## SECURECARE DENTAL COPAY PLAN NV300 - 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
		COPAY	COPAY			COPAY	COPAY
Type I - Diagnostic/Evaluation Services				Prophylaxis Cleaning - Child	D1120	\$13	\$27
Periodic Oral Evaluation	D0120	\$13	\$29	Fluoride - Topical Application of Fluoride Varnish	D1206	\$5	\$57
Limited Oral Evaluation - Problem Focused	D0140	\$13	\$42	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$5	\$18
Oral Evaluation - under 3 years old	D0145	\$13	\$57	Sealant - Per Tooth	D1351	\$21	\$32
Comprehensive Oral Evaluation	D0150	\$13	\$44	Preventive Resin Restoration (Including Sealant)	D1352	\$21	\$46
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$13	\$124	Sealant Repair - Per Tooth	D1353	\$17	\$47
Re-evaluation - Limited - Problem Focused	D0170	\$13	\$39	Space Maintainer; Fixed Unilateral - per quad	D1510	\$106	\$220
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Upper Space Maintainer; Fixed Bilateral	D1516	\$111	\$306
Comprehensive Periodontal Evaluation	D0180	\$13	\$63	Lower Space Maintainer; Fixed Bilateral	D1517	\$111	\$306
Intraoral - Complete Series of Images	D0210	\$21	\$75	Space Maintainer; Removable Unilateral - per quad	D1520	\$83	\$181
Intraoral - Periapical - 1st Image	D0220	\$7	\$17	Upper Space Maintainer; Removable Bilateral	D1526	\$83	\$273
Intraoral - Periapical - Each Additional Image	D0230	\$7	\$19	Lower Space Maintainer; Removable Bilateral	D1527	\$83	\$273
Intraoral - Occlusal Image	D0240	\$7	\$26	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$22	\$62
Extraoral - 2D Image	D0250	\$7	\$23	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$22	\$62
Extraoral - Posterior Image	D0251	\$21	\$38	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$22	\$62
Bitewing - 1 Image	D0270	\$7	\$13	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$134	\$146
Bitewing - 2 Images	D0272	\$7	\$19				
Bitewing - 3 Images	D0273	\$7	\$27	Type II - Restorative Dentistry			
Bitewing - 4 Images	D0274	\$7	\$34	Amalgam - 1 Surface - Primary or Permanent	D2140	\$52	\$105
Vertical Bitewings - 7 to 8 Images	D0277	\$7	\$43	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$53	\$132
Panoramic Image	D0330	\$21	\$73	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$52	\$151
Pulp Vitality Tests	D0460	\$0	\$56	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$58	\$175
Diagnostic Casts	D0470	\$21	\$99	Resin Composite - 1 Surface - Anterior	D2330	\$58	\$132
Panoramic Image - Image Capture Only	D0701	\$21	\$134	Resin Composite - 2 Surfaces - Anterior	D2331	\$61	\$151
Intraoral - Occlusal Image - Image Capture Only	D0706	\$7	\$34	Resin Composite - 3 Surfaces - Anterior	D2332	\$72	\$181
Intraoral - Periapical image - Image Capture Only	D0707	\$7	\$20	Resin Composite - 4+ Surfaces - Anterior	D2335	\$88	\$205
Intraoral - Bitewing Image - Image Capture Only	D0708	\$7	\$21	Resin Composite Crown - Anterior	D2390	\$64	\$161
Intraoral - Complete Series - Image Capture Only	D0709	\$21	\$98	Resin Composite - 1 Surface - Posterior	D2391	\$63	\$141
				Resin Composite - 2 Surfaces - Posterior	D2392	\$78	\$196
Type I - Preventive Services				Resin Composite - 3 Surfaces - Posterior	D2393	\$86	\$199
Prophylaxis Cleaning - Adult	D1110	\$13	\$35	Resin Composite - 4+ Surfaces - Posterior	D2394	\$86	\$244

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	\$99	\$177
Type III - Onlays Crowns and Bridges				Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$19
Inlay - Metallic - 1 Surface	D2510	\$218	\$525	Cast Post and Core - in Addition to Crown	D2952	\$137	\$265
Inlay - Metallic - 2 Surfaces	D2520	\$280	\$547	Cast Post and Core - Each Additional - same tooth	D2953	\$93	\$119
Inlay - Metallic - 3+ Surfaces	D2530	\$353	\$640	Prefabricated Post and Core - in Addition to Crown	D2954	\$108	\$191
Onlay - Metallic - 2 Surfaces	D2542	\$340	\$703	Post Removal	D2955	\$0	\$224
Onlay - Metallic - 3 Surfaces	D2543	\$360	\$649	Each Additional Prefabricated Post - same tooth	D2957	\$38	\$16
Onlay - Metallic - 4+ Surfaces	D2544	\$360	\$416	Labial Veneer (resin laminate) - Chairside	D2960	\$215	\$521
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$240	\$665	Labial Veneer (resin laminate) - Laboratory	D2961	\$369	\$556
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$343	\$677	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$329	\$509
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$313	\$578	Crown Repair	D2980	\$67	\$126
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$286	\$622	Inlay Repair	D2981	\$59	\$117
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$297	\$577	Onlay Repair	D2982	\$59	\$117
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$403	\$483	Veneer Repair	D2983	\$59	\$117
Inlay - Resin Composite - 1 Surface	D2650	\$126	\$324				
Inlay - Resin Composite - 2 Surfaces	D2651	\$176	\$397	Type III - Endodontics			
Inlay - Resin Composite - 3+ Surfaces	D2652	\$230	\$415	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$19	\$66
Onlay - Resin Composite - 2 Surfaces	D2662	\$222	\$327	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$15	\$41
Onlay - Resin Composite - 3 Surfaces	D2663	\$287	\$452	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$48	\$140
Onlay - Resin Composite - 4+ Surfaces	D2664	\$348	\$514	Pulpal Debridement - Primary/Permanent	D3221	\$46	\$161
Crown - Resin Based Composite - Indirect	D2710	\$158	\$164	Partial Pulpotomy for Apexogenesis	D3222	\$65	\$146
Crown - 3/4 Resin Based Composite - Indirect	D2712	\$186	\$328	Pulpal Therapy Anterior - Primary	D3230	\$59	\$140
Crown - Resin with High Noble Metal	D2720	\$393	\$598	Pulpal Therapy Posterior - Primary	D3240	\$59	\$166
Crown - Resin with Base Metal	D2721	\$378	\$605	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$191	\$429
Crown - Resin with Noble Metal	D2722	\$386	\$618	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$265	\$607
Crown - Porcelain/Ceramic	D2740	\$403	\$691	Root Canal - Molar (Excluding Final Restoration)	D3330	\$419	\$807
Crown - Porcelain with High Noble Metal	D2750	\$413	\$680	Treatment of Root Canal Obstruction - non surgical	D3331	\$149	\$215
Crown - Porcelain with Predominantly Base Metal	D2751	\$378	\$619	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$177	\$433
Crown - Porcelain With Noble Metal	D2752	\$382	\$626	Internal Root Repair of Perforation Defects	D3333	\$171	\$169
Crown - Porcelain with Titanium	D2753	\$318	\$672	Retreatment of Previous RCT - Anterior	D3346	\$350	\$904
Crown - ¾ Cast High Noble Metal	D2780	\$425	\$637	Retreatment of Previous RCT - Premolar	D3347	\$360	\$937
Crown - ¾ Cast Predominantly Base Metal	D2781	\$386	\$571	Retreatment of Previous RCT - Molar	D3348	\$370	\$983
Crown - ¾ Cast Noble Metal	D2782	\$394	\$581	Apexification/Recalcification - Initial Visit	D3351	\$46	\$301
Crown - ¾ Porcelain/Ceramic	D2783	\$393	\$654	Apexification/Recalcification - Interim Visit	D3352	\$46	\$126
Crown - Full Cast High Noble Metal	D2790	\$418	\$725	Apexification/Recalcification - Final Visit	D3353	\$46	\$431
Crown - Full Cast Predominantly Base Metal	D2791	\$382	\$709	Apicoectomy - Anterior	D3410	\$239	\$691
Crown - Full Cast Noble Metal	D2792	\$395	\$684	Apicoectomy - Premolar - 1st Root	D3421	\$255	\$784
Crown - Titanium	D2794	\$382	\$722	Apicoectomy - Molar - 1st Root	D3425	\$366	\$940
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$17	\$17	Apicoectomy - Each Additional Root	D3426	\$46	\$139
Re-cement/Re-bond Crown	D2920	\$32	\$46	Retrograde Filling - Per Root	D3430	\$46	\$182
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$194	\$286	Root Amputation - Per Root	D3450	\$99	\$416
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$194	\$244	Hemisection (Including any Root Removal)	D3920	\$99	\$367
Prefabricated Stainless Steel Crown - Primary	D2930	\$65	\$118	Canal Preparation/Post Fitting	D3950	\$0	\$195
Prefabricated Stainless Steel Crown - Permanent	D2931	\$63	\$152				
Prefabricated Resin Crown	D2932	\$85	\$199	Type III - Periodontics			
Protective Restoration	D2940	\$8	\$31	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$215	\$758

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	\$59	\$281	Adjust Complete Denture - Upper	D5410	\$22	\$47
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$42	\$234	Adjust Complete Denture - Lower	D5411	\$22	\$47
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$275	\$766	Adjust Partial Denture - Upper	D5421	\$22	\$5
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$177	\$480	Adjust Partial Denture - Lower	D5422	\$22	\$5
Crown Lengthening - Hard Tissue	D4249	\$297	\$938	Repair Broken Complete Denture Base - Mandibular	D5511	\$60	\$98
Osseous Surgery - 4+ teeth/quad	D4260	\$391	\$1,400	Repair Broken Complete Denture Base - Maxillary	D5512	\$60	\$98
Osseous Surgery - 1-3 teeth/quad	D4261	\$211	\$709	Replace Missing or Broken Teeth - Complete Denture - Per	D5520	\$49	\$80
Pedicle Soft Tissue Graft Procedure	D4270	\$96	\$1,100	Tooth			
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$422	\$1,303	Repair Resin Partial Denture Base - Mandibular	D5611	\$49	\$90
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$268	\$652	Repair Resin Partial Denture Base - Maxillary	D5612	\$49	\$90
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl	D4275	\$430	\$933	Repair Cast Partial Framework - Mandibular	D5621	\$57	\$77
implants)				Repair Cast Partial Framework - Maxillary	D5622	\$57	\$77
Combined Connective Tissue/Double Pedicle Graft	D4276	\$497	\$1,281	Repair or Replace Broken Clasp - per tooth	D5630	\$57	\$133
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$250	\$1,080	Replace Broken Teeth - Per Tooth	D5640	\$57	\$96
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl	D4278	\$250	\$245	Add Tooth to Existing Partial Denture	D5650	\$57	\$119
implants)	D4202	¢422	<b>#1.00</b>	Add Clasp to Existing Partial Denture - per tooth	D5660	\$57	\$124
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$422	\$1,086	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$201	\$298
Non-Autogenous Connective Tissue Graft - Each Addl Tooth	D4285	\$430	\$771	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$201	\$298
(excl implants)	D 1203	Ψ130	Ψ//1	Rebase Complete Upper Denture	D5710	\$109	\$225
Provisional Intracoronal Splint	D4320	\$105	\$327	Rebase Complete Lower Denture	D5711	\$109	\$197
Provisional Extracoronal Splint	D4321	\$103	\$307	Rebase Upper Partial Denture	D5720	\$109	\$245
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$95	\$216	Rebase Lower Partial Denture	D5721	\$109	\$245
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$47	\$103	Reline Complete Upper Denture (Chairside)	D5730	\$110	\$158
Scaling - Full Mouth - After Oral Evaluation	D4346	\$53	\$50	Reline Complete Lower Denture (Chairside)	D5731	\$110	\$158
Full Mouth Debridement	D4355	\$53	\$153	Reline Upper Partial Denture (Chairside)	D5740	\$110	\$127
Periodontal Maintenance Procedures	D4910	\$58	\$122	Reline Lower Partial Denture (Chairside)	D5741	\$110	\$127
				Reline Complete Upper Denture (Laboratory)	D5750	\$109	\$193
Type III - Removable Prosthetics				Reline Complete Lower Denture (Laboratory)	D5751	\$109	\$193
Complete Denture - Upper	D5110	\$403	\$913	Reline Upper Partial Denture (Laboratory)	D5760	\$110	\$205
Complete Denture - Lower	D5120	\$403	\$913	Reline Lower Partial Denture (Laboratory)	D5761	\$110	\$205
Immediate Denture - Upper	D5130	\$408	\$1,021	Tissue Conditioning - Upper	D5850	\$27	\$28
Immediate Denture - Lower	D5140	\$408	\$1,021	Tissue Conditioning - Lower	D5851	\$25	\$26
Upper Partial Denture - Resin Base	D5211	\$378	\$1,015				
Lower Partial Denture - Resin Base	D5212	\$378	\$1,219	Type III - Implants			
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$451	\$1,106	Surgical Placement of Implant Body - Endosteal	D6010	\$1,105	\$2,014
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$451	\$1,106	Surgical Placement of Mini Implant	D6013	\$1,105	\$1,999
Upper Immediate Partial Denture - Resin Base	D5221	\$610	\$1,110	Prefabricated Abutment - includes modification & placement	D6056	\$298	\$419
Lower Immediate Partial Denture - Resin Base	D5222	\$610	\$1,332	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$713	\$1,126
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$819	\$1,430	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$695	\$1,114
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$819	\$1,430	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal		\$614	\$1,064
Upper Partial Denture - Flexible Base	D5225	\$451	\$1,375	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$656	\$1,082
Lower Partial Denture - Flexible Base	D5226	\$451	\$1,375	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$660	\$1,074
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$280	\$613	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$524	\$951
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$280	\$613	Crown - Abutment Supp. Cast Noble Metal	D6064	\$563	\$995
Removable Flexible Unilateral Partial Denture - per quad	D5284	\$251	\$718	Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$679	\$1,117
Removable Resin Unilateral Partial Denture - per quad	D5286	\$251	\$718	Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$663	\$1,088

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	\$619	\$1,067	Retainer Onlay - Titanium	D6634	\$340	\$610
Crown - Implant Supp Porcelain Fused to Predom. Base Alloy	D6082	\$614	\$1,210	Retainer Crown - Resin With High Noble Metal	D6720	\$409	\$644
Crown - Implant Supp Porcelain Fused to Noble Alloy	D6083	\$656	\$1,231	Retainer Crown - Resin With Base Metal	D6721	\$386	\$656
Crown - Implant Supp Porcelain Fused to Titanium	D6084	\$656	\$1,231	Retainer Crown - Resin With Noble Metal	D6722	\$393	\$642
Crown - Implant Supp Predom. Base Alloy	D6086	\$524	\$1,332	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$398	\$660
Crown - Implant Supp Noble Alloy	D6087	\$563	\$1,129	Retainer Crown - Porcelain With High Noble Metal	D6750	\$371	\$619
Crown - Implant Supp Titanium	D6088	\$614	\$972	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$317	\$541
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$40	\$92	Retainer Crown - Porcelain With Noble Metal	D6752	\$371	\$598
Crown - Abutment Supp. Titanium	D6094	\$614	\$850	Retainer Crown - Porcelain Fused to Titanium	D6753	\$317	\$574
Repair Implant Abutment - By Report	D6095	\$207	\$207	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$485	\$620
Remove Broken Implant Retaining Screw	D6096	\$40	\$40	Retainer Crown - 3/4 Cast Predominantly Base Metal	D6781	\$435	\$611
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$663	\$1,237	Retainer Crown - ¾ Cast Noble Metal	D6782	\$450	\$534
				Retainer Crown - 3/4 Porcelain/Ceramic	D6783	\$356	\$578
Type III - Pontics and Retainers				Retainer Crown ¾ -Titanium	D6784	\$356	\$644
Pontic - Cast High Noble Metal	D6210	\$378	\$642	Retainer Crown - Full Cast High Noble Metal	D6790	\$410	\$606
Pontic - Cast Predominantly Base Metal	D6211	\$356	\$694	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$403	\$688
Pontic - Cast Noble Metal	D6212	\$371	\$675	Retainer Crown - Full Cast Noble Metal	D6792	\$406	\$651
Pontic - Titanium	D6214	\$378	\$615	Retainer Crown - Titanium	D6794	\$382	\$666
Pontic - Porcelain Fused to High Noble Metal	D6240	\$382	\$647	Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$64
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$360	\$590	Stress Breaker	D6940	\$55	\$80
Pontic - Porcelain Fused to Noble Metal	D6242	\$371	\$635	Fixed Partial Denture Repair - by Report	D6980	\$108	\$100
Pontic - Porelain Fused to Titanium	D6243	\$360	\$612				
Pontic - Porcelain/Ceramic	D6245	\$435	\$612	Type II - Oral Surgery			
Pontic - Resin with High Noble Metal	D6250	\$495	\$929	Extraction - Coronal Remnants - Primary Tooth	D7111	\$41	\$73
Pontic - Resin with Predominantly Base Metal	D6251	\$425	\$832	Extraction - Erupted Tooth or Exposed Root	D7140	\$42	\$106
Pontic - Resin with Noble Metal	D6252	\$459	\$866	Extraction - Erupted Tooth	D7210	\$90	\$184
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$262	\$112	Removal of Impacted Tooth - Soft Tissue	D7220	\$98	\$231
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$246	\$155	Removal of Impacted Tooth - Partially Bony	D7230	\$114	\$298
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$231	\$181	Removal of Impacted Tooth - Completely Bony	D7240	\$163	\$381
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$360	\$492	Removal of Residual Tooth Roots	D7250	\$77	\$178
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$376	\$463	Coronectomy - Intentional Partial Tooth Removal	D7251	\$124	\$435
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$360	\$477	Oroantral Fistula Closure	D7260	\$152	\$1,452
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$419	\$526	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$246	\$511
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$328	\$487	Evulsed or Displaced Teeth/Alveolus	5.5050	42.45	+
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$376	\$521	Tooth Transplantation	D7272	\$246	\$477
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$369	\$473	Exposure of an Unerupted Tooth	D7280	\$171	\$334
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$409	\$520	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$67	\$830
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$409	\$413	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$67	\$324
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$426	\$450	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$99	\$343
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$353	\$535	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$53	\$279
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$435	\$550	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$149	\$577
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$328	\$572	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$74	\$449
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$409	\$524	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$177	\$2,335
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$343	\$517	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$268	\$6,952
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$442	\$484	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$311	\$862
Retainer Inlay - Titanium	D6624	\$321	\$584	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$189	\$1,025

COVERED SERVICES	ADA	GENERAL	SPECIALIST	COVERED SERVICES	ADA		SPECIALIST
	CODE	DENTIST COPAY	DENTIST COPAY		CODE	DENTIST COPAY	DENTIST COPAY
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$370	\$931				_
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$400	\$1,214				
Removal of Lateral Exostosis - Per Site	D7471	\$105	\$1,267				
Removal of Torus Palantinus	D7472	\$265	\$1,478				
Removal of Torus Mandibularus	D7473	\$265	\$1,387				
Reduction of Osseous Tuberosity	D7485	\$265	\$1,225				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$62	\$313				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$135	\$1,731				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$62	\$640				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$135	\$621				
Sequestrectomy for Osteomyletis	D7550	\$62	\$358				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$723	\$3,343				
Suture of Recent Small Wounds up to 5cm	D7910	\$62	\$588				
Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$116	\$450				
Lingual Frenectomy (Frenulectomy)	D7962	\$116	\$450				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$112	\$629				
Excision of Pericoronal Gingiva	D7971	\$87	\$218				
Surgical Reduction of Fibrous Tuberosity	D7972	\$330	\$830				
Non-Surgical Sialolithotomy	D7979	\$290	\$822				
Surgical Sialolithotomy	D7980	\$290	\$822				
Closure of Salivary Fistula	D7983	\$960	\$2,165				
Type - Miscellaneous Services							
I - Palliative (Emergency) Treatment of Pain	D9110	\$17	\$81				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$96				
III - Deep Sedation/General Ansethesia - First 15 Min*	D9222	\$54	\$191				
III - Deep Sedation/General Anesthesia - Each Additional 15	D9223	\$54	\$191				
Min*	D0220	<b>41</b>	<b></b>				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$17	\$56				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$43	\$162				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$43	\$162				
III - Non-Intravenous Conscious Sedation*	D9248	\$70	\$89				
I - Consultation	D9310	\$0	\$100				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$49	\$46				
II - Treatment of Complications (Post Surgical)	D9930	\$15	\$15				
III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$95	\$302				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$95	\$302				
III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$95	\$302				
III - Occlusal Adjustment - Limited	D9951	\$53	\$125				
III - Occlusal Adjustment - Complete	D9952	\$124	\$558				
* Covered only when performed in conjunction with covered oral surgery.							