

# SECURECARE DENTAL

## COPAY PLAN AZ500 - 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	\$0	\$19	Prophylaxis Cleaning - Child	D1120	\$0	\$22
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$44	Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$42
Oral Evaluation - under 3 years old	D0145	\$0	\$50	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$15
Comprehensive Oral Evaluation	D0150	\$0	\$38	Sealant - Per Tooth	D1351	\$17	\$37
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$117	Preventive Resin Restoration (Including Sealant)	D1352	\$19	\$51
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$29	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	\$0	\$53	Upper Space Maintainer; Fixed Bilateral	D1516	\$117	\$311
Intraoral - Complete Series of Images	D0210	\$11	\$68	Lower Space Maintainer; Fixed Bilateral	D1517	\$117	\$311
Intraoral - Periapical - 1st Image	D0220	\$6	\$19	Space Maintainer; Removable Unilateral - per quad	D1520	\$84	\$224
Intraoral - Periapical - Each Additional Image	D0230	\$6	\$20	Upper Space Maintainer; Removable Bilateral	D1526	\$84	\$326
Intraoral - Occlusal Image	D0240	\$6	\$33	Lower Space Maintainer; Removable Bilateral	D1527	\$84	\$326
Extraoral - 2D Image	D0250	\$6	\$30	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$26	\$42
Extraoral - Posterior Image	D0251	\$13	\$38	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$26	\$42
Bitewing - 1 Image	D0270	\$6	\$18	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$26	\$42
Bitewing - 2 Images	D0272	\$6	\$28	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$107	\$141
Bitewing - 3 Images	D0273	\$6	\$33				
Bitewing - 4 Images	D0274	\$6	\$36				
Vertical Bitewings - 7 to 8 Images	D0277	\$6	\$49				
Panoramic Image	D0330	\$11	\$67				
Pulp Vitality Tests	D0460	\$0	\$0				
Diagnostic Casts	D0470	\$11	\$86				
Panoramic Image - Image Capture Only	D0701	\$11	\$114				
Intraoral - Occlusal Image - Image Capture Only	D0706	\$6	\$36				
Intraoral - Periapical image - Image Capture Only	D0707	\$6	\$21				
Intraoral - Bitewing Image - Image Capture Only	D0708	\$6	\$21				
Intraoral - Complete Series - Image Capture Only	D0709	\$11	\$93				
<b>Type I - Preventive Services</b>							
Prophylaxis Cleaning - Adult	D1110	\$0	\$20				

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	\$219	\$563	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	\$354	\$739	Cast Post and Core - Each Additional - same tooth	D2953	\$97	\$126
Onlay - Metallic - 2 Surfaces	D2542	\$346	\$784	Prefabricated Post and Core - in Addition to Crown	D2954	\$113	\$235
Onlay - Metallic - 3 Surfaces	D2543	\$363	\$718	Post Removal	D2955	\$0	\$0
Onlay - Metallic - 4+ Surfaces	D2544	\$363	\$573	Each Additional Prefabricated Post - same tooth	D2957	\$43	\$46
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$245	\$711	Labial Veneer (resin laminate) - Chairside	D2960	\$219	\$598
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$354	\$752	Labial Veneer (resin laminate) - Laboratory	D2961	\$380	\$687
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	\$68	\$138
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$311	\$709	Inlay Repair	D2981	\$68	\$137
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$422	\$680	Onlay Repair	D2982	\$68	\$137
Inlay - Resin Composite - 1 Surface	D2650	\$128	\$354	Veneer Repair	D2983	\$68	\$137
Inlay - Resin Composite - 2 Surfaces	D2651	\$178	\$442	<b>Type III - Endodontics</b>			
Inlay - Resin Composite - 3+ Surfaces	D2652	\$235	\$475	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$21	\$66
Onlay - Resin Composite - 2 Surfaces	D2662	\$229	\$388	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$17	\$49
Onlay - Resin Composite - 3 Surfaces	D2663	\$295	\$521	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$49	\$142
Onlay - Resin Composite - 4+ Surfaces	D2664	\$362	\$597	Pulpal Debridement - Primary/Permanent	D3221	\$51	\$185
Crown - Resin Based Composite - Indirect	D2710	\$161	\$188	Partial Pulpotomy for Apexogenesis	D3222	\$51	\$150
Crown - ¾ Resin Based Composite - Indirect	D2712	\$150	\$298	Pulpal Therapy Anterior - Primary	D3230	\$68	\$153
Crown - Resin with High Noble Metal	D2720	\$447	\$724	Pulpal Therapy Posterior - Primary	D3240	\$60	\$167
Crown - Resin with Base Metal	D2721	\$432	\$718	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$194	\$427
Crown - Resin with Noble Metal	D2722	\$438	\$734	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	\$152	\$237
Crown - Porcelain with Predominantly Base Metal	D2751	\$389	\$652	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$202	\$473
Crown - Porcelain With Noble Metal	D2752	\$400	\$669	Internal Root Repair of Perforation Defects	D3333	\$194	\$220
Crown - Porcelain with Titanium	D2753	\$389	\$716	Retreatment of Previous RCT - Anterior	D3346	\$340	\$760
Crown - ¾ Cast High Noble Metal	D2780	\$411	\$709	Retreatment of Previous RCT - Premolar	D3347	\$345	\$808
Crown - ¾ Cast Predominantly Base Metal	D2781	\$375	\$628	Retreatment of Previous RCT - Molar	D3348	\$355	\$1,042
Crown - ¾ Cast Noble Metal	D2782	\$389	\$665	Apexification/Recalcification - Initial Visit	D3351	\$51	\$282
Crown - ¾ Porcelain/Ceramic	D2783	\$404	\$727	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	\$225	\$625
Crown - Full Cast Noble Metal	D2792	\$393	\$678	Apicoectomy - Premolar - 1st Root	D3421	\$245	\$725
Crown - Titanium	D2794	\$400	\$755	Apicoectomy - Molar - 1st Root	D3425	\$383	\$973
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$20	\$32	Apicoectomy - Each Additional Root	D3426	\$51	\$154
Re-cement/Re-bond Crown	D2920	\$52	\$63	Retrograde Filling - Per Root	D3430	\$51	\$175
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$158	\$280	Root Amputation - Per Root	D3450	\$113	\$416
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$158	\$250	Hemisection (Including any Root Removal)	D3920	\$113	\$364
Prefabricated Stainless Steel Crown - Primary	D2930	\$109	\$227	Canal Preparation/Post Fitting	D3950	\$0	\$0
Prefabricated Stainless Steel Crown - Permanent	D2931	\$70	\$197	<b>Type III - Periodontics</b>			
Prefabricated Resin Crown	D2932	\$97	\$280	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$245	\$701
Protective Restoration	D2940	\$9	\$40				

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Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$68	\$281	Adjust Complete Denture - Upper	D5410	\$26	\$59
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$39	\$212	Adjust Complete Denture - Lower	D5411	\$26	\$59
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$312	\$817	Adjust Partial Denture - Upper	D5421	\$26	\$20
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$202	\$514	Adjust Partial Denture - Lower	D5422	\$26	\$20
Crown Lengthening - Hard Tissue	D4249	\$344	\$882	Repair Broken Complete Denture Base - Mandibular	D5511	\$61	\$124
Osseous Surgery - 4+ teeth/quad	D4260	\$422	\$1,486	Repair Broken Complete Denture Base - Maxillary	D5512	\$61	\$124
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	\$110	\$1,069	Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$117
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$375	\$1,159	Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$117
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$303	\$707	Repair Cast Partial Framework - Mandibular	D5621	\$60	\$113
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$360	\$894	Repair Cast Partial Framework - Maxillary	D5622	\$60	\$113
Combined Connective Tissue/Double Pedicle Graft	D4276	\$565	\$1,389	Repair or Replace Broken Clasp - per tooth	D5630	\$60	\$169
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$220	\$1,039	Replace Broken Teeth - Per Tooth	D5640	\$60	\$120
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$220	\$260	Add Tooth to Existing Partial Denture	D5650	\$60	\$150
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$375	\$957	Add Clasp to Existing Partial Denture - per tooth	D5660	\$60	\$166
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$360	\$743	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$211	\$404
Provisional Intracoronal Splint	D4320	\$120	\$364	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$211	\$404
Provisional Extracoronal Splint	D4321	\$118	\$339	Rebase Complete Upper Denture	D5710	\$110	\$324
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$95	\$193	Rebase Complete Lower Denture	D5711	\$110	\$294
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$52	\$117	Rebase Upper Partial Denture	D5720	\$110	\$330
Scaling - Full Mouth - After Oral Evaluation	D4346	\$49	\$43	Rebase Lower Partial Denture	D5721	\$110	\$330
Full Mouth Debridement	D4355	\$56	\$150	Reline Complete Upper Denture (Chairside)	D5730	\$110	\$200
Periodontal Maintenance Procedures	D4910	\$60	\$115	Reline Complete Lower Denture (Chairside)	D5731	\$110	\$200
<b>Type III - Removable Prosthetics</b>				Reline Upper Partial Denture (Chairside)	D5740	\$110	\$172
Complete Denture - Upper	D5110	\$416	\$1,112	Reline Lower Partial Denture (Chairside)	D5741	\$110	\$172
Complete Denture - Lower	D5120	\$400	\$1,096	Reline Complete Upper Denture (Laboratory)	D5750	\$110	\$264
Immediate Denture - Upper	D5130	\$416	\$1,280	Reline Complete Lower Denture (Laboratory)	D5751	\$110	\$264
Immediate Denture - Lower	D5140	\$416	\$1,280	Reline Upper Partial Denture (Laboratory)	D5760	\$110	\$270
Upper Partial Denture - Resin Base	D5211	\$354	\$1,076	Reline Lower Partial Denture (Laboratory)	D5761	\$110	\$270
Lower Partial Denture - Resin Base	D5212	\$354	\$1,296	Tissue Conditioning - Upper	D5850	\$28	\$51
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$461	\$1,347	Tissue Conditioning - Lower	D5851	\$26	\$49
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$461	\$1,347	<b>Type III - Implants</b>			
Upper Immediate Partial Denture - Resin Base	D5221	\$553	\$1,181	Surgical Placement of Implant Body - Endosteal	D6010	\$941	\$2,149
Lower Immediate Partial Denture - Resin Base	D5222	\$553	\$1,421	Surgical Placement of Mini Implant	D6013	\$941	\$2,139
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$725	\$1,519	Prefabricated Abutment - includes modification & placement	D6056	\$253	\$442
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$725	\$1,519	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$601	\$1,203
Upper Partial Denture - Flexible Base	D5225	\$461	\$1,544	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$593	\$1,187
Lower Partial Denture - Flexible Base	D5226	\$461	\$1,544	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$523	\$1,138
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$286	\$769	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$558	\$1,153
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$286	\$769	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$562	\$1,144
Removable Flexible Unilateral Partial Denture - per quad	D5284	\$286	\$861	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$446	\$1,017
Removable Resin Unilateral Partial Denture - per quad	D5286	\$286	\$861	Crown - Abutment Supp. Cast Noble Metal	D6064	\$480	\$1,062
				Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$579	\$1,190
				Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$564	\$1,159

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	\$527	\$1,136	Retainer Onlay - Titanium	D6634	\$294	\$542
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$523	\$1,267	Retainer Crown - Resin With High Noble Metal	D6720	\$421	\$719
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$558	\$1,284	Retainer Crown - Resin With Base Metal	D6721	\$396	\$715
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$558	\$1,284	Retainer Crown - Resin With Noble Metal	D6722	\$404	\$710
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$446	\$1,398	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$427	\$707
Crown - Implant Supp. - Noble Alloy	D6087	\$480	\$1,181	Retainer Crown - Porcelain With High Noble Metal	D6750	\$353	\$606
Crown - Implant Supp. - Titanium	D6088	\$522	\$1,014	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	\$522	\$906	Retainer Crown - Porcelain Fused to Titanium	D6753	\$331	\$605
Repair Implant Abutment - By Report	D6095	\$175	\$250	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$450	\$661
Remove Broken Implant Retaining Screw	D6096	\$26	\$26	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$396	\$641
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$564	\$1,291	Retainer Crown - ¾ Cast Noble Metal	D6782	\$404	\$567
				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$404	\$692
				Retainer Crown ¾ -Titanium	D6784	\$404	\$670
				Retainer Crown - Full Cast High Noble Metal	D6790	\$421	\$689
				Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$414	\$747
				Retainer Crown - Full Cast Noble Metal	D6792	\$438	\$743
				Retainer Crown - Titanium	D6794	\$400	\$701
				Re-cement or Re-bond Fixed Partial Denture	D6930	\$17	\$84
				Stress Breaker	D6940	\$56	\$142
				Fixed Partial Denture Repair - by Report	D6980	\$110	\$93
<b>Type III - Pontics and Retainers</b>				<b>Type II - Oral Surgery</b>			
Pontic - Cast High Noble Metal	D6210	\$431	\$724	Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$99
Pontic - Cast Predominantly Base Metal	D6211	\$404	\$750	Extraction - Erupted Tooth or Exposed Root	D7140	\$63	\$127
Pontic - Cast Noble Metal	D6212	\$421	\$743	Extraction - Erupted Tooth	D7210	\$94	\$200
Pontic - Titanium	D6214	\$431	\$700	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	\$493	\$718	Oroantral Fistula Closure	D7260	\$123	\$1,538
Pontic - Resin with High Noble Metal	D6250	\$391	\$788	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$253	\$621
Pontic - Resin with Predominantly Base Metal	D6251	\$334	\$707	Evulsed or Displaced Teeth/Alveolus			
Pontic - Resin with Noble Metal	D6252	\$350	\$728	Tooth Transplantation	D7272	\$253	\$543
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$270	\$163	Exposure of an Unerupted Tooth	D7280	\$194	\$430
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$253	\$199	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$68	\$903
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$265	\$220	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$68	\$366
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$371	\$549	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$101	\$351
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$387	\$534	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$43	\$282
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$371	\$543	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$152	\$596
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$431	\$609	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$60	\$457
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$337	\$541	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$202	\$2,467
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$387	\$587	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$303	\$7,230
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$380	\$537	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$320	\$1,005
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$421	\$596	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$194	\$1,196
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$421	\$502				
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$438	\$539				
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$363	\$597				
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$447	\$639				
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$337	\$622				
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$421	\$606				
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$354	\$579				
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$455	\$577				
Retainer Inlay - Titanium	D6624	\$278	\$520				

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Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$346	\$1,043				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$404	\$1,395				
Removal of Lateral Exostosis - Per Site	D7471	\$105	\$1,333				
Removal of Torus Palatinus	D7472	\$270	\$1,599				
Removal of Torus Mandibularus	D7473	\$270	\$1,507				
Reduction of Osseous Tuberosity	D7485	\$270	\$1,341				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$63	\$341				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$134	\$1,823				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$63	\$675				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$134	\$690				
Sequestrectomy for Osteomyelitis	D7550	\$63	\$387				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$586	\$3,391				
Suture of Recent Small Wounds up to 5cm	D7910	\$63	\$602				
Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$118	\$531				
Lingual Frenectomy (Frenulectomy)	D7962	\$118	\$531				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$113	\$678				
Excision of Pericoronal Gingiva	D7971	\$89	\$256				
Surgical Reduction of Fibrous Tuberosity	D7972	\$337	\$969				
Non-Surgical Sialolithotomy	D7979	\$295	\$915				
Surgical Sialolithotomy	D7980	\$295	\$915				
Closure of Salivary Fistula	D7983	\$779	\$2,183				
<b>Type - Miscellaneous Services</b>							
I - Palliative (Emergency) Treatment of Pain	D9110	\$20	\$86				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$53	\$162				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$53	\$162				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$40				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$44	\$138				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$44	\$138				
III - Non-Intravenous Conscious Sedation*	D9248	\$70	\$98				
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	\$53	\$133				
III - Occlusal Adjustment - Complete	D9952	\$128	\$712				
* Covered only when performed in conjunction with covered oral surgery.							