## **2022 SECURECARE DENTAL** COPAY PLAN AZ300 - SCHEDULE OF DENTIST COPAYMENTS

## **GENERAL INFORMATION**

When \$0 is listed, the provider is reimbursed 100% of the SPDO Fee Schedule. Lab fees are included in the SPDO Fee Schedule unless indicated specifically by separate code. See Member ID Card for Office Visit Copay.

THIS IS NOT A PRE-PAID CAPITATION PLAN. You MUST submit claims according to the instructions provided in the Provider Manual for reimbursement.

## **GENERAL DENTIST**

The Copay Plan is a fee-for-service dental plan designed with convenient copays. If the treating dentist is a General Dentist, the patient is responsible for the 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 COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Type I - Diagnostic/Evaluation Services				Prophylaxis Cleaning - Child	D1120	\$13	\$39
Periodic Oral Evaluation	D0120	\$13	\$36	Fluoride - Topical Application of Fluoride Varnish	D1206	\$6	\$48
Limited Oral Evaluation - Problem Focused	D0140	\$13	\$61	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$6	\$30
Oral Evaluation - under 3 years old	D0145	\$13	\$71	Sealant - Per Tooth	D1351	\$22	\$53
Comprehensive Oral Evaluation	D0150	\$13	\$64	Preventive Resin Restoration (Including Sealant)	D1352	\$22	\$70
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$13	\$147	Sealant Repair - Per Tooth	D1353	\$20	\$70
Re-evaluation - Limited - Problem Focused	D0170	\$13	\$48	Space Maintainer; Fixed Unilateral - per quad	D1510	\$111	\$289
Re-evaluation Post-Operative Office Visit	D0171	\$13	\$48	Upper Space Maintainer; Fixed Bilateral	D1516	\$117	\$366
Comprehensive Periodontal Evaluation	D0180	\$13	\$75	Lower Space Maintainer; Fixed Bilateral	D1517	\$117	\$366
Intraoral - Complete Series of Images	D0210	\$8	\$93	Space Maintainer; Removable Unilateral - per quad	D1520	\$86	\$268
Intraoral - Periapical - 1st Image	D0220	\$8	\$23	Upper Space Maintainer; Removable Bilateral	D1526	\$86	\$394
Intraoral - Periapical - Each Additional Image	D0230	\$8	\$24	Lower Space Maintainer; Removable Bilateral	D1527	\$86	\$394
Intraoral - Occlusal Image	D0240	\$8	\$39	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$20	\$20
Extraoral - 2D Image	D0250	\$8	\$36	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$20	\$20
Extraoral - Posterior Image	D0251	\$16	\$45	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$20	\$20
Bitewing - 1 Image	D0270	\$8	\$22	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$109	\$311
Bitewing - 2 Images	D0272	\$8	\$34				
Bitewing - 3 Images	D0273	\$8	\$40	Type II - Restorative Dentistry			
Bitewing - 4 Images	D0274	\$8	\$46	Amalgam - 1 Surface - Primary or Permanent	D2140	\$54	\$149
Vertical Bitewings - 7 to 8 Images	D0277	\$8	\$61	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$56	\$183
Panoramic Image	D0330	\$22	\$127	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$54	\$215
Pulp Vitality Tests	D0460	\$0	\$57	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$61	\$249
Diagnostic Casts	D0470	\$22	\$100	Resin Composite - 1 Surface - Anterior	D2330	\$61	\$144
Panoramic Image - Image Capture Only	D0701	\$22	\$125	Resin Composite - 2 Surfaces - Anterior	D2331	\$64	\$163
Intraoral - Occlusal Image - Image Capture Only	D0706	\$8	\$38	Resin Composite - 3 Surfaces - Anterior	D2332	\$75	\$202
Intraoral - Periapical image - Image Capture Only	D0707	\$8	\$23	Resin Composite - 4+ Surfaces - Anterior	D2335	\$92	\$253
Intraoral - Bitewing Image - Image Capture Only	D0708	\$8	\$23	Resin Composite Crown - Anterior	D2390	\$67	\$215
Intraoral - Complete Series - Image Capture Only	D0709	\$8	\$90	Resin Composite - 1 Surface - Posterior	D2391	\$65	\$154
				Resin Composite - 2 Surfaces - Posterior	D2392	\$82	\$204
Type I - Preventive Services				Resin Composite - 3 Surfaces - Posterior	D2393	\$90	\$243
Prophylaxis Cleaning - Adult	D1110	\$13	\$47	Resin Composite - 4+ Surfaces - Posterior	D2394	\$90	\$288

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	\$103	\$213
Type III - Onlays Crowns and Bridges				Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$26
Inlay - Metallic - 1 Surface	D2510	\$223	\$587	Cast Post and Core - in Addition to Crown	D2952	\$91	\$283
Inlay - Metallic - 2 Surfaces	D2520	\$278	\$670	Cast Post and Core - Each Additional - same tooth	D2953	\$94	\$138
Inlay - Metallic - 3+ Surfaces	D2530	\$360	\$772	Prefabricated Post and Core - in Addition to Crown	D2954	\$113	\$260
Onlay - Metallic - 2 Surfaces	D2542	\$352	\$815	Post Removal	D2955	\$0	\$0
Onlay - Metallic - 3 Surfaces	D2543	\$370	\$752	Each Additional Prefabricated Post - same tooth	D2957	\$43	\$59
Onlay - Metallic - 4+ Surfaces	D2544	\$370	\$607	Labial Veneer (resin laminate) - Chairside	D2960	\$223	\$662
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$177	\$177	Labial Veneer (resin laminate) - Laboratory	D2961	\$386	\$761
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$273	\$273	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$344	\$712
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$327	\$729	Crown Repair	D2980	\$69	\$153
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$300	\$752	Inlay Repair	D2981	\$69	\$152
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$311	\$737	Onlay Repair	D2982	\$69	\$152
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$422	\$710	Veneer Repair	D2983	\$69	\$152
Inlay - Resin Composite - 1 Surface	D2650	\$130	\$371	-			
Inlay - Resin Composite - 2 Surfaces	D2651	\$181	\$464	Type III - Endodontics		\$0	
Inlay - Resin Composite - 3+ Surfaces	D2652	\$240	\$499	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$20	\$74
Onlay - Resin Composite - 2 Surfaces	D2662	\$232	\$408	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$16	\$55
Onlay - Resin Composite - 3 Surfaces	D2663	\$301	\$547	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$50	\$162
Onlay - Resin Composite - 4+ Surfaces	D2664	\$340	\$596	Pulpal Debridement - Primary/Permanent	D3221	\$48	\$203
Crown - Resin Based Composite - Indirect	D2710	\$163	\$223	Partial Pulpotomy for Apexogenesis	D3222	\$52	\$170
Crown - <sup>3</sup> / <sub>4</sub> Resin Based Composite - Indirect	D2712	\$154	\$335	Pulpal Therapy Anterior - Primary	D3230	\$62	\$162
Crown - Resin with High Noble Metal	D2720	\$455	\$813	Pulpal Therapy Posterior - Primary	D3240	\$54	\$179
Crown - Resin with Base Metal	D2721	\$438	\$800	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$200	\$490
Crown - Resin with Noble Metal	D2722	\$446	\$820	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$278	\$646
Crown - Porcelain/Ceramic	D2740	\$377	\$731	Root Canal - Molar (Excluding Final Restoration)	D3330	\$438	\$923
Crown - Porcelain with High Noble Metal	D2750	\$433	\$788	Treatment of Root Canal Obstruction - non surgical	D3331	\$156 \$154	\$261
Crown - Porcelain with Predominantly Base Metal	D2750 D2751	\$333	\$672	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$205	\$518
Crown - Porcelain With Noble Metal	D2751 D2752	\$355 \$355	\$702	Internal Root Repair of Perforation Defects	D3332	\$198	\$318 \$244
Crown - Porcelain with Titanium	D2752 D2753	\$333	\$672	Retreatment of Previous RCT - Anterior	D3346	\$170 \$370	\$244 \$866
Crown - <sup>3</sup> / <sub>4</sub> Cast High Noble Metal	D2733 D2780	\$333 \$425	\$072 \$802	Retreatment of Previous RCT - Premolar	D3340 D3347	\$370 \$380	\$933
Crown - <sup>3</sup> / <sub>4</sub> Cast Figh Nobe Metal	D2780 D2781	\$400	\$802 \$727	Retreatment of Previous RCT - Molar	D3347 D3348	\$380 \$390	\$955 \$1,188
Crown - <sup>3</sup> / <sub>4</sub> Cast Noble Metal	D2781 D2782	\$400 \$415	\$727 \$767	Apexification/Recalcification - Initial Visit	D3348	\$390 \$48	\$306
Crown - <sup>3</sup> / <sub>4</sub> Porcelain/Ceramic	D2782 D2783	\$373		-	D3351 D3352	\$48 \$48	
	D2783 D2790	\$373 \$400	\$777 \$780	Apexification/Recalcification - Interim Visit	D3352 D3353	\$48 \$48	\$141 \$420
Crown - Full Cast High Noble Metal	D2790 D2791	\$400 \$386	\$780 \$742	Apexification/Recalcification - Final Visit	D3555 D3410	\$40 \$245	\$429 \$600
Crown - Full Cast Nebla Matel			\$743 \$754	Apicoectomy - Anterior			\$699 \$705
Crown - Full Cast Noble Metal	D2792	\$393 \$400	\$754 \$826	Apicoectomy - Premolar - 1st Root	D3421	\$255 \$400	\$795
Crown - Titanium	D2794	\$400 \$20	\$836	Apicoectomy - Molar - 1st Root	D3425	\$400	\$1,057
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$20 \$22	\$40	Apicoectomy - Each Additional Root	D3426	\$48 \$48	\$174
Re-cement/Re-bond Crown	D2920	\$33	\$51 #205	Retrograde Filling - Per Root	D3430	\$48	\$188
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$163 \$163	\$285 \$285	Root Amputation - Per Root	D3450	\$117	\$454
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$163 \$100	\$285	Hemisection (Including any Root Removal)	D3920	\$110	\$387
Prefabricated Stainless Steel Crown - Primary	D2930	\$100	\$239	Canal Preparation/Post Fitting	D3950	\$0	\$0
Prefabricated Stainless Steel Crown - Permanent	D2931	\$65	\$215				
Prefabricated Resin Crown	D2932	\$89	\$297	Type III - Periodontics	F 141 *	<b>\$255</b>	
Protective Restoration	D2940	\$8	\$46	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$255	\$835

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	\$70	\$339	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$263	\$588
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$39	\$256	Removable Resin Unilateral Partial Denture - per quad	D5286	\$263	\$588
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$317	\$979	Adjust Complete Denture - Upper	D5410	\$27	\$70
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$205	\$608	Adjust Complete Denture - Lower	D5411	\$27	\$70
Crown Lengthening - Hard Tissue	D4249	\$344	\$1,054	Adjust Partial Denture - Upper	D5421	\$27	\$31
Osseous Surgery - 4+ teeth/quad	D4260	\$422	\$1,748	Adjust Partial Denture - Lower	D5422	\$27	\$31
Osseous Surgery - 1-3 teeth/quad	D4261	\$233	\$797	Repair Broken Complete Denture Base - Mandibular	D5511	\$62	\$144
Pedicle Soft Tissue Graft Procedure	D4270	\$101	\$1,246	Repair Broken Complete Denture Base - Maxillary	D5512	\$62	\$144
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$400	\$1,412	Replace Missing or Broken Teeth - Complete Denture - Per	D5520	\$51	\$120
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$281	\$814	Tooth			
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl	D4275	\$389	\$1,094	Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$138
implants)				Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$138
Combined Connective Tissue/Pedicle Graft	D4276	\$521	\$1,600	Repair Cast Partial Framework - Mandibular	D5621	\$61	\$137
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$240	\$1,252	Repair Cast Partial Framework - Maxillary	D5622	\$61	\$137
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl	D4278	\$240	\$344	Repair or Replace Broken Clasp - per tooth	D5630	\$61	\$198
implants)				Replace Broken Teeth - Per Tooth	D5640	\$61	\$139
Autogenous Connective Tissue Graft - Each Addl Tooth (excl	D4283	\$400	\$1,176	Add Tooth to Existing Partial Denture	D5650	\$61	\$175
implants) Non Autogeneous Connectius Tissue Croft - Each Addl Teach	D4295	\$290	¢010	Add Clasp to Existing Partial Denture - per tooth	D5660	\$61	\$196
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$389	\$918	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$195	\$460
Provisional Intracoronal Splint; Natural or Prosthetic Teeth	D4322	\$124	\$416	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$195	\$460
Provisional Extracoronal Splint; Natural or Prosthetic Teeth	D4323	\$121	\$387	Rebase Complete Upper Denture	D5710	\$101	\$387
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$100	\$226	Rebase Complete Lower Denture	D5711	\$101	\$354
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$49	\$127	Rebase Upper Partial Denture	D5720	\$101	\$389
Scaling - Full Mouth - After Oral Evaluation	D4346	\$51	\$123	Rebase Lower Partial Denture	D5721	\$101	\$389
Full Mouth Debridement	D4355	\$56	\$166	Rebase Hybrid Prothesis	D5725	\$259	\$510
Periodontal Maintenance Procedures	D4910	\$61	\$146	Reline Complete Upper Denture (Chairside)	D5730	\$150	\$281
r chodolitar iviantenance r rocedures	D4710	ψ01	ψ1+0	Reline Complete Lower Denture (Chairside)	D5731	\$150	\$281
Type III - Removable Prosthetics				Reline Upper Partial Denture (Chairside)	D5740	\$150	\$250
Complete Denture - Upper	D5110	\$422	\$1,297	Reline Lower Partial Denture (Chairside)	D5741	\$150	\$250
Complete Denture - Lower	D5120	\$422	\$1,297	Reline Complete Upper Denture (Laboratory)	D5750	\$150	\$358
Immediate Denture - Upper	D5120	\$427	\$1,485	Reline Complete Lower Denture (Laboratory)	D5751	\$150	\$358
Immediate Denture - Lower	D5130	\$427	\$1,485	Reline Upper Partial Denture (Laboratory)	D5760	\$150	\$364
Upper Partial Denture - Resin Base	D5211	\$396	\$1,268	Reline Lower Partial Denture (Laboratory)	D5761	\$150	\$364
Lower Partial Denture - Resin Base	D5212	\$396	\$1,513	Tissue Conditioning - Upper	D5850	\$24	\$759
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$472	\$1,555	Tissue Conditioning - Lower	D5851	\$23	\$823
Lower Partial Denture - Cast Metal Frame - Resin Base	D5213	\$472	\$1,555				
Upper Immediate Partial Denture - Resin Base	D5221	\$555	\$1,348	Type III - Implants			
Lower Immediate Partial Denture - Resin Base	D5222	\$555	\$1,614	Surgical Placement of Implant Body - Endosteal	D6010	\$958	\$2,464
Upper Immediate Partial Denture - Cast Metal with Resin	D5222	\$739	\$1,748	Surgical Placement of Mini Implant	D6013	\$958	\$2,454
Lower Immediate Partial Denture - Cast Metal with Resin	D5223 D5224	\$739 \$739	\$1,748	Prefabricated Abutment - includes modification & placement	D6056	\$259	\$510
Upper Partial Denture - Flexible Base	D5224	\$472	\$1,555	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$615	\$1,388
Lower Partial Denture - Flexible Base	D5225	\$472 \$472	\$1,555	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$606	\$1,369
Upper Immediate Partial Denture - Flexible Base	D5220 D5227	\$472 \$472	\$1,555	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$535	\$1,310
Lower Immediate Partial Denture - Flexible Base	D5227 D5228	\$472 \$472	\$1,555	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$572	\$1,330
Upper Removable Unilateral Partial Denture - Cast Metal	D5228 D5282	\$472 \$263	\$1,555 \$861	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$576	\$1,320
Lower Removable Unilateral Partial Denture - Cast Metal	D5282 D5283	\$263	\$861 \$861	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$457	\$1,169

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Crown - Abutment Supp. Cast Noble Metal	D6064	\$491	\$1,221	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$360	\$623
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$593	\$1,372	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$463	\$624
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$578	\$1,337	Retainer Inlay - Titanium	D6624	\$286	\$563
Crown - Implant Supp. High Noble Alloy	D6067	\$539	\$1,307	Retainer Onlay - Titanium	D6634	\$303	\$589
Crown - Implant Supp Porcelain Fused to Predom. Base Alloy	D6082	\$535	\$1,354	Retainer Crown - Resin With High Noble Metal	D6720	\$389	\$732
Crown - Implant Supp Porcelain Fused to Noble Alloy	D6083	\$572	\$1,341	Retainer Crown - Resin With Base Metal	D6721	\$365	\$727
Crown - Implant Supp Porcelain Fused to Titanium	D6084	\$572	\$1,341	Retainer Crown - Resin With Noble Metal	D6722	\$373	\$722
Crown - Implant Supp Predom. Base Alloy	D6086	\$457	\$1,373	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$416	\$743
Crown - Implant Supp Noble Alloy	D6087	\$491	\$1,335	Retainer Crown - Porcelain With High Noble Metal	D6750	\$389	\$688
Crown - Implant Supp Titanium	D6088	\$535	\$1,306	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$332	\$621
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$34	\$1,581	Retainer Crown - Porcelain With Noble Metal	D6752	\$389	\$684
Crown - Abutment Supp. Titanium	D6094	\$535	\$1,053	Retainer Crown - Porcelain Fused to Titanium	D6753	\$332	\$621
Repair Implant Abutment - By Report	D6095	\$180	\$180	Retainer Crown - <sup>3</sup> / <sub>4</sub> Cast High Noble Metal	D6780	\$500	\$754
Remove Broken Implant Retaining Screw	D6096	\$35	\$35	Retainer Crown - <sup>3</sup> / <sub>4</sub> Cast Predominantly Base Metal	D6781	\$425	\$713
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$578	\$1,337	Retainer Crown - <sup>3</sup> / <sub>4</sub> Cast Noble Metal	D6782	\$440	\$643
II III			+ - ,	Retainer Crown - <sup>3</sup> / <sub>4</sub> Porcelain/Ceramic	D6783	\$440	\$773
Type III - Pontics and Retainers				Retainer Crown <sup>3</sup> / <sub>4</sub> - Titanium	D6784	\$425	\$713
Pontic - Cast High Noble Metal	D6210	\$396	\$750	Retainer Crown - Full Cast High Noble Metal	D6790	\$428	\$740
Pontic - Cast Predominantly Base Metal	D6211	\$373	\$776	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$421	\$796
Pontic - Cast Noble Metal	D6212	\$389	\$771	Retainer Crown - Full Cast Noble Metal	D6792	\$446	\$794
Pontic - Titanium	D6214	\$396	\$727	Retainer Crown - Titanium	D6794	\$400	\$744
Pontic - Porcelain Fused to High Noble Metal	D6240	\$400	\$746	Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$102
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$377	\$690	Stress Breaker	D6940	\$58	\$188
Pontic - Porcelain Fused to Noble Metal	D6241	\$389	\$743	Fixed Partial Denture Repair - by Report	D6980	\$114	\$114
Pontic - Porelain Fused to Titanium	D6242	\$377	\$690	rixed rathar Dentale Repair by Report	D0700	ψΠΨ	Ψ114
Pontic - Porcelain/Ceramic	D6245	\$455	\$743	Type II - Oral Surgery			
Pontic - Resin with High Noble Metal	D6250	\$420	\$877	Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$112
Pontic - Resin with Predominantly Base Metal	D6250 D6251	\$420 \$355	\$877 \$783	Extraction - Ecologia Remnans - Finnary Foon Extraction - Erupted Tooth or Exposed Root	D7111 D7140	\$ <del>6</del> 3	\$112 \$144
Pontic - Resin with Noble Metal	D6251 D6252	\$400	\$785 \$835	Extraction - Erupted Tooth	D7140 D7210	\$03 \$94	\$144 \$226
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$400 \$275	\$833 \$275	Removal of Impacted Tooth - Soft Tissue	D7210 D7220	\$94 \$102	\$220 \$287
Retainer - Cast Metal of Resin Bonded Fixed Frostnesis	D6548	\$273 \$258		-	D7220 D7230	\$102	
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6548 D6549	\$238 \$270	\$258 \$270	Removal of Impacted Tooth - Partially Bony	D7230 D7240	\$120 \$171	\$374 \$470
			\$270	Removal of Impacted Tooth - Completely Bony Removal of Residual Tooth Roots			\$479 \$227
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$377 \$204	\$588 \$576		D7250	\$81 \$104	\$237 \$402
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$394 \$277	\$576	Coronectomy - Intentional Partial Tooth Removal	D7251	\$104 \$128	\$493
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$377 \$428	\$584	Oroantral Fistula Closure	D7260	\$128 \$222	\$1,696
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$438	\$655 \$502	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$233	\$482
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$343	\$582	Tooth Transplantation	D7272	\$233	\$587
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$394	\$631	Exposure of an Unerupted Tooth	D7280	\$179	\$460
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$386	\$578	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$70	\$ <del>4</del> 00 \$994
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$428	\$642	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7285 D7286	\$70 \$70	
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$428	\$546	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7280 D7310	\$70 \$105	\$406 \$425
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$446	\$585		D7310 D7311	\$105 \$44	\$425 \$244
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$370	\$643	Alveoplasty in Conjunction w/Extract-1 to 3 Teeth/Per Quad			\$344 \$712
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$455	\$690	Alveoplasty not in Conjunct w/Extract-4+ Teeth/Per Quad	D7320	\$156 \$62	\$712 \$555
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$343	\$667	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7321 D7340	\$62 \$210	\$555 \$2.052
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$428	\$653	vestioniopiasty-kiuge Ext (2nd Epithenanization)	D7340	\$∠10	\$2,953

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$310	\$8,628	III - Occlusal Adjustment - Complete	D9952	\$132	\$758
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$295	\$1,188	* Covered only when performed in conjunction with covered oral			
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$334	\$1,621	surgery.			
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$358	\$1,263				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$420	\$1,696				
Removal of Lateral Exostosis - Per Site	D7471	\$110	\$1,597				
Removal of Torus Palantinus	D7472	\$278	\$1,914				
Removal of Torus Mandibularus	D7473	\$278	\$1,805				
Reduction of Osseous Tuberosity	D7485	\$278	\$1,608				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$65	\$418				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$140	\$2,185				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$65	\$805				
Removal of Reaction Producing Foreign Bodies -	D7540	\$125	\$823				
Musculoskeletal System		+	<i><b>4</b>025</i>				
Sequestrectomy for Osteomyletis	D7550	\$65	\$477				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$605	\$4,114				
Suture of Recent Small Wounds up to 5cm	D7910	\$65	\$718				
Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$122	\$535				
Lingual Frenectomy (Frenulectomy)	D7962	\$122	\$535				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$117	\$821				
Excision of Pericoronal Gingiva	D7971	\$81	\$300				
Surgical Reduction of Fibrous Tuberosity	D7972	\$350	\$1,177				
Non-Surgical Sialolithotomy	D7979	\$305	\$305				
Surgical Sialolithotomy	D7980	\$305	\$1,144				
Closure of Salivary Fistula	D7983	\$805	\$2,707				
Type - Miscellaneous Services							
I - Palliative (Emergency) Treatment of Pain	D9110	\$20	\$95				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$95				
III - Deep Sedation/General Ansethesia - First 15 Min*	D9222	\$56	\$249				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$56	\$182				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$47				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$47	\$206				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$47	\$156				
III - Non-Intravenous Conscious Sedation*	D9248	\$74	\$111				
I - Consultation	D9310	\$0	\$99				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$51	\$51				
II - Treatment of Complications (Post Surgical)	D9930	\$17	\$17				
III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$100	\$429				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$100	\$429				
III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$100	\$429				
III - Occlusal Adjustment - Limited	D9951	\$55	\$144				