

SECURECARE DENTAL

COPAY PLAN AZ300 - 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 separate 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 General 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 COPAY	SPECIALIST DENTIST COPAY
Type I - Diagnostic/Evaluation Services			
Periodic Oral Evaluation	D0120	\$13	\$32
Limited Oral Evaluation - Problem Focused	D0140	\$13	\$57
Oral Evaluation - under 3 years old	D0145	\$13	\$63
Comprehensive Oral Evaluation	D0150	\$13	\$51
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$13	\$130
Re-evaluation - Limited - Problem Focused	D0170	\$13	\$42
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0
Comprehensive Periodontal Evaluation	D0180	\$13	\$66
Intraoral - Complete Series of Images	D0210	\$8	\$65
Intraoral - Periapical - 1st Image	D0220	\$8	\$21
Intraoral - Periapical - Each Additional Image	D0230	\$8	\$22
Intraoral - Occlusal Image	D0240	\$8	\$35
Extraoral - 2D Image	D0250	\$8	\$32
Extraoral - Posterior Image	D0251	\$16	\$41
Bitewing - 1 Image	D0270	\$8	\$20
Bitewing - 2 Images	D0272	\$8	\$30
Bitewing - 3 Images	D0273	\$8	\$35
Bitewing - 4 Images	D0274	\$8	\$38
Vertical Bitewings - 7 to 8 Images	D0277	\$8	\$51
Panoramic Image	D0330	\$22	\$78
Pulp Vitality Tests	D0460	\$0	\$56
Diagnostic Casts	D0470	\$22	\$97
Panoramic Image - Image Capture Only	D0701	\$22	\$125
Intraoral - Occlusal Image - Image Capture Only	D0706	\$8	\$38
Intraoral - Periapical image - Image Capture Only	D0707	\$8	\$23
Intraoral - Bitewing Image - Image Capture Only	D0708	\$8	\$23
Intraoral - Complete Series - Image Capture Only	D0709	\$8	\$90
Type I - Preventive Services			
Prophylaxis Cleaning - Adult	D1110	\$13	\$33

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 COPAY	SPECIALIST DENTIST COPAY
Prophylaxis Cleaning - Child	D1120	\$13	\$35
Fluoride - Topical Application of Fluoride Varnish	D1206	\$6	\$48
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$6	\$21
Sealant - Per Tooth	D1351	\$22	\$42
Preventive Resin Restoration (Including Sealant)	D1352	\$22	\$54
Sealant Repair - Per Tooth	D1353	\$20	\$54
Space Maintainer; Fixed Unilateral - per quad	D1510	\$111	\$250
Upper Space Maintainer; Fixed Bilateral	D1516	\$117	\$311
Lower Space Maintainer; Fixed Bilateral	D1517	\$117	\$311
Space Maintainer; Removable Unilateral - per quad	D1520	\$86	\$226
Upper Space Maintainer; Removable Bilateral	D1526	\$86	\$328
Lower Space Maintainer; Removable Bilateral	D1527	\$86	\$328
Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$23	\$44
Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$23	\$44
Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$23	\$44
Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$109	\$143
Type II - Restorative Dentistry			
Amalgam - 1 Surface - Primary or Permanent	D2140	\$54	\$133
Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$56	\$163
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$54	\$191
Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$61	\$219
Resin Composite - 1 Surface - Anterior	D2330	\$61	\$142
Resin Composite - 2 Surfaces - Anterior	D2331	\$64	\$153
Resin Composite - 3 Surfaces - Anterior	D2332	\$75	\$186
Resin Composite - 4+ Surfaces - Anterior	D2335	\$92	\$234
Resin Composite Crown - Anterior	D2390	\$67	\$194
Resin Composite - 1 Surface - Posterior	D2391	\$65	\$143
Resin Composite - 2 Surfaces - Posterior	D2392	\$82	\$186
Resin Composite - 3 Surfaces - Posterior	D2393	\$90	\$223
Resin Composite - 4+ Surfaces - Posterior	D2394	\$90	\$264

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Type III - Onlays Crowns and Bridges				Core Build Up - Including any Pins when required	D2950	\$103	\$197
Inlay - Metallic - 1 Surface	D2510	\$223	\$567	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$21
Inlay - Metallic - 2 Surfaces	D2520	\$278	\$647	Cast Post and Core - in Addition to Crown	D2952	\$91	\$252
Inlay - Metallic - 3+ Surfaces	D2530	\$360	\$745	Cast Post and Core - Each Additional - same tooth	D2953	\$94	\$123
Onlay - Metallic - 2 Surfaces	D2542	\$352	\$790	Prefabricated Post and Core - in Addition to Crown	D2954	\$113	\$235
Onlay - Metallic - 3 Surfaces	D2543	\$370	\$725	Post Removal	D2955	\$0	\$237
Onlay - Metallic - 4+ Surfaces	D2544	\$370	\$580	Each Additional Prefabricated Post - same tooth	D2957	\$43	\$46
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$250	\$716	Labial Veneer (resin laminate) - Chairside	D2960	\$223	\$602
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$360	\$758	Labial Veneer (resin laminate) - Laboratory	D2961	\$386	\$693
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$327	\$702	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$344	\$638
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$300	\$726	Crown Repair	D2980	\$69	\$139
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$311	\$709	Inlay Repair	D2981	\$69	\$138
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$422	\$680	Onlay Repair	D2982	\$69	\$138
Inlay - Resin Composite - 1 Surface	D2650	\$130	\$356	Veneer Repair	D2983	\$69	\$138
Inlay - Resin Composite - 2 Surfaces	D2651	\$181	\$445	Type III - Endodontics		\$0	
Inlay - Resin Composite - 3+ Surfaces	D2652	\$240	\$480	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$20	\$65
Onlay - Resin Composite - 2 Surfaces	D2662	\$232	\$391	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$16	\$48
Onlay - Resin Composite - 3 Surfaces	D2663	\$301	\$527	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$50	\$143
Onlay - Resin Composite - 4+ Surfaces	D2664	\$340	\$575	Pulpal Debridement - Primary/Permanent	D3221	\$48	\$182
Crown - Resin Based Composite - Indirect	D2710	\$163	\$190	Partial Pulpotomy for Apexogenesis	D3222	\$52	\$151
Crown - ¾ Resin Based Composite - Indirect	D2712	\$154	\$302	Pulpal Therapy Anterior - Primary	D3230	\$62	\$147
Crown - Resin with High Noble Metal	D2720	\$455	\$732	Pulpal Therapy Posterior - Primary	D3240	\$54	\$161
Crown - Resin with Base Metal	D2721	\$438	\$724	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$200	\$433
Crown - Resin with Noble Metal	D2722	\$446	\$742	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$278	\$576
Crown - Porcelain/Ceramic	D2740	\$377	\$678	Root Canal - Molar (Excluding Final Restoration)	D3330	\$438	\$836
Crown - Porcelain with High Noble Metal	D2750	\$433	\$706	Treatment of Root Canal Obstruction - non surgical	D3331	\$154	\$239
Crown - Porcelain with Predominantly Base Metal	D2751	\$333	\$596	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$205	\$476
Crown - Porcelain With Noble Metal	D2752	\$355	\$624	Internal Root Repair of Perforation Defects	D3333	\$198	\$224
Crown - Porcelain with Titanium	D2753	\$333	\$660	Retreatment of Previous RCT - Anterior	D3346	\$370	\$790
Crown - ¾ Cast High Noble Metal	D2780	\$425	\$723	Retreatment of Previous RCT - Premolar	D3347	\$380	\$843
Crown - ¾ Cast Predominantly Base Metal	D2781	\$400	\$653	Retreatment of Previous RCT - Molar	D3348	\$390	\$1,077
Crown - ¾ Cast Noble Metal	D2782	\$415	\$691	Apexification/Recalcification - Initial Visit	D3351	\$48	\$279
Crown - ¾ Porcelain/Ceramic	D2783	\$373	\$696	Apexification/Recalcification - Interim Visit	D3352	\$48	\$129
Crown - Full Cast High Noble Metal	D2790	\$400	\$701	Apexification/Recalcification - Final Visit	D3353	\$48	\$392
Crown - Full Cast Predominantly Base Metal	D2791	\$386	\$669	Apicoectomy - Anterior	D3410	\$245	\$645
Crown - Full Cast Noble Metal	D2792	\$393	\$678	Apicoectomy - Premolar - 1st Root	D3421	\$255	\$735
Crown - Titanium	D2794	\$400	\$755	Apicoectomy - Molar - 1st Root	D3425	\$400	\$990
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$20	\$32	Apicoectomy - Each Additional Root	D3426	\$48	\$151
Re-cement/Re-bond Crown	D2920	\$33	\$44	Retrograde Filling - Per Root	D3430	\$48	\$172
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$163	\$285	Root Amputation - Per Root	D3450	\$117	\$420
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$163	\$255	Hemisection (Including any Root Removal)	D3920	\$110	\$361
Prefabricated Stainless Steel Crown - Primary	D2930	\$100	\$218	Canal Preparation/Post Fitting	D3950	\$0	\$175
Prefabricated Stainless Steel Crown - Permanent	D2931	\$65	\$192	Type III - Periodontics			
Prefabricated Resin Crown	D2932	\$89	\$272	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$255	\$711
Protective Restoration	D2940	\$8	\$39				

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Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$70	\$283	Adjust Complete Denture - Upper	D5410	\$27	\$60
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$39	\$212	Adjust Complete Denture - Lower	D5411	\$27	\$60
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$317	\$822	Adjust Partial Denture - Upper	D5421	\$27	\$21
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$205	\$517	Adjust Partial Denture - Lower	D5422	\$27	\$21
Crown Lengthening - Hard Tissue	D4249	\$344	\$882	Repair Broken Complete Denture Base - Mandibular	D5511	\$62	\$125
Osseous Surgery - 4+ teeth/quad	D4260	\$422	\$1,486	Repair Broken Complete Denture Base - Maxillary	D5512	\$62	\$125
Osseous Surgery - 1-3 teeth/quad	D4261	\$233	\$656	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$51	\$104
Pedicle Soft Tissue Graft Procedure	D4270	\$101	\$1,060	Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$117
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$400	\$1,184	Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$117
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$281	\$685	Repair Cast Partial Framework - Mandibular	D5621	\$61	\$114
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$389	\$923	Repair Cast Partial Framework - Maxillary	D5622	\$61	\$114
Combined Connective Tissue/Double Pedicle Graft	D4276	\$521	\$1,345	Repair or Replace Broken Clasp - per tooth	D5630	\$61	\$170
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$240	\$1,059	Replace Broken Teeth - Per Tooth	D5640	\$61	\$121
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$240	\$280	Add Tooth to Existing Partial Denture	D5650	\$61	\$151
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$400	\$982	Add Clasp to Existing Partial Denture - per tooth	D5660	\$61	\$167
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$389	\$772	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$195	\$388
Provisional Intracoronal Splint	D4320	\$124	\$368	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$195	\$388
Provisional Extracoronal Splint	D4321	\$122	\$343	Rebase Complete Upper Denture	D5710	\$101	\$315
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$100	\$198	Rebase Complete Lower Denture	D5711	\$101	\$285
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$49	\$114	Rebase Upper Partial Denture	D5720	\$101	\$321
Scaling - Full Mouth - After Oral Evaluation	D4346	\$51	\$45	Rebase Lower Partial Denture	D5721	\$101	\$321
Full Mouth Debridement	D4355	\$56	\$150	Reline Complete Upper Denture (Chairside)	D5730	\$150	\$240
Periodontal Maintenance Procedures	D4910	\$61	\$116	Reline Complete Lower Denture (Chairside)	D5731	\$150	\$240
Type III - Removable Prosthetics				Reline Upper Partial Denture (Chairside)	D5740	\$150	\$212
Complete Denture - Upper	D5110	\$422	\$1,118	Reline Lower Partial Denture (Chairside)	D5741	\$150	\$212
Complete Denture - Lower	D5120	\$422	\$1,118	Reline Complete Upper Denture (Laboratory)	D5750	\$150	\$304
Immediate Denture - Upper	D5130	\$427	\$1,291	Reline Complete Lower Denture (Laboratory)	D5751	\$150	\$304
Immediate Denture - Lower	D5140	\$427	\$1,291	Reline Upper Partial Denture (Laboratory)	D5760	\$150	\$310
Upper Partial Denture - Resin Base	D5211	\$396	\$1,118	Reline Lower Partial Denture (Laboratory)	D5761	\$150	\$310
Lower Partial Denture - Resin Base	D5212	\$396	\$1,338	Tissue Conditioning - Upper	D5850	\$24	\$47
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$472	\$1,358	Tissue Conditioning - Lower	D5851	\$23	\$46
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$472	\$1,358	Type III - Implants			
Upper Immediate Partial Denture - Resin Base	D5221	\$555	\$1,183	Surgical Placement of Implant Body - Endosteal	D6010	\$958	\$2,166
Lower Immediate Partial Denture - Resin Base	D5222	\$555	\$1,423	Surgical Placement of Mini Implant	D6013	\$958	\$2,156
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$739	\$1,533	Prefabricated Abutment - includes modification & placement	D6056	\$259	\$448
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$739	\$1,533	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$615	\$1,217
Upper Partial Denture - Flexible Base	D5225	\$472	\$1,555	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$606	\$1,200
Lower Partial Denture - Flexible Base	D5226	\$472	\$1,555	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$535	\$1,150
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$263	\$746	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$572	\$1,167
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$263	\$746	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$576	\$1,158
Removable Flexible Unilateral Partial Denture - per quad	D5284	\$263	\$838	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$457	\$1,028
Removable Resin Unilateral Partial Denture - per quad	D5286	\$263	\$838	Crown - Abutment Supp. Cast Noble Metal	D6064	\$491	\$1,073
				Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$593	\$1,204
				Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$578	\$1,173

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Crown - Implant Supp. High Noble Alloy	D6067	\$539	\$1,148	Retainer Onlay - Titanium	D6634	\$303	\$551
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$535	\$1,279	Retainer Crown - Resin With High Noble Metal	D6720	\$389	\$687
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$572	\$1,298	Retainer Crown - Resin With Base Metal	D6721	\$365	\$684
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$572	\$1,298	Retainer Crown - Resin With Noble Metal	D6722	\$373	\$679
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$457	\$1,409	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$416	\$696
Crown - Implant Supp. - Noble Alloy	D6087	\$491	\$1,192	Retainer Crown - Porcelain With High Noble Metal	D6750	\$389	\$642
Crown - Implant Supp. - Titanium	D6088	\$535	\$1,027	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$332	\$578
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$34	\$99	Retainer Crown - Porcelain With Noble Metal	D6752	\$389	\$640
Crown - Abutment Supp. Titanium	D6094	\$535	\$919	Retainer Crown - Porcelain Fused to Titanium	D6753	\$332	\$606
Repair Implant Abutment - By Report	D6095	\$180	\$180	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$500	\$711
Remove Broken Implant Retaining Screw	D6096	\$35	\$35	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$425	\$670
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$578	\$1,305	Retainer Crown - ¾ Cast Noble Metal	D6782	\$440	\$603
				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$440	\$728
Type III - Pontics and Retainers				Retainer Crown ¾ -Titanium	D6784	\$365	\$699
Pontic - Cast High Noble Metal	D6210	\$396	\$689	Retainer Crown - Full Cast High Noble Metal	D6790	\$428	\$696
Pontic - Cast Predominantly Base Metal	D6211	\$373	\$719	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$421	\$754
Pontic - Cast Noble Metal	D6212	\$389	\$711	Retainer Crown - Full Cast Noble Metal	D6792	\$446	\$751
Pontic - Titanium	D6214	\$396	\$665	Retainer Crown - Titanium	D6794	\$400	\$701
Pontic - Porcelain Fused to High Noble Metal	D6240	\$400	\$685	Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$83
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$377	\$634	Stress Breaker	D6940	\$58	\$144
Pontic - Porcelain Fused to Noble Metal	D6242	\$389	\$684	Fixed Partial Denture Repair - by Report	D6980	\$114	\$97
Pontic - Porcelain Fused to Titanium	D6243	\$377	\$674				
Pontic - Porcelain/Ceramic	D6245	\$455	\$680	Type II - Oral Surgery			
Pontic - Resin with High Noble Metal	D6250	\$420	\$817	Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$99
Pontic - Resin with Predominantly Base Metal	D6251	\$355	\$728	Extraction - Erupted Tooth or Exposed Root	D7140	\$63	\$127
Pontic - Resin with Noble Metal	D6252	\$400	\$778	Extraction - Erupted Tooth	D7210	\$94	\$200
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$275	\$168	Removal of Impacted Tooth - Soft Tissue	D7220	\$102	\$253
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$258	\$204	Removal of Impacted Tooth - Partially Bony	D7230	\$120	\$329
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$270	\$225	Removal of Impacted Tooth - Completely Bony	D7240	\$171	\$426
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$377	\$555	Removal of Residual Tooth Roots	D7250	\$81	\$208
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$394	\$541	Coronectomy - Intentional Partial Tooth Removal	D7251	\$104	\$437
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$377	\$549	Oroantral Fistula Closure	D7260	\$128	\$1,543
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$438	\$616	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$233	\$601
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$343	\$547	Evulsed or Displaced Teeth/Alveolus			
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$394	\$594	Tooth Transplantation	D7272	\$233	\$523
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$386	\$543	Exposure of an Unerupted Tooth	D7280	\$179	\$415
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$428	\$603	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$70	\$905
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$428	\$509	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$70	\$368
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$446	\$547	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$105	\$355
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$370	\$604	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$44	\$283
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$455	\$647	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$156	\$600
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$343	\$628	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$62	\$459
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$428	\$613	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$210	\$2,475
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$360	\$585	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$310	\$7,237
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$463	\$585	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$295	\$980
Retainer Inlay - Titanium	D6624	\$286	\$528	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$334	\$1,336

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Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$358	\$1,055				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$420	\$1,411				
Removal of Lateral Exostosis - Per Site	D7471	\$110	\$1,338				
Removal of Torus Palatinus	D7472	\$278	\$1,607				
Removal of Torus Mandibularus	D7473	\$278	\$1,515				
Reduction of Osseous Tuberosity	D7485	\$278	\$1,349				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$65	\$343				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$140	\$1,829				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$65	\$677				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$125	\$681				
Sequestrectomy for Osteomyelitis	D7550	\$65	\$389				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$605	\$3,410				
Suture of Recent Small Wounds up to 5cm	D7910	\$65	\$604				
Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$122	\$535				
Lingual Frenectomy (Frenulectomy)	D7962	\$122	\$535				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$117	\$682				
Excision of Pericoronal Gingiva	D7971	\$81	\$248				
Surgical Reduction of Fibrous Tuberosity	D7972	\$350	\$982				
Non-Surgical Sialolithotomy	D7979	\$305	\$925				
Surgical Sialolithotomy	D7980	\$305	\$925				
Closure of Salivary Fistula	D7983	\$805	\$2,209				
Type - Miscellaneous Services							
I - Palliative (Emergency) Treatment of Pain	D9110	\$20	\$86				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$87				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$56	\$165				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$56	\$165				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$40				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$47	\$141				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$47	\$141				
III - Non-Intravenous Conscious Sedation*	D9248	\$74	\$102				
I - Consultation	D9310	\$0	\$113				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$51	\$51				
II - Treatment of Complications (Post Surgical)	D9930	\$17	\$17				
III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$100	\$399				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$100	\$399				
III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$100	\$399				
III - Occlusal Adjustment - Limited	D9951	\$55	\$135				
III - Occlusal Adjustment - Complete	D9952	\$132	\$716				
* Covered only when performed in conjunction with covered oral surgery.							