

# SECURECARE DENTAL

## COPAY PLAN AZ400 - 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.

### 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	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
<b>Type I - Diagnostic/Evaluation Services</b>				<b>Type II - Restorative Dentistry</b>			
Periodic Oral Evaluation	D0120	\$7	\$26	Prophylaxis Cleaning - Child	D1120	\$7	\$29
Limited Oral Evaluation - Problem Focused	D0140	\$7	\$51	Fluoride - Topical Application of Fluoride Varnish	D1206	\$6	\$48
Oral Evaluation - under 3 years old	D0145	\$7	\$57	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$6	\$21
Comprehensive Oral Evaluation	D0150	\$7	\$45	Sealant - Per Tooth	D1351	\$17	\$37
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$7	\$124	Preventive Resin Restoration (Including Sealant)	D1352	\$18	\$50
Re-evaluation - Limited - Problem Focused	D0170	\$7	\$36	Sealant Repair - Per Tooth	D1353	\$18	\$52
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Space Maintainer; Fixed Unilateral - per quad	D1510	\$111	\$250
Comprehensive Periodontal Evaluation	D0180	\$7	\$60	Upper Space Maintainer; Fixed Bilateral	D1516	\$117	\$311
Intraoral - Complete Series of Images	D0210	\$22	\$79	Lower Space Maintainer; Fixed Bilateral	D1517	\$117	\$311
Intraoral - Periapical - 1st Image	D0220	\$7	\$20	Space Maintainer; Removable Unilateral - per quad	D1520	\$85	\$225
Intraoral - Periapical - Each Additional Image	D0230	\$7	\$21	Upper Space Maintainer; Removable Bilateral	D1526	\$85	\$327
Intraoral - Occlusal Image	D0240	\$7	\$34	Lower Space Maintainer; Removable Bilateral	D1527	\$85	\$327
Extraoral - 2D Image	D0250	\$7	\$31	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$27	\$43
Extraoral - Posterior Image	D0251	\$14	\$39	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$27	\$43
Bitewing - 1 Image	D0270	\$7	\$19	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$27	\$43
Bitewing - 2 Images	D0272	\$7	\$29	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$108	\$142
Bitewing - 3 Images	D0273	\$7	\$34				
Bitewing - 4 Images	D0274	\$7	\$37				
Vertical Bitewings - 7 to 8 Images	D0277	\$7	\$50				
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	\$7	\$37				
Intraoral - Periapical image - Image Capture Only	D0707	\$7	\$22				
Intraoral - Bitewing Image - Image Capture Only	D0708	\$7	\$22				
Intraoral - Complete Series - Image Capture Only	D0709	\$22	\$104				
<b>Type I - Preventive Services</b>							
Prophylaxis Cleaning - Adult	D1110	\$7	\$27				

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
<b>Type III - Onlays Crowns and Bridges</b>				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	\$17	\$22
Inlay - Metallic - 2 Surfaces	D2520	\$278	\$647	Cast Post and Core - in Addition to Crown	D2952	\$143	\$304
Inlay - Metallic - 3+ Surfaces	D2530	\$360	\$745	Cast Post and Core - Each Additional - same tooth	D2953	\$98	\$127
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	<b>Type III - Endodontics</b>			
Inlay - Resin Composite - 3+ Surfaces	D2652	\$240	\$480	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$22	\$67
Onlay - Resin Composite - 2 Surfaces	D2662	\$232	\$391	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$17	\$49
Onlay - Resin Composite - 3 Surfaces	D2663	\$301	\$527	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$49	\$142
Onlay - Resin Composite - 4+ Surfaces	D2664	\$340	\$575	Pulpal Debridement - Primary/Permanent	D3221	\$51	\$185
Crown - Resin Based Composite - Indirect	D2710	\$163	\$190	Partial Pulpotomy for Apexogenesis	D3222	\$50	\$149
Crown - ¾ Resin Based Composite - Indirect	D2712	\$149	\$297	Pulpal Therapy Anterior - Primary	D3230	\$69	\$154
Crown - Resin with High Noble Metal	D2720	\$455	\$732	Pulpal Therapy Posterior - Primary	D3240	\$61	\$168
Crown - Resin with Base Metal	D2721	\$438	\$724	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$194	\$427
Crown - Resin with Noble Metal	D2722	\$446	\$742	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$266	\$564
Crown - Porcelain/Ceramic	D2740	\$422	\$723	Root Canal - Molar (Excluding Final Restoration)	D3330	\$422	\$820
Crown - Porcelain with High Noble Metal	D2750	\$422	\$695	Treatment of Root Canal Obstruction - non surgical	D3331	\$154	\$239
Crown - Porcelain with Predominantly Base Metal	D2751	\$389	\$652	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$205	\$476
Crown - Porcelain With Noble Metal	D2752	\$400	\$669	Internal Root Repair of Perforation Defects	D3333	\$198	\$224
Crown - Porcelain with Titanium	D2753	\$389	\$716	Retreatment of Previous RCT - Anterior	D3346	\$360	\$780
Crown - ¾ Cast High Noble Metal	D2780	\$415	\$713	Retreatment of Previous RCT - Premolar	D3347	\$370	\$833
Crown - ¾ Cast Predominantly Base Metal	D2781	\$390	\$643	Retreatment of Previous RCT - Molar	D3348	\$380	\$1,067
Crown - ¾ Cast Noble Metal	D2782	\$400	\$676	Apexification/Recalcification - Initial Visit	D3351	\$51	\$282
Crown - ¾ Porcelain/Ceramic	D2783	\$412	\$735	Apexification/Recalcification - Interim Visit	D3352	\$51	\$132
Crown - Full Cast High Noble Metal	D2790	\$400	\$701	Apexification/Recalcification - Final Visit	D3353	\$51	\$395
Crown - Full Cast Predominantly Base Metal	D2791	\$386	\$669	Apicoectomy - Anterior	D3410	\$229	\$629
Crown - Full Cast Noble Metal	D2792	\$393	\$678	Apicoectomy - Premolar - 1st Root	D3421	\$250	\$730
Crown - Titanium	D2794	\$400	\$755	Apicoectomy - Molar - 1st Root	D3425	\$390	\$980
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$20	\$32	Apicoectomy - Each Additional Root	D3426	\$51	\$154
Re-cement/Re-bond Crown	D2920	\$33	\$44	Retrograde Filling - Per Root	D3430	\$51	\$175
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$158	\$280	Root Amputation - Per Root	D3450	\$115	\$418
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$158	\$250	Hemisection (Including any Root Removal)	D3920	\$115	\$366
Prefabricated Stainless Steel Crown - Primary	D2930	\$109	\$227	Canal Preparation/Post Fitting	D3950	\$0	\$175
Prefabricated Stainless Steel Crown - Permanent	D2931	\$72	\$199	<b>Type III - Periodontics</b>			
Prefabricated Resin Crown	D2932	\$98	\$281	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$250	\$706
Protective Restoration	D2940	\$9	\$40				

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Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$69	\$282	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	\$112	\$1,071	Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$117
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$385	\$1,169	Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$117
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$309	\$713	Repair Cast Partial Framework - Mandibular	D5621	\$61	\$114
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$375	\$909	Repair Cast Partial Framework - Maxillary	D5622	\$61	\$114
Combined Connective Tissue/Double Pedicle Graft	D4276	\$575	\$1,399	Repair or Replace Broken Clasp - per tooth	D5630	\$61	\$170
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$230	\$1,049	Replace Broken Teeth - Per Tooth	D5640	\$61	\$121
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$230	\$270	Add Tooth to Existing Partial Denture	D5650	\$61	\$151
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$385	\$967	Add Clasp to Existing Partial Denture - per tooth	D5660	\$61	\$167
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$375	\$758	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$215	\$408
Provisional Intracoronal Splint	D4320	\$122	\$366	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$215	\$408
Provisional Extracoronal Splint	D4321	\$120	\$341	Rebase Complete Upper Denture	D5710	\$112	\$326
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$95	\$193	Rebase Complete Lower Denture	D5711	\$112	\$296
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$52	\$117	Rebase Upper Partial Denture	D5720	\$112	\$332
Scaling - Full Mouth - After Oral Evaluation	D4346	\$50	\$44	Rebase Lower Partial Denture	D5721	\$112	\$332
Full Mouth Debridement	D4355	\$56	\$150	Reline Complete Upper Denture (Chairside)	D5730	\$130	\$220
Periodontal Maintenance Procedures	D4910	\$60	\$115	Reline Complete Lower Denture (Chairside)	D5731	\$130	\$220
				Reline Upper Partial Denture (Chairside)	D5740	\$130	\$192
				Reline Lower Partial Denture (Chairside)	D5741	\$130	\$192
				Reline Complete Upper Denture (Laboratory)	D5750	\$130	\$284
				Reline Complete Lower Denture (Laboratory)	D5751	\$130	\$284
				Reline Upper Partial Denture (Laboratory)	D5760	\$130	\$290
				Reline Lower Partial Denture (Laboratory)	D5761	\$130	\$290
				Tissue Conditioning - Upper	D5850	\$28	\$51
				Tissue Conditioning - Lower	D5851	\$27	\$50
<b>Type III - Removable Prosthetics</b>				<b>Type III - Implants</b>			
Complete Denture - Upper	D5110	\$416	\$1,112	Surgical Placement of Implant Body - Endosteal	D6010	\$936	\$2,144
Complete Denture - Lower	D5120	\$400	\$1,096	Surgical Placement of Mini Implant	D6013	\$936	\$2,134
Immediate Denture - Upper	D5130	\$416	\$1,280	Prefabricated Abutment - includes modification & placement	D6056	\$252	\$441
Immediate Denture - Lower	D5140	\$416	\$1,280	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$597	\$1,199
Upper Partial Denture - Resin Base	D5211	\$360	\$1,082	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$588	\$1,182
Lower Partial Denture - Resin Base	D5212	\$360	\$1,302	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$519	\$1,134
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$461	\$1,347	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$555	\$1,150
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$461	\$1,347	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$558	\$1,140
Upper Immediate Partial Denture - Resin Base	D5221	\$554	\$1,182	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$444	\$1,015
Lower Immediate Partial Denture - Resin Base	D5222	\$554	\$1,422	Crown - Abutment Supp. Cast Noble Metal	D6064	\$476	\$1,058
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$731	\$1,525	Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$576	\$1,187
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$731	\$1,525	Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$561	\$1,156
Upper Partial Denture - Flexible Base	D5225	\$461	\$1,544				
Lower Partial Denture - Flexible Base	D5226	\$461	\$1,544				
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$292	\$775				
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$292	\$775				
Removable Flexible Unilateral Partial Denture - per quad	D5284	\$292	\$867				
Removable Resin Unilateral Partial Denture - per quad	D5286	\$292	\$867				

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	\$524	\$1,133	Retainer Onlay - Titanium	D6634	\$292	\$540
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$519	\$1,263	Retainer Crown - Resin With High Noble Metal	D6720	\$428	\$726
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$555	\$1,281	Retainer Crown - Resin With Base Metal	D6721	\$404	\$723
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$555	\$1,281	Retainer Crown - Resin With Noble Metal	D6722	\$412	\$718
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$444	\$1,396	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$427	\$707
Crown - Implant Supp. - Noble Alloy	D6087	\$476	\$1,177	Retainer Crown - Porcelain With High Noble Metal	D6750	\$353	\$606
Crown - Implant Supp. - Titanium	D6088	\$519	\$1,011	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$331	\$577
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$33	\$98	Retainer Crown - Porcelain With Noble Metal	D6752	\$353	\$604
Crown - Abutment Supp. Titanium	D6094	\$519	\$903	Retainer Crown - Porcelain Fused to Titanium	D6753	\$331	\$605
Repair Implant Abutment - By Report	D6095	\$174	\$174	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$485	\$696
Remove Broken Implant Retaining Screw	D6096	\$30	\$30	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$404	\$649
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$561	\$1,288	Retainer Crown - ¾ Cast Noble Metal	D6782	\$412	\$575
				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$412	\$700
				Retainer Crown ¾ -Titanium	D6784	\$412	\$678
				Retainer Crown - Full Cast High Noble Metal	D6790	\$428	\$696
				Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$421	\$754
				Retainer Crown - Full Cast Noble Metal	D6792	\$446	\$751
				Retainer Crown - Titanium	D6794	\$400	\$701
				Re-cement or Re-bond Fixed Partial Denture	D6930	\$17	\$84
				Stress Breaker	D6940	\$57	\$143
				Fixed Partial Denture Repair - by Report	D6980	\$112	\$95
<b>Type III - Pontics and Retainers</b>				<b>Type II - Oral Surgery</b>			
Pontic - Cast High Noble Metal	D6210	\$438	\$731	Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$99
Pontic - Cast Predominantly Base Metal	D6211	\$412	\$758	Extraction - Erupted Tooth or Exposed Root	D7140	\$63	\$127
Pontic - Cast Noble Metal	D6212	\$428	\$750	Extraction - Erupted Tooth	D7210	\$94	\$200
Pontic - Titanium	D6214	\$438	\$707	Removal of Impacted Tooth - Soft Tissue	D7220	\$102	\$253
Pontic - Porcelain Fused to High Noble Metal	D6240	\$355	\$640	Removal of Impacted Tooth - Partially Bony	D7230	\$120	\$329
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$355	\$612	Removal of Impacted Tooth - Completely Bony	D7240	\$171	\$426
Pontic - Porcelain Fused to Noble Metal	D6242	\$355	\$650	Removal of Residual Tooth Roots	D7250	\$81	\$208
Pontic - Porcelain Fused to Titanium	D6243	\$355	\$652	Coronectomy - Intentional Partial Tooth Removal	D7251	\$101	\$434
Pontic - Porcelain/Ceramic	D6245	\$502	\$727	Oroantral Fistula Closure	D7260	\$123	\$1,538
Pontic - Resin with High Noble Metal	D6250	\$400	\$797	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$258	\$626
Pontic - Resin with Predominantly Base Metal	D6251	\$345	\$718	Tooth Transplantation	D7272	\$258	\$548
Pontic - Resin with Noble Metal	D6252	\$389	\$767	Exposure of an Unerupted Tooth	D7280	\$198	\$434
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$274	\$167	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$69	\$904
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$258	\$204	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$69	\$367
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$270	\$225	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$103	\$353
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$377	\$555	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$43	\$282
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$394	\$541	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$154	\$598
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$377	\$549	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$60	\$457
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$438	\$616	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$205	\$2,470
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$343	\$547	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$309	\$7,236
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$394	\$594	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$325	\$1,010
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$386	\$543	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$198	\$1,200
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$428	\$603				
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$428	\$509				
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$446	\$547				
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$370	\$604				
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$455	\$647				
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$343	\$628				
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$428	\$613				
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$360	\$585				
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$463	\$585				
Retainer Inlay - Titanium	D6624	\$275	\$517				

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Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$352	\$1,049				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$412	\$1,403				
Removal of Lateral Exostosis - Per Site	D7471	\$108	\$1,336				
Removal of Torus Palatinus	D7472	\$274	\$1,603				
Removal of Torus Mandibularus	D7473	\$274	\$1,511				
Reduction of Osseous Tuberosity	D7485	\$274	\$1,345				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$64	\$342				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$138	\$1,827				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$64	\$676				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$138	\$694				
Sequestrectomy for Osteomyelitis	D7550	\$64	\$388				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$584	\$3,389				
Suture of Recent Small Wounds up to 5cm	D7910	\$64	\$603				
Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$120	\$533				
Lingual Frenectomy (Frenulectomy)	D7962	\$120	\$533				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$115	\$680				
Excision of Pericoronal Gingiva	D7971	\$90	\$257				
Surgical Reduction of Fibrous Tuberosity	D7972	\$343	\$975				
Non-Surgical Sialolithotomy	D7979	\$301	\$921				
Surgical Sialolithotomy	D7980	\$301	\$921				
Closure of Salivary Fistula	D7983	\$777	\$2,181				
<b>Type - Miscellaneous Services</b>							
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	\$54	\$163				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$54	\$163				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$40				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$46	\$140				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$46	\$140				
III - Non-Intravenous Conscious Sedation*	D9248	\$72	\$100				
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	\$54	\$134				
III - Occlusal Adjustment - Complete	D9952	\$130	\$714				
* Covered only when performed in conjunction with covered oral surgery.							