

2022 SECURECARE DENTAL

COPAY SCHEDULE NV500 - 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. 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
Type I - Diagnostic/Evaluation Services							
Periodic Oral Evaluation	D0120	\$0	\$22	Panoramic Image - Image Capture Only	D0701	\$11	\$124
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$45	Intraoral - Occlusal Image - Image Capture Only	D0706	\$5	\$32
Oral Evaluation - under 3 years old	D0145	\$0	\$53	Intraoral - Periapical image - Image Capture Only	D0707	\$5	\$18
Comprehensive Oral Evaluation	D0150	\$0	\$47	Intraoral - Bitewing Image - Image Capture Only	D0708	\$5	\$19
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$132	Intraoral - Complete Series - Image Capture Only	D0709	\$11	\$88
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$33	Type I - Preventive Services			
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$33	Prophylaxis Cleaning - Adult	D1110	\$0	\$35
Comprehensive Periodontal Evaluation	D0180	\$0	\$62	Prophylaxis Cleaning - Child	D1120	\$0	\$15
Intraoral - Complete Series of Images	D0210	\$11	\$88	Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$32
Intraoral - Periapical - 1st Image	D0220	\$5	\$16	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$14
Intraoral - Periapical - Each Additional Image	D0230	\$5	\$21	Sealant - Per Tooth	D1351	\$16	\$41
Intraoral - Occlusal Image	D0240	\$5	\$31	Preventive Resin Restoration (Including Sealant)	D1352	\$21	\$62
Extraoral - 2D Image	D0250	\$5	\$29	Sealant Repair - Per Tooth	D1353	\$16	\$62
Extraoral - Posterior Image	D0251	\$19	\$43	Space Maintainer; Fixed Unilateral - per quad	D1510	\$106	\$227
Bitewing - 1 Image	D0270	\$5	\$16	Upper Space Maintainer; Fixed Bilateral	D1516	\$111	\$317
Bitewing - 2 Images	D0272	\$5	\$27	Lower Space Maintainer; Fixed Bilateral	D1517	\$111	\$317
Bitewing - 3 Images	D0273	\$5	\$35	Space Maintainer; Removable Unilateral - per quad	D1520	\$81	\$187
Bitewing - 4 Images	D0274	\$5	\$39	Upper Space Maintainer; Removable Bilateral	D1526	\$81	\$284
Vertical Bitewings - 7 to 8 Images	D0277	\$5	\$58	Lower Space Maintainer; Removable Bilateral	D1527	\$81	\$284
Panoramic Image	D0330	\$11	\$102	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	\$11	\$105	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$20	\$20

COPAY SCHEDULE NV500 - SCHEDULE OF COPAYMENTS

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Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$131	\$276	Crown - Porcelain with Predominantly Base Metal	D2751	\$371	\$720
Type II - Restorative Dentistry				Crown - Porcelain With Noble Metal	D2752	\$382	\$736
Amalgam - 1 Surface - Primary or Permanent	D2140	\$37	\$87	Crown - Porcelain with Titanium	D2753	\$371	\$720
Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$37	\$113	Crown - ¾ Cast High Noble Metal	D2780	\$400	\$723
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$37	\$132	Crown - ¾ Cast Predominantly Base Metal	D2781	\$386	\$675
Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$42	\$154	Crown - ¾ Cast Noble Metal	D2782	\$395	\$690
Resin Composite - 1 Surface - Anterior	D2330	\$48	\$121	Crown - ¾ Porcelain/Ceramic	D2783	\$386	\$761
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	\$50	\$75
Resin Composite - 3 Surfaces - Posterior	D2393	\$75	\$221	Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$189	\$281
Resin Composite - 4+ Surfaces - Posterior	D2394	\$75	\$258	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$189	\$281
Type III - Onlays Crowns and Bridges				Prefabricated Stainless Steel Crown - Primary	D2930	\$104	\$186
Inlay - Metallic - 1 Surface	D2510	\$209	\$422	Prefabricated Stainless Steel Crown - Permanent	D2931	\$67	\$189
Inlay - Metallic - 2 Surfaces	D2520	\$265	\$425	Prefabricated Resin Crown	D2932	\$92	\$241
Inlay - Metallic - 3+ Surfaces	D2530	\$338	\$503	Protective Restoration	D2940	\$8	\$42
Onlay - Metallic - 2 Surfaces	D2542	\$331	\$573	Core Build Up - Including any Pins when required	D2950	\$99	\$204
Onlay - Metallic - 3 Surfaces	D2543	\$347	\$510	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$25
Onlay - Metallic - 4+ Surfaces	D2544	\$347	\$347	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	\$92	\$140
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	\$209	\$600
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$403	\$403	Labial Veneer (resin laminate) - Laboratory	D2961	\$363	\$646
Inlay - Resin Composite - 1 Surface	D2650	\$122	\$247	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$329	\$613
Inlay - Resin Composite - 2 Surfaces	D2651	\$170	\$305	Crown Repair	D2980	\$65	\$145
Inlay - Resin Composite - 3+ Surfaces	D2652	\$225	\$319	Inlay Repair	D2981	\$65	\$144
Onlay - Resin Composite - 2 Surfaces	D2662	\$218	\$244	Onlay Repair	D2982	\$65	\$144
Onlay - Resin Composite - 3 Surfaces	D2663	\$282	\$354	Veneer Repair	D2983	\$65	\$144
Onlay - Resin Composite - 4+ Surfaces	D2664	\$346	\$413	Type III - Endodontics			
Crown - Resin Based Composite - Indirect	D2710	\$154	\$207	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$20	\$78
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	\$427	\$747	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$47	\$161
Crown - Resin with Base Metal	D2721	\$412	\$746	Pulpal Debridement - Primary/Permanent	D3221	\$49	\$189
Crown - Resin with Noble Metal	D2722	\$419	\$760	Partial Pulpotomy for Apexogenesis	D3222	\$64	\$168
Crown - Porcelain/Ceramic	D2740	\$403	\$778	Pulpal Therapy Anterior - Primary	D3230	\$65	\$183
Crown - Porcelain with High Noble Metal	D2750	\$403	\$786	Pulpal Therapy Posterior - Primary	D3240	\$57	\$209
				Root Canal - Anterior (Excluding Final Restoration)	D3310	\$186	\$568

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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
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	\$145	\$268	Scaling - Full Mouth - After Oral Evaluation	D4346	\$51	\$147
Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$193	\$557	Full Mouth Debridement	D4355	\$53	\$191
Internal Root Repair of Perforation Defects	D3333	\$186	\$233	Periodontal Maintenance Procedures	D4910	\$57	\$158
Retreatment of Previous RCT - Anterior	D3346	\$338	\$1,085				
Retreatment of Previous RCT - Premolar	D3347	\$350	\$1,153	Type III - Removable Prosthetics			
Retreatment of Previous RCT - Molar	D3348	\$360	\$1,253	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	\$235	\$691	Upper Partial Denture - Resin Base	D5211	\$338	\$1,180
Apicoectomy - Premolar - 1st Root	D3421	\$250	\$783	Lower Partial Denture - Resin Base	D5212	\$338	\$1,418
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	\$598	\$1,322
Root Amputation - Per Root	D3450	\$108	\$427	Lower Immediate Partial Denture - Resin Base	D5222	\$598	\$1,580
Hemisection (Including any Root Removal)	D3920	\$108	\$378	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$803	\$1,707
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$793	\$1,697
				Upper Partial Denture - Flexible Base	D5225	\$440	\$1,364
Type III - Periodontics				Lower Partial Denture - Flexible Base	D5226	\$440	\$1,364
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$234	\$888	Upper Immediate Partial Denture - Flexible Base	D5227	\$440	\$1,364
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$65	\$337	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	\$273	\$763
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$298	\$930	Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$273	\$763
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$193	\$578	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$273	\$498
Crown Lengthening - Hard Tissue	D4249	\$329	\$1,124	Removable Resin Unilateral Partial Denture - per quad	D5286	\$273	\$498
Osseous Surgery - 4+ teeth/quad	D4260	\$403	\$1,647	Adjust Complete Denture - Upper	D5410	\$24	\$62
Osseous Surgery - 1-3 teeth/quad	D4261	\$223	\$847	Adjust Complete Denture - Lower	D5411	\$24	\$62
Pedicle Soft Tissue Graft Procedure	D4270	\$105	\$1,275	Adjust Partial Denture - Upper	D5421	\$24	\$24
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$385	\$1,470	Adjust Partial Denture - Lower	D5422	\$24	\$24
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$289	\$788	Repair Broken Complete Denture Base - Mandibular	D5511	\$58	\$123
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$390	\$1,046	Repair Broken Complete Denture Base - Maxillary	D5512	\$58	\$123
Combined Connective Tissue/Pedicle Graft	D4276	\$540	\$1,552	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$49	\$102
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$225	\$1,228	Repair Resin Partial Denture Base - Mandibular	D5611	\$49	\$119
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$225	\$276	Repair Resin Partial Denture Base - Maxillary	D5612	\$49	\$119
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$385	\$1,223	Repair Cast Partial Framework - Mandibular	D5621	\$57	\$108
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$390	\$862	Repair Cast Partial Framework - Maxillary	D5622	\$57	\$108
Provisional Intracoronal Splint; Natural or Prosthetic Teeth	D4322	\$114	\$430	Repair or Replace Broken Clasp - per tooth	D5630	\$57	\$171
Provisional Extracoronal Splint; Natural or Prosthetic Teeth	D4323	\$112	\$402	Replace Broken Teeth - Per Tooth	D5640	\$57	\$120
				Add Tooth to Existing Partial Denture	D5650	\$57	\$152
				Add Clasp to Existing Partial Denture - per tooth	D5660	\$57	\$164

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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	\$201	\$396	Type III - Pontics and Retainers				
Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$201	\$396		Pontic - Cast High Noble Metal	D6210	\$411	\$701
Rebase Complete Upper Denture	D5710	\$105	\$319		Pontic - Cast Predominantly Base Metal	D6211	\$386	\$748
Rebase Complete Lower Denture	D5711	\$105	\$288		Pontic - Cast Noble Metal	D6212	\$402	\$731
Rebase Upper Partial Denture	D5720	\$105	\$334		Pontic - Titanium	D6214	\$411	\$674
Rebase Lower Partial Denture	D5721	\$105	\$334		Pontic - Porcelain Fused to High Noble Metal	D6240	\$339	\$630
Rebase Hybrid Prothesis	D5725	\$292	\$498		Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$339	\$593
Reline Complete Upper Denture (Chairside)	D5730	\$105	\$208		Pontic - Porcelain Fused to Noble Metal	D6242	\$339	\$628
Reline Complete Lower Denture (Chairside)	D5731	\$105	\$208		Pontic - Porelain Fused to Titanium	D6243	\$339	\$593
Reline Upper Partial Denture (Chairside)	D5740	\$105	\$173		Pontic - Porcelain/Ceramic	D6245	\$471	\$675
Reline Lower Partial Denture (Chairside)	D5741	\$105	\$173		Pontic - Resin with High Noble Metal	D6250	\$449	\$908
Reline Complete Upper Denture (Laboratory)	D5750	\$105	\$263		Pontic - Resin with Predominantly Base Metal	D6251	\$385	\$815
Reline Complete Lower Denture (Laboratory)	D5751	\$105	\$263		Pontic - Resin with Noble Metal	D6252	\$422	\$853
Reline Upper Partial Denture (Laboratory)	D5760	\$105	\$273		Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$258	\$258
Reline Lower Partial Denture (Laboratory)	D5761	\$105	\$273		Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$242	\$242
Tissue Conditioning - Upper	D5850	\$27	\$724		Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$227	\$227
Tissue Conditioning - Lower	D5851	\$24	\$784		Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$354	\$520
Type III - Implants					Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$370	\$493
Surgical Placement of Implant Body - Endosteal	D6010	\$1,082	\$2,398		Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$354	\$508
Surgical Placement of Mini Implant	D6013	\$1,082	\$2,383		Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$411	\$559
Prefabricated Abutment - includes modification & placement	D6056	\$292	\$498	Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$322	\$516	
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$699	\$1,346	Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$370	\$553	
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$682	\$1,331	Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$363	\$502	
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$601	\$1,269	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$402	\$552	
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$642	\$1,291	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$402	\$443	
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$647	\$1,283	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$419	\$481	
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$513	\$1,133	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$347	\$568	
Crown - Abutment Supp. Cast Noble Metal	D6064	\$551	\$1,185	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$427	\$585	
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$666	\$1,334	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$322	\$605	
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$649	\$1,298	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$402	\$558	
Crown - Implant Supp. High Noble Alloy	D6067	\$605	\$1,270	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$338	\$551	
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$601	\$1,312	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$435	\$517	
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$642	\$1,302	Retainer Inlay - Titanium	D6624	\$323	\$623	
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$642	\$1,302	Retainer Onlay - Titanium	D6634	\$343	\$652	
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$513	\$1,329	Retainer Crown - Resin With High Noble Metal	D6720	\$402	\$682	
Crown - Implant Supp. - Noble Alloy	D6087	\$551	\$1,295	Retainer Crown - Resin With Base Metal	D6721	\$378	\$691	
Crown - Implant Supp. - Titanium	D6088	\$601	\$1,265	Retainer Crown - Resin With Noble Metal	D6722	\$386	\$679	
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	\$601	\$1,020	Retainer Crown - Porcelain With High Noble Metal	D6750	\$337	\$631	
Repair Implant Abutment - By Report	D6095	\$202	\$202	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$316	\$584	
Remove Broken Implant Retaining Screw	D6096	\$31	\$31	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	\$455	\$634	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$60	\$373
Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$378	\$598	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$128	\$2,019
Retainer Crown - ¾ Cast Noble Metal	D6782	\$386	\$511	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$60	\$744
Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$386	\$653	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$128	\$732
Retainer Crown ¾ -Titanium	D6784	\$378	\$598	Sequestrectomy for Osteomyelitis	D7550	\$60	\$430
Retainer Crown - Full Cast High Noble Metal	D6790	\$402	\$643	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$702	\$3,904
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$395	\$723	Suture of Recent Small Wounds up to 5cm	D7910	\$60	\$680
Retainer Crown - Full Cast Noble Metal	D6792	\$419	\$709	Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$112	\$446
Retainer Crown - Titanium	D6794	\$382	\$711	Lingual Frenectomy (Frenulectomy)	D7962	\$112	\$446
Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$95	Excision of Hyperplastic Tissue - Per Arch	D7970	\$108	\$740
Stress Breaker	D6940	\$53	\$149	Excision of Pericoronal Gingiva	D7971	\$85	\$259
Fixed Partial Denture Repair - by Report	D6980	\$105	\$105	Surgical Reduction of Fibrous Tuberosity	D7972	\$322	\$983
Type II - Oral Surgery				Non-Surgical Sialolithotomy	D7979	\$282	\$282
Extraction - Coronal Remnants - Primary Tooth	D7111	\$41	\$88	Surgical Sialolithotomy	D7980	\$282	\$995
Extraction - Erupted Tooth or Exposed Root	D7140	\$60	\$144	Closure of Salivary Fistula	D7983	\$933	\$2,549
Extraction - Erupted Tooth	D7210	\$90	\$229	Type - Miscellaneous Services			
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	\$52	\$287
Removal of Residual Tooth Roots	D7250	\$77	\$228	III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$52	\$212
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	\$41	\$236
Tooth Reimplantation and/or Stabilization of Accidentally Erupted or Displaced Teeth/Alveolus	D7270	\$242	\$440	III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$41	\$180
Tooth Transplantation	D7272	\$242	\$594	III - Non-Intravenous Conscious Sedation*	D9248	\$67	\$98
Exposure of an Unerupted Tooth	D7280	\$186	\$434	I - Consultation	D9310	\$0	\$134
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$65	\$997	I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$65	\$395	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$49	\$49
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$96	\$398	II - Treatment of Complications (Post Surgical)	D9930	\$16	\$16
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$52	\$328	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$95	\$344
Alveoplasty not in Conjunction w/Extract- 4+ Teeth/Per Quad	D7320	\$145	\$666	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	\$193	\$2,746	III - Occlusal Adjustment - Limited	D9951	\$51	\$136
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$289	\$8,124	III - Occlusal Adjustment - Complete	D9952	\$122	\$614
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$305	\$1,029				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$186	\$1,258	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$331	\$1,065				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$386	\$1,436				
Removal of Lateral Exostosis - Per Site	D7471	\$101	\$1,477				
Removal of Torus Palatinus	D7472	\$258	\$1,725				
Removal of Torus Mandibularus	D7473	\$258	\$1,620				
Reduction of Osseous Tuberosity	D7485	\$258	\$1,432				