

SECURECARE DENTAL

COPAY PLAN AZ100 - 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 General 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							
Periodic Oral Evaluation	D0120	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$0	\$0
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$0	Space Maintainer; Fixed Unilateral	D1510	\$0	\$0
Oral Evaluation - under 3 years old	D0145	\$0	\$0	Upper Space Maintainer; Fixed Bilateral	D1516	\$0	\$0
Comprehensive Oral Evaluation	D0150	\$0	\$0	Lower Space Maintainer; Fixed Bilateral	D1517	\$0	\$0
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$0	Space Maintainer; Removable Unilateral	D1520	\$0	\$0
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$0	Upper Space Maintainer; Removable Bilateral	D1526	\$0	\$0
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Lower Space Maintainer; Removable Bilateral	D1527	\$0	\$0
Comprehensive Periodontal Evaluation	D0180	\$0	\$0	Re-cement or Re-bond Space Maintainer	D1550	\$0	\$0
Intraoral - Complete Series of Images	D0210	\$0	\$0	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$0	\$0
Intraoral - Periapical - 1st Image	D0220	\$0	\$0	Type II - Restorative Dentistry			
Intraoral - Periapical - Each Additional Image	D0230	\$0	\$0	Amalgam - 1 Surface - Primary or Permanent	D2140	\$64	\$143
Intraoral - Occlusal Image	D0240	\$0	\$0	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$78	\$185
Extraoral - 2D Image	D0250	\$0	\$0	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$87	\$224
Extraoral - Posterior Image	D0251	\$0	\$0	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$114	\$272
Bitewing - 1 Image	D0270	\$0	\$0	Resin Composite - 1 Surface - Anterior	D2330	\$68	\$149
Bitewing - 2 Images	D0272	\$0	\$0	Resin Composite - 2 Surfaces - Anterior	D2331	\$94	\$183
Bitewing - 3 Images	D0273	\$0	\$0	Resin Composite - 3 Surfaces - Anterior	D2332	\$109	\$220
Bitewing - 4 Images	D0274	\$0	\$0	Resin Composite - 4+ Surfaces - Anterior	D2335	\$118	\$260
Vertical Bitewings - 7 to 8 Images	D0277	\$0	\$0	Resin Composite Crown - Anterior	D2390	\$161	\$288
Panoramic Image	D0330	\$0	\$0	Resin Composite - 1 Surface - Posterior	D2391	\$88	\$166
Pulp Vitality Tests	D0460	\$0	\$0	Resin Composite - 2 Surfaces - Posterior	D2392	\$109	\$213
Diagnostic Casts	D0470	\$0	\$0	Resin Composite - 3 Surfaces - Posterior	D2393	\$134	\$267
Type I - Preventive Services				Resin Composite - 4+ Surfaces - Posterior			
Prophylaxis Cleaning - Adult	D1110	\$0	\$0	Type III - Onlays, Crowns and Bridges			
Prophylaxis Cleaning - Child	D1120	\$0	\$0	Inlay - Metallic - 1 Surface	D2510	\$390	\$734
Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$0	Inlay - Metallic - 2 Surfaces	D2520	\$464	\$833
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$0	Inlay - Metallic - 3+ Surfaces	D2530	\$575	\$960
Sealant - Per Tooth	D1351	\$0	\$0	Onlay - Metallic - 2 Surfaces	D2542	\$504	\$942
Preventive Resin Restoration (Including Sealant)	D1352	\$0	\$0	Onlay - Metallic - 3 Surfaces	D2543	\$630	\$985

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Onlay - Metallic - 4+ Surfaces	D2544	\$815	\$1,025	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$624	\$918
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$398	\$864	Crown Repair	D2980	\$110	\$180
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$514	\$912	Inlay Repair	D2981	\$111	\$180
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$596	\$971	Onlay Repair	D2982	\$111	\$180
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$518	\$944	Veneer Repair	D2983	\$111	\$180
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$620	\$1,018				
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$822	\$1,080	Type III - Endodontics			
Inlay - Resin Composite - 1 Surface	D2650	\$342	\$568	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$46	\$91
Inlay - Resin Composite - 2 Surfaces	D2651	\$412	\$676	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$41	\$73
Inlay - Resin Composite - 3+ Surfaces	D2652	\$471	\$711	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$93	\$186
Onlay - Resin Composite - 2 Surfaces	D2662	\$458	\$617	Pulpal Debridement - Primary/Permanent	D3221	\$70	\$204
Onlay - Resin Composite - 3 Surfaces	D2663	\$500	\$726	Partial Pulpotomy for Apexogenesis	D3222	\$90	\$189
Onlay - Resin Composite - 4+ Surfaces	D2664	\$543	\$778	Pulpal Therapy Anterior - Primary	D3230	\$83	\$168
Crown - Resin Based Composite - Indirect	D2710	\$386	\$413	Pulpal Therapy Posterior - Primary	D3240	\$100	\$207
Crown - ¾ Resin Based Composite - Indirect	D2712	\$265	\$413	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$427	\$660
Crown - Resin with High Noble Metal	D2720	\$741	\$1,018	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$511	\$809
Crown - Resin with Base Metal	D2721	\$668	\$954	Root Canal - Molar (Excluding Final Restoration)	D3330	\$605	\$1,003
Crown - Resin with Noble Metal	D2722	\$679	\$975	Treatment of Root Canal Obstruction - non surgical	D3331	\$174	\$259
Crown - Porcelain/Ceramic	D2740	\$774	\$1,075	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$221	\$492
Crown - Porcelain with High Noble Metal	D2750	\$758	\$1,031	Internal Root Repair of Perforation Defects	D3333	\$165	\$191
Crown - Porcelain with Predominantly Base Metal	D2751	\$697	\$960	Retreatment of Previous RCT - Anterior	D3346	\$460	\$880
Crown - Porcelain With Noble Metal	D2752	\$714	\$983	Retreatment of Previous RCT - Premolar	D3347	\$572	\$1,035
Crown - ¾ Cast High Noble Metal	D2780	\$691	\$989	Retreatment of Previous RCT - Molar	D3348	\$594	\$1,281
Crown - ¾ Cast Predominantly Base Metal	D2781	\$678	\$931	Apexification/Recalcification - Initial Visit	D3351	\$158	\$389
Crown - ¾ Cast Noble Metal	D2782	\$685	\$961	Apexification/Recalcification - Interim Visit	D3352	\$94	\$175
Crown - ¾ Porcelain/Ceramic	D2783	\$694	\$1,017	Apexification/Recalcification - Final Visit	D3353	\$193	\$537
Crown - Full Cast High Noble Metal	D2790	\$694	\$995	Apicoectomy - Anterior	D3410	\$372	\$772
Crown - Full Cast Predominantly Base Metal	D2791	\$660	\$943	Apicoectomy - Premolar - 1st Root	D3421	\$379	\$859
Crown - Full Cast Noble Metal	D2792	\$675	\$960	Apicoectomy - Molar - 1st Root	D3425	\$384	\$974
Crown - Titanium	D2794	\$663	\$1,018	Apicoectomy - Each Additional Root	D3426	\$226	\$329
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$80	\$92	Retrograde Filling - Per Root	D3430	\$118	\$242
Re-cement/Re-bond Crown	D2920	\$83	\$94	Root Amputation - Per Root	D3450	\$201	\$504
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$279	\$371	Hemisection (Including any Root Removal)	D3920	\$132	\$383
Prefabricated Stainless Steel Crown - Primary	D2930	\$137	\$255	Canal Preparation/Post Fitting	D3950	\$0	\$0
Prefabricated Stainless Steel Crown - Permanent	D2931	\$162	\$289				
Prefabricated Resin Crown	D2932	\$125	\$308	Type III - Periodontics			
Protective Restoration	D2940	\$67	\$98	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$290	\$746
Core Build Up - Including any Pins when required	D2950	\$154	\$248	Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$118	\$331
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$50	\$55	Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$92	\$265
Cast Post and Core - in Addition to Crown	D2952	\$224	\$385	Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$440	\$945
Cast Post and Core - Each Additional - same tooth	D2953	\$164	\$193	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$235	\$547
Prefabricated Post and Core - in Addition to Crown	D2954	\$186	\$308	Crown Lengthening - Hard Tissue	D4249	\$498	\$1,036
Post Removal	D2955	\$0	\$0	Osseous Surgery - 4+ teeth/quad	D4260	\$511	\$1,575
Each Additional Prefabricated Post - same tooth	D2957	\$151	\$154	Osseous Surgery - 1-3 teeth/quad	D4261	\$422	\$845
Labial Veneer (resin laminate) - Chairside	D2960	\$366	\$745	Pedicle Soft Tissue Graft Procedure	D4270	\$160	\$1,119
Labial Veneer (resin laminate) - Laboratory	D2961	\$538	\$845	Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$583	\$1,367

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Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$372	\$776	Replace Broken Teeth - Per Tooth	D5640	\$102	\$162
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$494	\$1,028	Add Tooth to Existing Partial Denture	D5650	\$131	\$221
Combined Connective Tissue/Double Pedicle Graft	D4276	\$709	\$1,533	Add Clasp to Existing Partial Denture - per tooth	D5660	\$159	\$265
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$341	\$1,160	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$454	\$647
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$341	\$381	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$454	\$647
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$583	\$1,165	Rebase Complete Upper Denture	D5710	\$441	\$655
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$494	\$877	Rebase Complete Lower Denture	D5711	\$441	\$625
Provisional Intracoronal Splint	D4320	\$157	\$401	Rebase Upper Partial Denture	D5720	\$398	\$618
Provisional Extracoronal Splint	D4321	\$143	\$364	Rebase Lower Partial Denture	D5721	\$398	\$618
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$129	\$227	Reline Complete Upper Denture (Chairside)	D5730	\$279	\$369
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$69	\$134	Reline Complete Lower Denture (Chairside)	D5731	\$279	\$369
Scaling - Full Mouth - After Oral Evaluation	D4346	\$75	\$69	Reline Upper Partial Denture (Chairside)	D5740	\$276	\$338
Full Mouth Debridement	D4355	\$64	\$158	Reline Lower Partial Denture (Chairside)	D5741	\$276	\$338
Periodontal Maintenance Procedures	D4910	\$72	\$127	Reline Complete Upper Denture (Laboratory)	D5750	\$339	\$493
				Reline Complete Lower Denture (Laboratory)	D5751	\$339	\$493
				Reline Upper Partial Denture (Laboratory)	D5760	\$325	\$485
				Reline Lower Partial Denture (Laboratory)	D5761	\$325	\$485
				Tissue Conditioning - Upper	D5850	\$131	\$154
				Tissue Conditioning - Lower	D5851	\$131	\$154
Type III - Removable Prosthetics				Type III - Implants			
Complete Denture - Upper	D5110	\$916	\$1,612	Surgical Placement of Implant Body - Endosteal	D6010	\$1,486	\$2,694
Complete Denture - Lower	D5120	\$916	\$1,612	Surgical Placement of Mini Implant	D6013	\$1,496	\$2,694
Immediate Denture - Upper	D5130	\$894	\$1,758	Prefabricated Abutment - includes modification & placement	D6056	\$370	\$559
Immediate Denture - Lower	D5140	\$894	\$1,758	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$949	\$1,551
Upper Partial Denture - Resin Base	D5211	\$639	\$1,361	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$936	\$1,530
Lower Partial Denture - Resin Base	D5212	\$639	\$1,581	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$831	\$1,446
Upper Partial - Cast Metal Frame - Resin Base	D5213	\$896	\$1,782	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$881	\$1,476
Lower Partial - Cast Metal Frame - Resin Base	D5214	\$896	\$1,782	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$888	\$1,470
Upper Immediate Partial Denture - Resin Base	D5221	\$856	\$1,484	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$709	\$1,280
Lower Immediate Partial Denture - Resin Base	D5222	\$856	\$1,724	Crown - Abutment Supp. Cast Noble Metal	D6064	\$757	\$1,339
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$1,148	\$1,942	Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$915	\$1,526
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$1,148	\$1,942	Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$891	\$1,486
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$556	\$1,039	Crown - Implant Supp. Metal	D6067	\$833	\$1,442
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$556	\$1,039	Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$54	\$119
Adjust Complete Denture - Upper	D5410	\$55	\$88	Crown - Abutment Supp. Titanium	D6094	\$830	\$1,214
Adjust Complete Denture - Lower	D5411	\$55	\$88	Repair Implant Abutment - By Report	D6095	\$275	\$375
Adjust Partial Denture - Upper	D5421	\$94	\$88	Remove Broken Implant Retaining Screw	D6096	\$45	\$45
Adjust Partial Denture - Lower	D5422	\$94	\$88				
Repair Broken Complete Denture Base - Mandibular	D5511	\$114	\$177	Type III - Pontics and Retainers			
Repair Broken Complete Denture Base - Maxillary	D5512	\$114	\$177	Pontic - Cast High Noble Metal	D6210	\$713	\$1,006
Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$94	\$147	Pontic - Cast Predominantly Base Metal	D6211	\$597	\$943
Repair Resin Partial Denture Base - Mandibular	D5611	\$125	\$191	Pontic - Cast Noble Metal	D6212	\$659	\$981
Repair Resin Partial Denture Base - Maxillary	D5612	\$125	\$191	Pontic - Titanium	D6214	\$743	\$1,012
Repair Cast Partial Framework - Mandibular	D5621	\$153	\$206	Pontic - Porcelain Fused to High Noble Metal	D6240	\$708	\$993
Repair Cast Partial Framework - Maxillary	D5622	\$153	\$206	Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$660	\$917
Repair or Replace Broken Clasp - per tooth	D5630	\$141	\$250				

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Pontic - Porcelain Fused to Noble Metal	D6242	\$673	\$968	Extraction - Coronal Remnants - Primary Tooth	D7111	\$63	\$119
Pontic - Porcelain/Ceramic	D6245	\$800	\$1,025	Extraction - Erupted Tooth or Exposed Root	D7140	\$95	\$159
Pontic - Resin with High Noble Metal	D6250	\$584	\$981	Extraction - Erupted Tooth	D7210	\$133	\$239
Pontic - Resin with Predominantly Base Metal	D6251	\$532	\$905	Removal of Impacted Tooth - Soft Tissue	D7220	\$147	\$298
Pontic - Resin with Noble Metal	D6252	\$556	\$934	Removal of Impacted Tooth - Partially Bony	D7230	\$188	\$397
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$481	\$374	Removal of Impacted Tooth - Completely Bony	D7240	\$211	\$466
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$466	\$412	Removal of Residual Tooth Roots	D7250	\$124	\$251
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$315	\$270	Coronectomy - Intentional Partial Tooth Removal	D7251	\$160	\$493
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$565	\$743	Oroantral Fistula Closure	D7260	\$194	\$1,609
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$632	\$779	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$302	\$670
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$622	\$794	Tooth Transplantation	D7272	\$380	\$670
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$695	\$873	Exposure of an Unerupted Tooth	D7280	\$233	\$469
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$574	\$778	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$104	\$939
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$624	\$824	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$104	\$402
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$608	\$765	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$118	\$368
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$674	\$849	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$83	\$322
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$726	\$807	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$155	\$599
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$741	\$842	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$109	\$506
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$622	\$856	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$267	\$2,532
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$744	\$936	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$439	\$7,366
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$566	\$851	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$420	\$1,105
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$705	\$890	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$508	\$1,510
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$608	\$833	Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$408	\$1,105
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$744	\$866	Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$519	\$1,510
Retainer Inlay - Titanium	D6624	\$552	\$794	Removal of Lateral Exostosis - Per Site	D7471	\$140	\$1,368
Retainer Onlay - Titanium	D6634	\$585	\$833	Removal of Torus Palatinus	D7472	\$297	\$1,626
Retainer Crown - Resin With High Noble Metal	D6720	\$694	\$992	Removal of Torus Mandibularus	D7473	\$297	\$1,534
Retainer Crown - Resin With Base Metal	D6721	\$622	\$941	Reduction of Osseous Tuberosity	D7485	\$297	\$1,368
Retainer Crown - Resin With Noble Metal	D6722	\$652	\$958	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$118	\$396
Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$763	\$1,043	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$197	\$1,886
Retainer Crown - Porcelain With High Noble Metal	D6750	\$763	\$1,016	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$68	\$680
Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$702	\$948	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$197	\$753
Retainer Crown - Porcelain With Noble Metal	D6752	\$719	\$970	Sequestrectomy for Osteomyelitis	D7550	\$146	\$470
Retainer Crown - ¾ Cast High Noble Metal	D6780	\$747	\$958	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$924	\$3,729
Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$713	\$958	Suture of Recent Small Wounds up to 5cm	D7910	\$65	\$604
Retainer Crown - ¾ Cast Noble Metal	D6782	\$727	\$890	Frenulectomy (Frenectomy or Frenotomy)	D7960	\$219	\$506
Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$698	\$986	Excision of Hyperplastic Tissue - Per Arch	D7970	\$172	\$737
Retainer Crown - Full Cast High Noble Metal	D6790	\$713	\$981	Excision of Pericoronal Gingiva	D7971	\$109	\$276
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$597	\$930	Surgical Reduction of Fibrous Tuberosity	D7972	\$399	\$1,031
Retainer Crown - Full Cast Noble Metal	D6792	\$659	\$964	Non-Surgical Sialolithotomy	D7979	\$540	\$1,160
Retainer Crown - Titanium	D6794	\$663	\$964	Surgical Sialolithotomy	D7980	\$540	\$1,160
Re-cement or Re-bond Fixed Partial Denture	D6930	\$75	\$142	Closure of Salivary Fistula	D7983	\$1,229	\$2,633
Stress Breaker	D6940	\$235	\$321				
Fixed Partial Denture Repair - by Report	D6980	\$175	\$158				

Type II - Oral Surgery

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Type - Miscellaneous Services							
I - Palliative (Emergency) Treatment of Pain	D9110	\$56	\$122				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$90	\$199				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$90	\$199				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$53	\$73				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$74	\$168				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$74	\$168				
III - Non-Intravenous Conscious Sedation*	D9248	\$79	\$107				
I - Consultation	D9310	\$53	\$166				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$67	\$67				
II - Treatment of Complications (Post Surgical)	D9930	\$63	\$63				
III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$247	\$546				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$247	\$546				
III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$247	\$546				
III - Occlusal Adjustment - Limited	D9951	\$80	\$160				
III - Occlusal Adjustment - Complete	D9952	\$169	\$753				
* Covered only when performed in conjunction with covered oral surgery.							