

# 2022 SECURECARE DENTAL

## COPAY SCHEDULE NV400 - SCHEDULE OF COPAYMENTS

### GENERAL INFORMATION

Lab fees are included in “**Network General Dentist Copay**” unless indicated by specific code. Services not listed are not covered. Services listed in the Limitations and Exclusions section of the Certificate of Coverage, as well as, services determined to be unnecessary by the member’s general dentists or specialist are not covered.

You can search for a General or Specialist dentist on our website at [www.securecaredental.com](http://www.securecaredental.com). Click the Look For a Dentist link and follow the instructions. Please note the contracted dentist needs to be seen at the address listed to receive In Network Benefits.

For **SECURECARE DENTAL** customer service call (602)241-0914 or toll free (888)429-0914.

### GENERAL DENTIST

Copays in the column entitled “**Network General Dentist Copay**” apply to services performed by **SECURECARE DENTAL** contracted general dentists. Along with any applicable Office Visit Copay and/or Deductible listed on your Schedule of Dental Benefits, the “**Network General Dentist Copay**” is all that you will pay when you visit a contracted general dentist.

Visiting a non-contracted dentist is not recommended. The plan is designed for use with a contracted dentist in order to limit your out-of-pocket cost beyond the listed copayment.

### SPECIALIST DENTIST

**SECURECARE DENTAL** has contracted specialists of oral surgery, endodontics, periodontics, pediatric dentists and prosthodontics. Referrals and Prior Authorization are not required to see a specialist. You may call directly and make an appointment. Please note Pediatric Dentists are Specialists and “**Network Specialist Copays**” apply when seeking treatment from a Pediatric Dentist.

Along with any applicable Office Visit Copay and/or Deductible shown on your Schedule of Dental Benefits, as a **SECURECARE DENTAL** member, all you will pay when you visit a network specialist, is the copay listed in the “**Network Specialist Copay**” column.

Visiting a non-contracted specialist is not recommended. The plan is designed for use with a contracted specialist in order to limit your out-of-pocket cost beyond the listed copayment.

### ORTHODONTICS

For a description of the Orthodontic Services available to you, see your Certificate of Coverage.

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY
<b>Type I - Diagnostic/Evaluation Services</b>							
Periodic Oral Evaluation	D0120	\$6	\$28	Panoramic Image - Image Capture Only	D0701	\$21	\$134
Limited Oral Evaluation - Problem Focused	D0140	\$6	\$51	Intraoral - Occlusal Image - Image Capture Only	D0706	\$6	\$33
Oral Evaluation - under 3 years old	D0145	\$6	\$59	Intraoral - Periapical image - Image Capture Only	D0707	\$6	\$19
Comprehensive Oral Evaluation	D0150	\$6	\$53	Intraoral - Bitewing Image - Image Capture Only	D0708	\$6	\$20
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$6	\$138	Intraoral - Complete Series - Image Capture Only	D0709	\$15	\$92
Re-evaluation - Limited - Problem Focused	D0170	\$6	\$39	<b>Type I - Preventive Services</b>			
Re-evaluation Post-Operative Office Visit	D0171	\$6	\$39	Prophylaxis Cleaning - Adult	D1110	\$6	\$41
Comprehensive Periodontal Evaluation	D0180	\$6	\$68	Prophylaxis Cleaning - Child	D1120	\$6	\$21
Intraoral - Complete Series of Images	D0210	\$15	\$92	Fluoride - Topical Application of Fluoride Varnish	D1206	\$5	\$37
Intraoral - Periapical - 1st Image	D0220	\$6	\$17	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$5	\$19
Intraoral - Periapical - Each Additional Image	D0230	\$6	\$22	Sealant - Per Tooth	D1351	\$17	\$42
Intraoral - Occlusal Image	D0240	\$6	\$32	Preventive Resin Restoration (Including Sealant)	D1352	\$21	\$62
Extraoral - 2D Image	D0250	\$6	\$30	Sealant Repair - Per Tooth	D1353	\$16	\$62
Extraoral - Posterior Image	D0251	\$20	\$44	Space Maintainer; Fixed Unilateral - per quad	D1510	\$106	\$227
Bitewing - 1 Image	D0270	\$6	\$17	Upper Space Maintainer; Fixed Bilateral	D1516	\$111	\$317
Bitewing - 2 Images	D0272	\$6	\$28	Lower Space Maintainer; Fixed Bilateral	D1517	\$111	\$317
Bitewing - 3 Images	D0273	\$6	\$36	Space Maintainer; Removable Unilateral - per quad	D1520	\$82	\$188
Bitewing - 4 Images	D0274	\$6	\$40	Upper Space Maintainer; Removable Bilateral	D1526	\$82	\$285
Vertical Bitewings - 7 to 8 Images	D0277	\$6	\$59	Lower Space Maintainer; Removable Bilateral	D1527	\$82	\$285
Panoramic Image	D0330	\$15	\$106	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$20	\$20
Pulp Vitality Tests	D0460	\$0	\$64	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$20	\$20
Diagnostic Casts	D0470	\$21	\$115	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$20	\$20

**COPAY SCHEDULE NV400 - SCHEDULE OF COPAYMENTS**

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Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$133	\$278	Crown - Porcelain with Predominantly Base Metal	D2751	\$371	\$720
<b>Type II - Restorative Dentistry</b>				Crown - Porcelain With Noble Metal	D2752	\$382	\$736
Amalgam - 1 Surface - Primary or Permanent	D2140	\$42	\$92	Crown - Porcelain with Titanium	D2753	\$371	\$720
Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$42	\$118	Crown - ¾ Cast High Noble Metal	D2780	\$415	\$738
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$42	\$137	Crown - ¾ Cast Predominantly Base Metal	D2781	\$380	\$669
Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$48	\$160	Crown - ¾ Cast Noble Metal	D2782	\$390	\$685
Resin Composite - 1 Surface - Anterior	D2330	\$48	\$121	Crown - ¾ Porcelain/Ceramic	D2783	\$393	\$768
Resin Composite - 2 Surfaces - Anterior	D2331	\$51	\$152	Crown - Full Cast High Noble Metal	D2790	\$418	\$837
Resin Composite - 3 Surfaces - Anterior	D2332	\$61	\$187	Crown - Full Cast Predominantly Base Metal	D2791	\$382	\$815
Resin Composite - 4+ Surfaces - Anterior	D2335	\$77	\$213	Crown - Full Cast Noble Metal	D2792	\$395	\$792
Resin Composite Crown - Anterior	D2390	\$53	\$172	Crown - Titanium	D2794	\$382	\$837
Resin Composite - 1 Surface - Posterior	D2391	\$52	\$145	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$19	\$30
Resin Composite - 2 Surfaces - Posterior	D2392	\$68	\$201	Re-cement/Re-bond Crown	D2920	\$32	\$57
Resin Composite - 3 Surfaces - Posterior	D2393	\$75	\$221	Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$188	\$280
Resin Composite - 4+ Surfaces - Posterior	D2394	\$75	\$258	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$188	\$280
<b>Type III - Onlays Crowns and Bridges</b>				Prefabricated Stainless Steel Crown - Primary	D2930	\$104	\$186
Inlay - Metallic - 1 Surface	D2510	\$213	\$426	Prefabricated Stainless Steel Crown - Permanent	D2931	\$69	\$191
Inlay - Metallic - 2 Surfaces	D2520	\$265	\$425	Prefabricated Resin Crown	D2932	\$93	\$242
Inlay - Metallic - 3+ Surfaces	D2530	\$343	\$508	Protective Restoration	D2940	\$8	\$42
Onlay - Metallic - 2 Surfaces	D2542	\$336	\$578	Core Build Up - Including any Pins when required	D2950	\$99	\$204
Onlay - Metallic - 3 Surfaces	D2543	\$353	\$516	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$25
Onlay - Metallic - 4+ Surfaces	D2544	\$353	\$353	Cast Post and Core - in Addition to Crown	D2952	\$137	\$308
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$177	\$177	Cast Post and Core - Each Additional - same tooth	D2953	\$93	\$141
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$273	\$273	Prefabricated Post and Core - in Addition to Crown	D2954	\$108	\$226
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$313	\$454	Post Removal	D2955	\$0	\$0
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$286	\$502	Each Additional Prefabricated Post - same tooth	D2957	\$41	\$41
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$297	\$447	Labial Veneer (resin laminate) - Chairside	D2960	\$213	\$604
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$403	\$403	Labial Veneer (resin laminate) - Laboratory	D2961	\$369	\$652
Inlay - Resin Composite - 1 Surface	D2650	\$124	\$249	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$329	\$613
Inlay - Resin Composite - 2 Surfaces	D2651	\$173	\$308	Crown Repair	D2980	\$66	\$146
Inlay - Resin Composite - 3+ Surfaces	D2652	\$229	\$323	Inlay Repair	D2981	\$66	\$145
Onlay - Resin Composite - 2 Surfaces	D2662	\$222	\$248	Onlay Repair	D2982	\$66	\$145
Onlay - Resin Composite - 3 Surfaces	D2663	\$287	\$359	Veneer Repair	D2983	\$66	\$145
Onlay - Resin Composite - 4+ Surfaces	D2664	\$348	\$415	<b>Type III - Endodontics</b>			
Crown - Resin Based Composite - Indirect	D2710	\$156	\$209	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$21	\$79
Crown - ¾ Resin Based Composite - Indirect	D2712	\$180	\$369	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$16	\$51
Crown - Resin with High Noble Metal	D2720	\$435	\$755	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$47	\$161
Crown - Resin with Base Metal	D2721	\$419	\$753	Pulpal Debridement - Primary/Permanent	D3221	\$49	\$189
Crown - Resin with Noble Metal	D2722	\$426	\$767	Partial Pulpotomy for Apexogenesis	D3222	\$64	\$168
Crown - Porcelain/Ceramic	D2740	\$403	\$778	Pulpal Therapy Anterior - Primary	D3230	\$64	\$182
Crown - Porcelain with High Noble Metal	D2750	\$403	\$786	Pulpal Therapy Posterior - Primary	D3240	\$58	\$210
				Root Canal - Anterior (Excluding Final Restoration)	D3310	\$186	\$568

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Root Canal - Premolar (Excluding Final Restoration)	D3320	\$254	\$773	Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$91	\$249
Root Canal - Molar (Excluding Final Restoration)	D3330	\$403	\$1,010	Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$50	\$138
Treatment of Root Canal Obstruction - non surgical	D3331	\$147	\$270	Scaling - Full Mouth - After Oral Evaluation	D4346	\$52	\$148
Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$196	\$560	Full Mouth Debridement	D4355	\$53	\$191
Internal Root Repair of Perforation Defects	D3333	\$189	\$236	Periodontal Maintenance Procedures	D4910	\$57	\$158
Retreatment of Previous RCT - Anterior	D3346	\$343	\$1,090				
Retreatment of Previous RCT - Premolar	D3347	\$353	\$1,156	<b>Type III - Removable Prosthetics</b>			
Retreatment of Previous RCT - Molar	D3348	\$365	\$1,258	Complete Denture - Upper	D5110	\$398	\$1,151
Apexification/Recalcification - Initial Visit	D3351	\$49	\$306	Complete Denture - Lower	D5120	\$398	\$1,151
Apexification/Recalcification - Interim Visit	D3352	\$49	\$130	Immediate Denture - Upper	D5130	\$398	\$1,276
Apexification/Recalcification - Final Visit	D3353	\$49	\$437	Immediate Denture - Lower	D5140	\$398	\$1,276
Apicoectomy - Anterior	D3410	\$239	\$695	Upper Partial Denture - Resin Base	D5211	\$343	\$1,185
Apicoectomy - Premolar - 1st Root	D3421	\$255	\$788	Lower Partial Denture - Resin Base	D5212	\$343	\$1,423
Apicoectomy - Molar - 1st Root	D3425	\$366	\$945	Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$440	\$1,364
Apicoectomy - Each Additional Root	D3426	\$49	\$144	Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$440	\$1,364
Retrograde Filling - Per Root	D3430	\$49	\$186	Upper Immediate Partial Denture - Resin Base	D5221	\$603	\$1,327
Root Amputation - Per Root	D3450	\$110	\$429	Lower Immediate Partial Denture - Resin Base	D5222	\$603	\$1,585
Hemisection (Including any Root Removal)	D3920	\$110	\$380	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$811	\$1,715
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$811	\$1,715
				Upper Partial Denture - Flexible Base	D5225	\$440	\$1,364
<b>Type III - Periodontics</b>				Lower Partial Denture - Flexible Base	D5226	\$440	\$1,364
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$239	\$893	Upper Immediate Partial Denture - Flexible Base	D5227	\$440	\$1,364
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$66	\$338	Lower Immediate Partial Denture - Flexible Base	D5228	\$440	\$1,364
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$41	\$273	Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$279	\$769
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$303	\$935	Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$279	\$769
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$196	\$581	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$279	\$504
Crown Lengthening - Hard Tissue	D4249	\$329	\$1,124	Removable Resin Unilateral Partial Denture - per quad	D5286	\$279	\$504
Osseous Surgery - 4+ teeth/quad	D4260	\$403	\$1,647	Adjust Complete Denture - Upper	D5410	\$25	\$63
Osseous Surgery - 1-3 teeth/quad	D4261	\$223	\$847	Adjust Complete Denture - Lower	D5411	\$25	\$63
Pedicle Soft Tissue Graft Procedure	D4270	\$107	\$1,277	Adjust Partial Denture - Upper	D5421	\$25	\$25
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$398	\$1,483	Adjust Partial Denture - Lower	D5422	\$25	\$25
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$295	\$794	Repair Broken Complete Denture Base - Mandibular	D5511	\$59	\$124
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$410	\$1,066	Repair Broken Complete Denture Base - Maxillary	D5512	\$59	\$124
Combined Connective Tissue/Pedicle Graft	D4276	\$549	\$1,561	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$49	\$102
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$229	\$1,232	Repair Resin Partial Denture Base - Mandibular	D5611	\$49	\$119
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$229	\$280	Repair Resin Partial Denture Base - Maxillary	D5612	\$49	\$119
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$398	\$1,236	Repair Cast Partial Framework - Mandibular	D5621	\$58	\$109
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$410	\$882	Repair Cast Partial Framework - Maxillary	D5622	\$58	\$109
Provisional Intracoronal Splint; Natural or Prosthetic Teeth	D4322	\$117	\$433	Repair or Replace Broken Clasp - per tooth	D5630	\$58	\$172
Provisional Extracoronal Splint; Natural or Prosthetic Teeth	D4323	\$114	\$404	Replace Broken Teeth - Per Tooth	D5640	\$58	\$121
				Add Tooth to Existing Partial Denture	D5650	\$58	\$153
				Add Clasp to Existing Partial Denture - per tooth	D5660	\$58	\$165

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COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY	
Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$206	\$401	<b>Type III - Pontics and Retainers</b>				
Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$206	\$401		Pontic - Cast High Noble Metal	D6210	\$419	\$709
Rebase Complete Upper Denture	D5710	\$107	\$321		Pontic - Cast Predominantly Base Metal	D6211	\$393	\$755
Rebase Complete Lower Denture	D5711	\$107	\$290		Pontic - Cast Noble Metal	D6212	\$409	\$738
Rebase Upper Partial Denture	D5720	\$107	\$336		Pontic - Titanium	D6214	\$419	\$682
Rebase Lower Partial Denture	D5721	\$107	\$336		Pontic - Porcelain Fused to High Noble Metal	D6240	\$339	\$630
Rebase Hybrid Prothesis	D5725	\$289	\$495		Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$339	\$593
Reline Complete Upper Denture (Chairside)	D5730	\$107	\$210		Pontic - Porcelain Fused to Noble Metal	D6242	\$339	\$628
Reline Complete Lower Denture (Chairside)	D5731	\$107	\$210		Pontic - Porelain Fused to Titanium	D6243	\$339	\$593
Reline Upper Partial Denture (Chairside)	D5740	\$107	\$175		Pontic - Porcelain/Ceramic	D6245	\$479	\$683
Reline Lower Partial Denture (Chairside)	D5741	\$107	\$175		Pontic - Resin with High Noble Metal	D6250	\$469	\$928
Reline Complete Upper Denture (Laboratory)	D5750	\$107	\$265		Pontic - Resin with Predominantly Base Metal	D6251	\$405	\$835
Reline Complete Lower Denture (Laboratory)	D5751	\$107	\$265		Pontic - Resin with Noble Metal	D6252	\$447	\$878
Reline Upper Partial Denture (Laboratory)	D5760	\$107	\$275		Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$262	\$129
Reline Lower Partial Denture (Laboratory)	D5761	\$107	\$275		Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$246	\$174
Tissue Conditioning - Upper	D5850	\$27	\$724		Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$231	\$193
Tissue Conditioning - Lower	D5851	\$25	\$785		Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$360	\$526
<b>Type III - Implants</b>					Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$376	\$499
Surgical Placement of Implant Body - Endosteal	D6010	\$1,082	\$2,398		Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$360	\$514
Surgical Placement of Mini Implant	D6013	\$1,082	\$2,383		Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$419	\$567
Prefabricated Abutment - includes modification & placement	D6056	\$289	\$495	Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$328	\$522	
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$694	\$1,341	Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$376	\$559	
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$682	\$1,331	Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$369	\$508	
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$601	\$1,269	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$409	\$559	
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$642	\$1,291	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$409	\$450	
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$647	\$1,283	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$426	\$488	
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$513	\$1,133	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$353	\$574	
Crown - Abutment Supp. Cast Noble Metal	D6064	\$551	\$1,185	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$435	\$593	
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$666	\$1,334	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$328	\$611	
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$649	\$1,298	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$409	\$565	
Crown - Implant Supp. High Noble Alloy	D6067	\$605	\$1,270	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$343	\$556	
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$601	\$1,312	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$442	\$524	
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$642	\$1,302	Retainer Inlay - Titanium	D6624	\$321	\$621	
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$642	\$1,302	Retainer Onlay - Titanium	D6634	\$340	\$649	
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$513	\$1,329	Retainer Crown - Resin With High Noble Metal	D6720	\$409	\$689	
Crown - Implant Supp. - Noble Alloy	D6087	\$551	\$1,295	Retainer Crown - Resin With Base Metal	D6721	\$386	\$699	
Crown - Implant Supp. - Titanium	D6088	\$598	\$1,262	Retainer Crown - Resin With Noble Metal	D6722	\$393	\$686	
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$39	\$1,532	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$408	\$718	
Crown - Abutment Supp. Titanium	D6094	\$598	\$1,017	Retainer Crown - Porcelain With High Noble Metal	D6750	\$337	\$631	
Repair Implant Abutment - By Report	D6095	\$201	\$201	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$316	\$584	
Remove Broken Implant Retaining Screw	D6096	\$35	\$35	Retainer Crown - Porcelain With Noble Metal	D6752	\$337	\$608	
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$649	\$1,298	Retainer Crown - Porcelain Fused to Titanium	D6753	\$316	\$584	

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Retainer Crown - ¾ Cast High Noble Metal	D6780	\$463	\$642	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$61	\$374
Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$404	\$624	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$131	\$2,022
Retainer Crown - ¾ Cast Noble Metal	D6782	\$420	\$545	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$61	\$745
Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$393	\$660	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$131	\$735
Retainer Crown ¾ -Titanium	D6784	\$404	\$624	Sequestrectomy for Osteomyelitis	D7550	\$61	\$431
Retainer Crown - Full Cast High Noble Metal	D6790	\$409	\$650	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$701	\$3,903
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$402	\$730	Suture of Recent Small Wounds up to 5cm	D7910	\$61	\$681
Retainer Crown - Full Cast Noble Metal	D6792	\$405	\$695	Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$114	\$448
Retainer Crown - Titanium	D6794	\$382	\$711	Lingual Frenectomy (Frenulectomy)	D7962	\$114	\$448
Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$95	Excision of Hyperplastic Tissue - Per Arch	D7970	\$110	\$742
Stress Breaker	D6940	\$54	\$150	Excision of Pericoronal Gingiva	D7971	\$86	\$260
Fixed Partial Denture Repair - by Report	D6980	\$107	\$107	Surgical Reduction of Fibrous Tuberosity	D7972	\$328	\$989
<b>Type II - Oral Surgery</b>				Non-Surgical Sialolithotomy	D7979	\$287	\$287
Extraction - Coronal Remnants - Primary Tooth	D7111	\$41	\$88	Surgical Sialolithotomy	D7980	\$287	\$1,000
Extraction - Erupted Tooth or Exposed Root	D7140	\$60	\$144	Closure of Salivary Fistula	D7983	\$931	\$2,547
Extraction - Erupted Tooth	D7210	\$90	\$229	<b>Type - Miscellaneous Services</b>			
Removal of Impacted Tooth - Soft Tissue	D7220	\$98	\$289	I - Palliative (Emergency) Treatment of Pain	D9110	\$19	\$110
Removal of Impacted Tooth - Partially Bony	D7230	\$114	\$376	I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$106
Removal of Impacted Tooth - Completely Bony	D7240	\$163	\$472	III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$53	\$288
Removal of Residual Tooth Roots	D7250	\$77	\$228	III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$53	\$213
Coronectomy - Intentional Partial Tooth Removal	D7251	\$121	\$529	III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$19	\$66
Oroantral Fistula Closure	D7260	\$147	\$1,736	III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$42	\$237
Tooth Reimplantation and/or Stabilization of Accidentally Erupted or Displaced Teeth/Alveolus	D7270	\$246	\$444	III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$42	\$181
Tooth Transplantation	D7272	\$246	\$598	III - Non-Intravenous Conscious Sedation*	D9248	\$69	\$100
Exposure of an Unerupted Tooth	D7280	\$189	\$437	I - Consultation	D9310	\$0	\$134
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$66	\$998	I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$66	\$396	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$49	\$49
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$99	\$401	II - Treatment of Complications (Post Surgical)	D9930	\$16	\$16
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$51	\$327	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$95	\$344
Alveoplasty not in Conjunction w/Extract- 4+ Teeth/Per Quad	D7320	\$147	\$668	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$95	\$344
Alveoplasty not in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$72	\$526	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$95	\$344
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$196	\$2,749	III - Occlusal Adjustment - Limited	D9951	\$52	\$137
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$295	\$8,130	III - Occlusal Adjustment - Complete	D9952	\$124	\$616
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$311	\$1,035				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$189	\$1,261	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$336	\$1,070				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$393	\$1,443				
Removal of Lateral Exostosis - Per Site	D7471	\$103	\$1,479				
Removal of Torus Palatinus	D7472	\$262	\$1,729				
Removal of Torus Mandibularus	D7473	\$262	\$1,624				
Reduction of Osseous Tuberosity	D7485	\$262	\$1,436				