240	\$708	\$993	Re-cement or Re-bond Fixed Partial Denture	D6930	\$75	\$142
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$660	\$917	Stress Breaker	D6940	\$235	\$321
Pontic - Porcelain Fused to Noble Metal	D6242	\$673	\$968	Fixed Partial Denture Repair - by Report	D6980	\$175	\$158
Pontic - Porelain Fused to Titanium	D6243	\$660	\$957	The state of the s			7-2-0
Pontic - Porcelain/Ceramic	D6245	\$800	\$1,025	Type II - Oral Surgery			
Pontic - Resin with High Noble Metal	D6250	\$584	\$981	Extraction - Coronal Remnants - Primary Tooth	D7111	\$63	\$119
Pontic - Resin with Predominantly Base Metal	D6251	\$532	\$905	Extraction - Erupted Tooth or Exposed Root	D7140	\$95	\$159
Pontic - Resin with Noble Metal	D6252	\$556	\$934	Extraction - Erupted Tooth	D7210	\$133	\$239
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$481	\$374	Removal of Impacted Tooth - Soft Tissue	D7220	\$147	\$298
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$466	\$412	Removal of Impacted Tooth - Partially Bony	D7230	\$188	\$397
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$315	\$270	Removal of Impacted Tooth - Completely Bony	D7240	\$211	\$466
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$565	\$743	Removal of Residual Tooth Roots	D7250	\$124	\$251
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$632	\$779	Coronectomy - Intentional Partial Tooth Removal	D7251	\$160	\$493
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$622	\$794	Oroantral Fistula Closure	D7260	\$194	\$1,609
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$695	\$873	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$302	\$670
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$574	\$778	Evulsed or Displaced Teeth/Alveolus			
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$624	\$824	Tooth Transplantation	D7272	\$380	\$670
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$608	\$765	Exposure of an Unerupted Tooth	D7280	\$233	\$469
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$674	\$849	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$104	\$939
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$726	\$807	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$104	\$402
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$741	\$842	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$118	\$368
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$622	\$856	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$83	\$322
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$744	\$936	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$155	\$599
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$566	\$851	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$109	\$506
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$705	\$890	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$267	\$2,532
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$608	\$833	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$439	\$7,366
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$744	\$866	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$420	\$1,105
Retainer Inlay - Titanium	D6624	\$552	\$794	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$508	\$1,510

COVERED SERVICES	ADA	GENERAL	SPECIALIST		DA		SPECIALIST
	CODE	DENTIST COPAY	DENTIST COPAY	C	ODE	DENTIST COPAY	DENTIST COPAY
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				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$197	\$753				
Sequestrectomy for Osteomyletis	D7550	\$146	\$470				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$924	\$3,729				
Suture of Recent Small Wounds up to 5cm	D7910	\$65	\$604				
Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$219	\$0				
Lingual Frenectomy (Frenulectomy)	D7962	\$219	\$632				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$172	\$737				
Excision of Pericoronal Gingiva	D7971	\$109	\$276				
Surgical Reduction of Fibrous Tuberosity	D7972	\$399	\$1,031				
Non-Surgical Sialolithotomy	D7979	\$540	\$1,160				
Surgical Sialolithotomy	D7980	\$540	\$1,160				
Closure of Salivary Fistula	D7983	\$1,229	\$2,633				
Type - Miscellaneous Services							
I - Palliative (Emergency) Treatment of Pain	D9110	\$56	\$122				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0				
III - Deep Sedation/General Ansethesia - First 15 Min*	D9222	\$90	\$199				
III - Deep Sedation/General Anesthesia - Each Additional 15	D9223	\$90	\$199				
Min*	D0220	\$52	450				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$53	\$73				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$74	\$168				
III - Intravenous Moderate Sedation/Analgesia - Each Additiona 15 Min*	l D9243	\$74	\$168				
III - Non-Intravenous Conscious Sedation*	D9248	\$79	\$107				
I - Consultation	D9310	\$53	\$166				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$67	\$67				
II - Treatment of Complications (Post Surgical)	D9930	\$63	\$63				
III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)		\$247	\$546				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$247	\$546				
III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$247	\$546				
III - Occlusal Adjustment - Limited	D9951	\$80	\$160				
III - Occlusal Adjustment - Complete	D9952	\$169	\$753				
* Covered only when performed in conjunction with covered or surgery.			7.22				