

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 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	\$13	\$32	Sealant Repair - Per Tooth	D1353	\$20	\$54
Limited Oral Evaluation - Problem Focused	D0140	\$13	\$57	Space Maintainer; Fixed Unilateral	D1510	\$111	\$250
Oral Evaluation - under 3 years old	D0145	\$13	\$63	Upper Space Maintainer; Fixed Bilateral	D1516	\$117	\$311
Comprehensive Oral Evaluation	D0150	\$13	\$51	Lower Space Maintainer; Fixed Bilateral	D1517	\$117	\$311
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$13	\$130	Space Maintainer; Removable Unilateral	D1520	\$86	\$226
Re-evaluation - Limited - Problem Focused	D0170	\$13	\$42	Upper Space Maintainer; Removable Bilateral	D1526	\$86	\$328
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Lower Space Maintainer; Removable Bilateral	D1527	\$86	\$328
Comprehensive Periodontal Evaluation	D0180	\$13	\$66	Re-cement or Re-bond Space Maintainer	D1550	\$28	\$36
Intraoral - Complete Series of Images	D0210	\$8	\$65	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$109	\$143
Intraoral - Periapical - 1st Image	D0220	\$8	\$21	Type II - Restorative Dentistry			
Intraoral - Periapical - Each Additional Image	D0230	\$8	\$22	Amalgam - 1 Surface - Primary or Permanent	D2140	\$54	\$133
Intraoral - Occlusal Image	D0240	\$8	\$35	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$56	\$163
Extraoral - 2D Image	D0250	\$8	\$32	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$54	\$191
Extraoral - Posterior Image	D0251	\$16	\$41	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$61	\$219
Bitewing - 1 Image	D0270	\$8	\$20	Resin Composite - 1 Surface - Anterior	D2330	\$61	\$142
Bitewing - 2 Images	D0272	\$8	\$30	Resin Composite - 2 Surfaces - Anterior	D2331	\$64	\$153
Bitewing - 3 Images	D0273	\$8	\$35	Resin Composite - 3 Surfaces - Anterior	D2332	\$75	\$186
Bitewing - 4 Images	D0274	\$8	\$38	Resin Composite - 4+ Surfaces - Anterior	D2335	\$92	\$234
Vertical Bitewings - 7 to 8 Images	D0277	\$8	\$51	Resin Composite Crown - Anterior	D2390	\$67	\$194
Panoramic Image	D0330	\$22	\$78	Resin Composite - 1 Surface - Posterior	D2391	\$65	\$143
Pulp Vitality Tests	D0460	\$0	\$56	Resin Composite - 2 Surfaces - Posterior	D2392	\$82	\$186
Diagnostic Casts	D0470	\$22	\$97	Resin Composite - 3 Surfaces - Posterior	D2393	\$90	\$223
Type I - Preventive Services				Resin Composite - 4+ Surfaces - Posterior			
Prophylaxis Cleaning - Adult	D1110	\$13	\$33	Type III - Onlays, Crowns and Bridges			
Prophylaxis Cleaning - Child	D1120	\$13	\$35	Inlay - Metallic - 1 Surface	D2510	\$223	\$567
Fluoride - Topical Application of Fluoride Varnish	D1206	\$6	\$48	Inlay - Metallic - 2 Surfaces	D2520	\$278	\$647
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$6	\$21	Inlay - Metallic - 3+ Surfaces	D2530	\$360	\$745
Sealant - Per Tooth	D1351	\$22	\$42	Onlay - Metallic - 2 Surfaces	D2542	\$352	\$790
Preventive Resin Restoration (Including Sealant)	D1352	\$22	\$54	Onlay - Metallic - 3 Surfaces	D2543	\$370	\$725

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Onlay - Metallic - 4+ Surfaces	D2544	\$370	\$580	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$344	\$638
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$250	\$716	Crown Repair	D2980	\$69	\$139
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$360	\$758	Inlay Repair	D2981	\$69	\$138
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$327	\$702	Onlay Repair	D2982	\$69	\$138
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$300	\$726	Veneer Repair	D2983	\$69	\$138
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$311	\$709				
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$422	\$680	Type III - Endodontics			
Inlay - Resin Composite - 1 Surface	D2650	\$130	\$356	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$20	\$65
Inlay - Resin Composite - 2 Surfaces	D2651	\$181	\$445	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$16	\$48
Inlay - Resin Composite - 3+ Surfaces	D2652	\$240	\$480	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$50	\$143
Onlay - Resin Composite - 2 Surfaces	D2662	\$232	\$391	Pulpal Debridement - Primary/Permanent	D3221	\$48	\$182
Onlay - Resin Composite - 3 Surfaces	D2663	\$301	\$527	Partial Pulpotomy for Apexogenesis	D3222	\$52	\$151
Onlay - Resin Composite - 4+ Surfaces	D2664	\$340	\$575	Pulpal Therapy Anterior - Primary	D3230	\$62	\$147
Crown - Resin Based Composite - Indirect	D2710	\$163	\$190	Pulpal Therapy Posterior - Primary	D3240	\$54	\$161
Crown - ¾ Resin Based Composite - Indirect	D2712	\$154	\$302	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$200	\$433
Crown - Resin with High Noble Metal	D2720	\$455	\$732	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$278	\$576
Crown - Resin with Base Metal	D2721	\$438	\$724	Root Canal - Molar (Excluding Final Restoration)	D3330	\$438	\$836
Crown - Resin with Noble Metal	D2722	\$446	\$742	Treatment of Root Canal Obstruction - non surgical	D3331	\$154	\$239
Crown - Porcelain/Ceramic	D2740	\$377	\$678	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$205	\$476
Crown - Porcelain with High Noble Metal	D2750	\$433	\$706	Internal Root Repair of Perforation Defects	D3333	\$198	\$224
Crown - Porcelain with Predominantly Base Metal	D2751	\$333	\$596	Retreatment of Previous RCT - Anterior	D3346	\$370	\$790
Crown - Porcelain With Noble Metal	D2752	\$355	\$624	Retreatment of Previous RCT - Premolar	D3347	\$380	\$843
Crown - ¾ Cast High Noble Metal	D2780	\$425	\$723	Retreatment of Previous RCT - Molar	D3348	\$390	\$1,077
Crown - ¾ Cast Predominantly Base Metal	D2781	\$400	\$653	Apexification/Recalcification - Initial Visit	D3351	\$48	\$279
Crown - ¾ Cast Noble Metal	D2782	\$415	\$691	Apexification/Recalcification - Interim Visit	D3352	\$48	\$129
Crown - ¾ Porcelain/Ceramic	D2783	\$373	\$696	Apexification/Recalcification - Final Visit	D3353	\$48	\$392
Crown - Full Cast High Noble Metal	D2790	\$400	\$701	Apicoectomy - Anterior	D3410	\$245	\$645
Crown - Full Cast Predominantly Base Metal	D2791	\$386	\$669	Apicoectomy - Premolar - 1st Root	D3421	\$255	\$735
Crown - Full Cast Noble Metal	D2792	\$393	\$678	Apicoectomy - Molar - 1st Root	D3425	\$400	\$990
Crown - Titanium	D2794	\$400	\$755	Apicoectomy - Each Additional Root	D3426	\$48	\$151
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$20	\$32	Retrograde Filling - Per Root	D3430	\$48	\$172
Re-cement/Re-bond Crown	D2920	\$33	\$44	Root Amputation - Per Root	D3450	\$117	\$420
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$163	\$255	Hemisection (Including any Root Removal)	D3920	\$110	\$361
Prefabricated Stainless Steel Crown - Primary	D2930	\$100	\$218	Canal Preparation/Post Fitting	D3950	\$0	\$175
Prefabricated Stainless Steel Crown - Permanent	D2931	\$65	\$192				
Prefabricated Resin Crown	D2932	\$89	\$272	Type III - Periodontics			
Protective Restoration	D2940	\$8	\$39	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$255	\$711
Core Build Up - Including any Pins when required	D2950	\$103	\$197	Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$70	\$283
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$21	Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$39	\$212
Cast Post and Core - in Addition to Crown	D2952	\$91	\$252	Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$317	\$822
Cast Post and Core - Each Additional - same tooth	D2953	\$94	\$123	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$205	\$517
Prefabricated Post and Core - in Addition to Crown	D2954	\$113	\$235	Crown Lengthening - Hard Tissue	D4249	\$344	\$882
Post Removal	D2955	\$0	\$237	Osseous Surgery - 4+ teeth/quad	D4260	\$422	\$1,486
Each Additional Prefabricated Post - same tooth	D2957	\$43	\$46	Osseous Surgery - 1-3 teeth/quad	D4261	\$233	\$656
Labial Veneer (resin laminate) - Chairside	D2960	\$223	\$602	Pedicle Soft Tissue Graft Procedure	D4270	\$101	\$1,060
Labial Veneer (resin laminate) - Laboratory	D2961	\$386	\$693	Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$400	\$1,184

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$281	\$685	Replace Broken Teeth - Per Tooth	D5640	\$61	\$121
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$389	\$923	Add Tooth to Existing Partial Denture	D5650	\$61	\$151
Combined Connective Tissue/Double Pedicle Graft	D4276	\$521	\$1,345	Add Clasp to Existing Partial Denture - per tooth	D5660	\$61	\$167
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$240	\$1,059	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$195	\$388
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$240	\$280	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$195	\$388
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$400	\$982	Rebase Complete Upper Denture	D5710	\$101	\$315
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$389	\$772	Rebase Complete Lower Denture	D5711	\$101	\$285
Provisional Intracoronal Splint	D4320	\$124	\$368	Rebase Upper Partial Denture	D5720	\$101	\$321
Provisional Extracoronal Splint	D4321	\$122	\$343	Rebase Lower Partial Denture	D5721	\$101	\$321
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$100	\$198	Reline Complete Upper Denture (Chairside)	D5730	\$150	\$240
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$49	\$114	Reline Complete Lower Denture (Chairside)	D5731	\$150	\$240
Scaling - Full Mouth - After Oral Evaluation	D4346	\$51	\$45	Reline Upper Partial Denture (Chairside)	D5740	\$150	\$212
Full Mouth Debridement	D4355	\$56	\$150	Reline Lower Partial Denture (Chairside)	D5741	\$150	\$212
Periodontal Maintenance Procedures	D4910	\$61	\$116	Reline Complete Upper Denture (Laboratory)	D5750	\$150	\$304
				Reline Complete Lower Denture (Laboratory)	D5751	\$150	\$304
				Reline Upper Partial Denture (Laboratory)	D5760	\$150	\$310
				Reline Lower Partial Denture (Laboratory)	D5761	\$150	\$310
				Tissue Conditioning - Upper	D5850	\$24	\$47
				Tissue Conditioning - Lower	D5851	\$23	\$46
Type III - Removable Prosthetics				Type III - Implants			
Complete Denture - Upper	D5110	\$422	\$1,118	Surgical Placement of Implant Body - Endosteal	D6010	\$958	\$2,166
Complete Denture - Lower	D5120	\$422	\$1,118	Surgical Placement of Mini Implant	D6013	\$958	\$2,156
Immediate Denture - Upper	D5130	\$427	\$1,291	Prefabricated Abutment - includes modification & placement	D6056	\$259	\$448
Immediate Denture - Lower	D5140	\$427	\$1,291	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$615	\$1,217
Upper Partial Denture - Resin Base	D5211	\$396	\$1,118	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$606	\$1,200
Lower Partial Denture - Resin Base	D5212	\$396	\$1,338	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$535	\$1,150
Upper Partial - Cast Metal Frame - Resin Base	D5213	\$472	\$1,358	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$572	\$1,167
Lower Partial - Cast Metal Frame - Resin Base	D5214	\$472	\$1,358	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$576	\$1,158
Upper Immediate Partial Denture - Resin Base	D5221	\$555	\$1,183	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$457	\$1,028
Lower Immediate Partial Denture - Resin Base	D5222	\$555	\$1,423	Crown - Abutment Supp. Cast Noble Metal	D6064	\$491	\$1,073
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$739	\$1,533	Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$593	\$1,204
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$739	\$1,533	Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$578	\$1,173
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$263	\$746	Crown - Implant Supp. Metal	D6067	\$539	\$1,148
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$263	\$746	Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$34	\$99
Adjust Complete Denture - Upper	D5410	\$27	\$60	Crown - Abutment Supp. Titanium	D6094	\$535	\$919
Adjust Complete Denture - Lower	D5411	\$27	\$60	Repair Implant Abutment - By Report	D6095	\$180	\$180
Adjust Partial Denture - Upper	D5421	\$27	\$21	Remove Broken Implant Retaining Screw	D6096	\$35	\$35
Adjust Partial Denture - Lower	D5422	\$27	\$21				
Repair Broken Complete Denture Base - Mandibular	D5511	\$62	\$125	Type III - Pontics and Retainers			
Repair Broken Complete Denture Base - Maxillary	D5512	\$62	\$125	Pontic - Cast High Noble Metal	D6210	\$396	\$689
Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$51	\$104	Pontic - Cast Predominantly Base Metal	D6211	\$373	\$719
Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$117	Pontic - Cast Noble Metal	D6212	\$389	\$711
Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$117	Pontic - Titanium	D6214	\$396	\$665
Repair Cast Partial Framework - Mandibular	D5621	\$61	\$114	Pontic - Porcelain Fused to High Noble Metal	D6240	\$400	\$685
Repair Cast Partial Framework - Maxillary	D5622	\$61	\$114	Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$377	\$634
Repair or Replace Broken Clasp - per tooth	D5630	\$61	\$170				

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	\$389	\$684	Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$99
Pontic - Porcelain/Ceramic	D6245	\$455	\$680	Extraction - Erupted Tooth or Exposed Root	D7140	\$63	\$127
Pontic - Resin with High Noble Metal	D6250	\$420	\$817	Extraction - Erupted Tooth	D7210	\$94	\$200
Pontic - Resin with Predominantly Base Metal	D6251	\$355	\$728	Removal of Impacted Tooth - Soft Tissue	D7220	\$102	\$253
Pontic - Resin with Noble Metal	D6252	\$400	\$778	Removal of Impacted Tooth - Partially Bony	D7230	\$120	\$329
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$275	\$168	Removal of Impacted Tooth - Completely Bony	D7240	\$171	\$426
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$258	\$204	Removal of Residual Tooth Roots	D7250	\$81	\$208
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$270	\$225	Coronectomy - Intentional Partial Tooth Removal	D7251	\$104	\$437
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$377	\$555	Oroantral Fistula Closure	D7260	\$128	\$1,543
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$394	\$541	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$233	\$601
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$377	\$549	Tooth Transplantation	D7272	\$233	\$523
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$438	\$616	Exposure of an Unerupted Tooth	D7280	\$179	\$415
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$343	\$547	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$70	\$905
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$394	\$594	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$70	\$368
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$386	\$543	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$105	\$355
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$428	\$603	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$44	\$283
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$428	\$509	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$156	\$600
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$446	\$547	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$62	\$459
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$370	\$604	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$210	\$2,475
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$455	\$647	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$310	\$7,237
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$343	\$628	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$295	\$980
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$428	\$613	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$334	\$1,336
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$360	\$585	Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$358	\$1,055
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$463	\$585	Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$420	\$1,411
Retainer Inlay - Titanium	D6624	\$286	\$528	Removal of Lateral Exostosis - Per Site	D7471	\$110	\$1,338
Retainer Onlay - Titanium	D6634	\$303	\$551	Removal of Torus Palatinus	D7472	\$278	\$1,607
Retainer Crown - Resin With High Noble Metal	D6720	\$389	\$687	Removal of Torus Mandibularus	D7473	\$278	\$1,515
Retainer Crown - Resin With Base Metal	D6721	\$365	\$684	Reduction of Osseous Tuberosity	D7485	\$278	\$1,349
Retainer Crown - Resin With Noble Metal	D6722	\$373	\$679	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$65	\$343
Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$416	\$696	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$140	\$1,829
Retainer Crown - Porcelain With High Noble Metal	D6750	\$389	\$642	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$65	\$677
Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$332	\$578	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$125	\$681
Retainer Crown - Porcelain With Noble Metal	D6752	\$389	\$640	Sequestrectomy for Osteomyelitis	D7550	\$65	\$389
Retainer Crown - ¾ Cast High Noble Metal	D6780	\$500	\$711	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$605	\$3,410
Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$425	\$670	Suture of Recent Small Wounds up to 5cm	D7910	\$65	\$604
Retainer Crown - ¾ Cast Noble Metal	D6782	\$440	\$603	Frenulectomy (Frenectomy or Frenotomy)	D7960	\$122	\$409
Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$440	\$728	Excision of Hyperplastic Tissue - Per Arch	D7970	\$117	\$682
Retainer Crown - Full Cast High Noble Metal	D6790	\$428	\$696	Excision of Pericoronal Gingiva	D7971	\$81	\$248
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$421	\$754	Surgical Reduction of Fibrous Tuberosity	D7972	\$350	\$982
Retainer Crown - Full Cast Noble Metal	D6792	\$446	\$751	Non-Surgical Sialolithotomy	D7979	\$305	\$925
Retainer Crown - Titanium	D6794	\$400	\$701	Surgical Sialolithotomy	D7980	\$305	\$925
Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$83	Closure of Salivary Fistula	D7983	\$805	\$2,209
Stress Breaker	D6940	\$58	\$144				
Fixed Partial Denture Repair - by Report	D6980	\$114	\$97				

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	\$20	\$86				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$87				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$56	\$165				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$56	\$165				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$40				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$47	\$141				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$47	\$141				
III - Non-Intravenous Conscious Sedation*	D9248	\$74	\$102				
I - Consultation	D9310	\$0	\$113				
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	\$399				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$100	\$399				
III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$100	\$399				
III - Occlusal Adjustment - Limited	D9951	\$55	\$135				
III - Occlusal Adjustment - Complete	D9952	\$132	\$716				
* Covered only when performed in conjunction with covered oral surgery.							