## SECURECARE DENTAL COPAY PLAN NV400 - 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	\$6	\$20
Periodic Oral Evaluation	D0120	\$6	\$22	Fluoride - Topical Application of Fluoride Varnish	D1206	\$5	\$57
Limited Oral Evaluation - Problem Focused	D0140	\$6	\$35	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$5	\$18
Oral Evaluation - under 3 years old	D0145	\$6	\$50	Sealant - Per Tooth	D1351	\$17	\$28
Comprehensive Oral Evaluation	D0150	\$6	\$37	Preventive Resin Restoration (Including Sealant)	D1352	\$21	\$46
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$6	\$117	Sealant Repair - Per Tooth	D1353	\$16	\$46
Re-evaluation - Limited - Problem Focused	D0170	\$6	\$32	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	\$6	\$56	Lower Space Maintainer; Fixed Bilateral	D1517	\$111	\$306
Intraoral - Complete Series of Images	D0210	\$15	\$69	Space Maintainer; Removable Unilateral - per quad	D1520	\$82	\$180
Intraoral - Periapical - 1st Image	D0220	\$6	\$16	Upper Space Maintainer; Removable Bilateral	D1526	\$82	\$272
Intraoral - Periapical - Each Additional Image	D0230	\$6	\$18	Lower Space Maintainer; Removable Bilateral	D1527	\$82	\$272
Intraoral - Occlusal Image	D0240	\$6	\$25	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$25	\$61
Extraoral - 2D Image	D0250	\$6	\$22	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$25	\$61
Extraoral - Posterior Image	D0251	\$20	\$37	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$25	\$61
Bitewing - 1 Image	D0270	\$6	\$12	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$133	\$145
Bitewing - 2 Images	D0272	\$6	\$18				
Bitewing - 3 Images	D0273	\$6	\$26	Type II - Restorative Dentistry			
Bitewing - 4 Images	D0274	\$6	\$33	Amalgam - 1 Surface - Primary or Permanent	D2140	\$42	\$95
Vertical Bitewings - 7 to 8 Images	D0277	\$6	\$42	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$42	\$121
Panoramic Image	D0330	\$15	\$67	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$42	\$141
Pulp Vitality Tests	D0460	\$0	\$56	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$48	\$165
Diagnostic Casts	D0470	\$21	\$99	Resin Composite - 1 Surface - Anterior	D2330	\$48	\$122
Panoramic Image - Image Capture Only	D0701	\$21	\$134	Resin Composite - 2 Surfaces - Anterior	D2331	\$51	\$141
Intraoral - Occlusal Image - Image Capture Only	D0706	\$6	\$33	Resin Composite - 3 Surfaces - Anterior	D2332	\$61	\$170
Intraoral - Periapical image - Image Capture Only	D0707	\$6	\$19	Resin Composite - 4+ Surfaces - Anterior	D2335	\$77	\$194
Intraoral - Bitewing Image - Image Capture Only	D0708	\$6	\$20	Resin Composite Crown - Anterior	D2390	\$53	\$150
Intraoral - Complete Series - Image Capture Only	D0709	\$15	\$92	Resin Composite - 1 Surface - Posterior	D2391	\$52	\$130
				Resin Composite - 2 Surfaces - Posterior	D2392	\$68	\$186
Type I - Preventive Services				Resin Composite - 3 Surfaces - Posterior	D2393	\$75	\$188
Prophylaxis Cleaning - Adult	D1110	\$6	\$28	Resin Composite - 4+ Surfaces - Posterior	D2394	\$75	\$233

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	\$213	\$520	Cast Post and Core - in Addition to Crown	D2952	\$137	\$265
Inlay - Metallic - 2 Surfaces	D2520	\$265	\$532	Cast Post and Core - Each Additional - same tooth	D2953	\$93	\$119
Inlay - Metallic - 3+ Surfaces	D2530	\$343	\$630	Prefabricated Post and Core - in Addition to Crown	D2954	\$108	\$191
Onlay - Metallic - 2 Surfaces	D2542	\$336	\$699	Post Removal	D2955	\$0	\$224
Onlay - Metallic - 3 Surfaces	D2543	\$353	\$642	Each Additional Prefabricated Post - same tooth	D2957	\$41	\$19
Onlay - Metallic - 4+ Surfaces	D2544	\$353	\$409	Labial Veneer (resin laminate) - Chairside	D2960	\$213	\$519
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$239	\$664	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	\$66	\$125
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$286	\$622	Inlay Repair	D2981	\$66	\$124
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$297	\$577	Onlay Repair	D2982	\$66	\$124
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$403	\$483	Veneer Repair	D2983	\$66	\$124
Inlay - Resin Composite - 1 Surface	D2650	\$124	\$322	•			
Inlay - Resin Composite - 2 Surfaces	D2651	\$173	\$394	Type III - Endodontics			
Inlay - Resin Composite - 3+ Surfaces	D2652	\$229	\$414	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$21	\$68
Onlay - Resin Composite - 2 Surfaces	D2662	\$222	\$327	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$16	\$42
Onlay - Resin Composite - 3 Surfaces	D2663	\$287	\$452	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$47	\$139
Onlay - Resin Composite - 4+ Surfaces	D2664	\$348	\$514	Pulpal Debridement - Primary/Permanent	D3221	\$49	\$164
Crown - Resin Based Composite - Indirect	D2710	\$156	\$162	Partial Pulpotomy for Apexogenesis	D3222	\$64	\$145
Crown - <sup>3</sup> 4 Resin Based Composite - Indirect	D2712	\$180	\$322	Pulpal Therapy Anterior - Primary	D3230	\$64	\$145
Crown - Resin with High Noble Metal	D2712	\$435	\$640	Pulpal Therapy Posterior - Primary	D3240	\$58	\$165
Crown - Resin with Base Metal	D2721	\$419	\$646	Root Canal - Anterior (Excluding Final Restoration)	D3240	\$186	\$424
Crown - Resin with Noble Metal	D2721	\$426	\$658	Root Canal - Premolar (Excluding Final Restoration)	D3310	\$254	\$596
Crown - Porcelain/Ceramic	D2722	\$403	\$691	Root Canal - Molar (Excluding Final Restoration)	D3320	\$403	\$791
Crown - Porcelain Cerainic Crown - Porcelain with High Noble Metal	D2740 D2750	\$403 \$403	\$670	Treatment of Root Canal Obstruction - non surgical	D3330	\$403 \$147	\$213
Crown - Porcelain with Fredominantly Base Metal	D2750 D2751	\$371		Incomplete Endodontic Therapy - Inoperable/Fractured	D3331	\$147 \$196	
Crown - Porcelain With Noble Metal			\$612				\$452 \$187
	D2752	\$382	\$626	Internal Root Repair of Perforation Defects Retreatment of Previous RCT - Anterior	D3333	\$189	\$187
Crown - Porcelain with Titanium	D2753	\$371	\$665		D3346	\$343	\$897
Crown - <sup>3</sup> / <sub>4</sub> Cast High Noble Metal	D2780	\$415	\$627	Retreatment of Previous RCT - Premolar	D3347	\$353	\$930
Crown - <sup>3</sup> / <sub>4</sub> Cast Predominantly Base Metal	D2781	\$380	\$565	Retreatment of Previous RCT - Molar	D3348	\$365	\$978
Crown - <sup>3</sup> / <sub>4</sub> Cast Noble Metal	D2782	\$390	\$577	Apexification/Recalcification - Initial Visit	D3351	\$49	\$304
Crown - <sup>3</sup> / <sub>4</sub> Porcelain/Ceramic	D2783	\$393	\$654	Apexification/Recalcification - Interim Visit	D3352	\$49	\$129
Crown - Full Cast High Noble Metal	D2790	\$418	\$725	Apexification/Recalcification - Final Visit	D3353	\$49	\$434
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	\$19	\$19	Apicoectomy - Each Additional Root	D3426	\$49	\$142
Re-cement/Re-bond Crown	D2920	\$32	\$46	Retrograde Filling - Per Root	D3430	\$49	\$185
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$188	\$280	Root Amputation - Per Root	D3450	\$110	\$427
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$188	\$238	Hemisection (Including any Root Removal)	D3920	\$110	\$378
Prefabricated Stainless Steel Crown - Primary	D2930	\$104	\$157	Canal Preparation/Post Fitting	D3950	\$0	\$195
Prefabricated Stainless Steel Crown - Permanent	D2931	\$69	\$158				
Prefabricated Resin Crown	D2932	\$93	\$207	Type III - Periodontics			
Protective Restoration	D2940	\$8	\$31	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$239	\$782

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	\$66	\$288	Adjust Complete Denture - Upper	D5410	\$25	\$50
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$41	\$233	Adjust Complete Denture - Lower	D5411	\$25	\$50
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$303	\$794	Adjust Partial Denture - Upper	D5421	\$25	\$8
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$196	\$499	Adjust Partial Denture - Lower	D5422	\$25	\$8
Crown Lengthening - Hard Tissue	D4249	\$329	\$970	Repair Broken Complete Denture Base - Mandibular	D5511	\$59	\$97
Osseous Surgery - 4+ teeth/quad	D4260	\$403	\$1,412	Repair Broken Complete Denture Base - Maxillary	D5512	\$59	\$97
Osseous Surgery - 1-3 teeth/quad	D4261	\$223	\$721	Replace Missing or Broken Teeth - Complete Denture - Per	D5520	\$49	\$80
Pedicle Soft Tissue Graft Procedure	D4270	\$107	\$1,111	Tooth			
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$398	\$1,279	Repair Resin Partial Denture Base - Mandibular	D5611	\$49	\$90
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$295	\$679	Repair Resin Partial Denture Base - Maxillary	D5612	\$49	\$90
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl	D4275	\$410	\$913	Repair Cast Partial Framework - Mandibular	D5621	\$58	\$78
implants)				Repair Cast Partial Framework - Maxillary	D5622	\$58	\$78
Combined Connective Tissue/Double Pedicle Graft	D4276	\$549	\$1,333	Repair or Replace Broken Clasp - per tooth	D5630	\$58	\$134
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$229	\$1,059	Replace Broken Teeth - Per Tooth	D5640	\$58	\$97
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl	D4278	\$229	\$224	Add Tooth to Existing Partial Denture	D5650	\$58	\$120
implants)	D4202	#200	Φ1 0.C2	Add Clasp to Existing Partial Denture - per tooth	D5660	\$58	\$125
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$398	\$1,062	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$206	\$303
Non-Autogenous Connective Tissue Graft - Each Addl Tooth	D4285	\$410	\$751	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$206	\$303
(excl implants)	D-1203	ΨΤΟ	Ψ/31	Rebase Complete Upper Denture	D5710	\$107	\$223
Provisional Intracoronal Splint	D4320	\$117	\$339	Rebase Complete Lower Denture	D5711	\$107	\$195
Provisional Extracoronal Splint	D4321	\$114	\$318	Rebase Upper Partial Denture	D5720	\$107	\$243
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$91	\$212	Rebase Lower Partial Denture	D5721	\$107	\$243
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$50	\$106	Reline Complete Upper Denture (Chairside)	D5730	\$107	\$155
Scaling - Full Mouth - After Oral Evaluation	D4346	\$52	\$49	Reline Complete Lower Denture (Chairside)	D5731	\$107	\$155
Full Mouth Debridement	D4355	\$53	\$153	Reline Upper Partial Denture (Chairside)	D5740	\$107	\$124
Periodontal Maintenance Procedures	D4910	\$57	\$121	Reline Lower Partial Denture (Chairside)	D5741	\$107	\$124
				Reline Complete Upper Denture (Laboratory)	D5750	\$107	\$191
Type III - Removable Prosthetics				Reline Complete Lower Denture (Laboratory)	D5751	\$107	\$191
Complete Denture - Upper	D5110	\$398	\$908	Reline Upper Partial Denture (Laboratory)	D5760	\$107	\$202
Complete Denture - Lower	D5120	\$398	\$908	Reline Lower Partial Denture (Laboratory)	D5761	\$107	\$202
Immediate Denture - Upper	D5130	\$398	\$1,011	Tissue Conditioning - Upper	D5850	\$27	\$28
Immediate Denture - Lower	D5140	\$398	\$1,011	Tissue Conditioning - Lower	D5851	\$25	\$26
Upper Partial Denture - Resin Base	D5211	\$343	\$980				
Lower Partial Denture - Resin Base	D5212	\$343	\$1,184	Type III - Implants			
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$440	\$1,095	Surgical Placement of Implant Body - Endosteal	D6010	\$1,082	\$1,991
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$440	\$1,095	Surgical Placement of Mini Implant	D6013	\$1,082	\$1,976
Upper Immediate Partial Denture - Resin Base	D5221	\$603	\$1,103	Prefabricated Abutment - includes modification & placement	D6056	\$289	\$410
Lower Immediate Partial Denture - Resin Base	D5222	\$603	\$1,325	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$694	\$1,107
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$811	\$1,422	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$682	\$1,101
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$811	\$1,422	11	D6060	\$601	\$1,051
Upper Partial Denture - Flexible Base	D5225	\$440	\$1,364	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$642	\$1,068
Lower Partial Denture - Flexible Base	D5226	\$440	\$1,364	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$647	\$1,061
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$279	\$612	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$513	\$940
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$279	\$612	Crown - Abutment Supp. Cast Noble Metal	D6064	\$551	\$983
Removable Flexible Unilateral Partial Denture - per quad	D5284	\$279	\$717	Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$666	\$1,104
Removable Resin Unilateral Partial Denture - per quad	D5286	\$279	\$717	Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$649	\$1,074

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	\$605	\$1,053	Retainer Onlay - Titanium	D6634	\$340	\$610
Crown - Implant Supp Porcelain Fused to Predom. Base Alloy	D6082	\$598	\$1,197	Retainer Crown - Resin With High Noble Metal	D6720	\$409	\$644
Crown - Implant Supp Porcelain Fused to Noble Alloy	D6083	\$639	\$1,217	Retainer Crown - Resin With Base Metal	D6721	\$386	\$656
Crown - Implant Supp Porcelain Fused to Titanium	D6084	\$639	\$1,217	Retainer Crown - Resin With Noble Metal	D6722	\$393	\$642
Crown - Implant Supp Predom. Base Alloy	D6086	\$510	\$1,321	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$408	\$670
Crown - Implant Supp Noble Alloy	D6087	\$548	\$1,117	Retainer Crown - Porcelain With High Noble Metal	D6750	\$337	\$585
Crown - Implant Supp Titanium	D6088	\$598	\$956	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$316	\$540
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$39	\$91	Retainer Crown - Porcelain With Noble Metal	D6752	\$337	\$564
Crown - Abutment Supp. Titanium	D6094	\$598	\$834	Retainer Crown - Porcelain Fused to Titanium	D6753	\$316	\$573
Repair Implant Abutment - By Report	D6095	\$201	\$201	Retainer Crown - 3/4 Cast High Noble Metal	D6780	\$463	\$598
Remove Broken Implant Retaining Screw	D6096	\$35	\$35	Retainer Crown - 3/4 Cast Predominantly Base Metal	D6781	\$404	\$580
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$646	\$1,223	Retainer Crown - 3/4 Cast Noble Metal	D6782	\$420	\$504
				Retainer Crown - 3/4 Porcelain/Ceramic	D6783	\$393	\$615
Type III - Pontics and Retainers				Retainer Crown ¾ -Titanium	D6784	\$393	\$613
Pontic - Cast High Noble Metal	D6210	\$419	\$683	Retainer Crown - Full Cast High Noble Metal	D6790	\$409	\$605
Pontic - Cast Predominantly Base Metal	D6211	\$393	\$731	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$402	\$687
Pontic - Cast Noble Metal	D6212	\$409	\$713	Retainer Crown - Full Cast Noble Metal	D6792	\$405	\$650
Pontic - Titanium	D6214	\$419	\$656	Retainer Crown - Titanium	D6794	\$382	\$666
Pontic - Porcelain Fused to High Noble Metal	D6240	\$339	\$604	Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$64
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$339	\$569	Stress Breaker	D6940	\$54	\$79
Pontic - Porcelain Fused to Noble Metal	D6242	\$339	\$603	Fixed Partial Denture Repair - by Report	D6980	\$107	\$99
Pontic - Porelain Fused to Titanium	D6243	\$339	\$591				
Pontic - Porcelain/Ceramic	D6245	\$479	\$656	Type II - Oral Surgery			
Pontic - Resin with High Noble Metal	D6250	\$469	\$903	Extraction - Coronal Remnants - Primary Tooth	D7111	\$41	\$73
Pontic - Resin with Predominantly Base Metal	D6251	\$405	\$812	Extraction - Erupted Tooth or Exposed Root	D7140	\$60	\$124
Pontic - Resin with Noble Metal	D6252	\$447	\$854	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	\$121	\$432
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$360	\$477	Oroantral Fistula Closure	D7260	\$147	\$1,447
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			
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	\$189	\$352
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$409	\$520	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$66	\$829
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$409	\$413	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$66	\$323
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	\$51	\$277
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$435	\$550	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$147	\$575
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$328	\$572	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$72	\$447
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$409	\$524	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$196	\$2,354
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$343	\$517	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$295	\$6,979
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	\$336	\$897				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$393	\$1,207				
Removal of Lateral Exostosis - Per Site	D7471	\$103	\$1,265				
Removal of Torus Palantinus	D7472	\$262	\$1,475				
Removal of Torus Mandibularus	D7473	\$262	\$1,384				
Reduction of Osseous Tuberosity	D7485	\$262	\$1,222				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$61	\$312				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$131	\$1,727				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$61	\$639				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$131	\$617				
Sequestrectomy for Osteomyletis	D7550	\$61	\$357				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$701	\$3,321				
Suture of Recent Small Wounds up to 5cm	D7910	\$61	\$587				
Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$114	\$448				
Lingual Frenectomy (Frenulectomy)	D7962	\$114	\$448				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$110	\$627				
Excision of Pericoronal Gingiva	D7971	\$86	\$217				
Surgical Reduction of Fibrous Tuberosity	D7972	\$328	\$828				
Non-Surgical Sialolithotomy	D7979	\$287	\$819				
Surgical Sialolithotomy	D7980	\$287	\$819				
Closure of Salivary Fistula	D7983	\$931	\$2,136				
Type - Miscellaneous Services							
I - Palliative (Emergency) Treatment of Pain	D9110	\$19	\$83				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$96				
III - Deep Sedation/General Ansethesia - First 15 Min*	D9222	\$53	\$190				
III - Deep Sedation/General Anesthesia - Each Additional 15	D9223	\$53	\$190				
Min*	D0220	¢10	<b>#50</b>				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$19	\$58				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$42	\$161				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$42	\$161				
III - Non-Intravenous Conscious Sedation*	D9248	\$69	\$88				
I - Consultation	D9310	\$0	\$100				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$49	\$49				
II - Treatment of Complications (Post Surgical)	D9930	\$16	\$16				
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	\$52	\$124				
III - Occlusal Adjustment - Complete	D9952	\$124	\$558				
* Covered only when performed in conjunction with covered oral surgery.							