

SECURECARE DENTAL

COPAY PLAN NV500 - 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	\$16	Sealant Repair - Per Tooth	D1353	\$16	\$46
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$29	Space Maintainer; Fixed Unilateral	D1510	\$106	\$220
Oral Evaluation - under 3 years old	D0145	\$0	\$44	Upper Space Maintainer; Fixed Bilateral	D1516	\$111	\$306
Comprehensive Oral Evaluation	D0150	\$0	\$31	Lower Space Maintainer; Fixed Bilateral	D1517	\$111	\$306
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$111	Space Maintainer; Removable Unilateral	D1520	\$81	\$179
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$26	Upper Space Maintainer; Removable Bilateral	D1526	\$81	\$271
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Lower Space Maintainer; Removable Bilateral	D1527	\$81	\$271
Comprehensive Periodontal Evaluation	D0180	\$0	\$50	Re-cement or Re-bond Space Maintainer	D1550	\$24	\$57
Intraoral - Complete Series of Images	D0210	\$11	\$65	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$131	\$143
Intraoral - Periapical - 1st Image	D0220	\$5	\$15	Type II - Restorative Dentistry			
Intraoral - Periapical - Each Additional Image	D0230	\$5	\$17	Amalgam - 1 Surface - Primary or Permanent	D2140	\$37	\$90
Intraoral - Occlusal Image	D0240	\$5	\$24	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$37	\$116
Extraoral - 2D Image	D0250	\$5	\$21	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$37	\$136
Extraoral - Posterior Image	D0251	\$19	\$36	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$42	\$159
Bitewing - 1 Image	D0270	\$5	\$11	Resin Composite - 1 Surface - Anterior	D2330	\$48	\$122
Bitewing - 2 Images	D0272	\$5	\$17	Resin Composite - 2 Surfaces - Anterior	D2331	\$51	\$141
Bitewing - 3 Images	D0273	\$5	\$25	Resin Composite - 3 Surfaces - Anterior	D2332	\$61	\$170
Bitewing - 4 Images	D0274	\$5	\$32	Resin Composite - 4+ Surfaces - Anterior	D2335	\$77	\$194
Vertical Bitewings - 7 to 8 Images	D0277	\$5	\$41	Resin Composite Crown - Anterior	D2390	\$53	\$150
Panoramic Image	D0330	\$11	\$63	Resin Composite - 1 Surface - Posterior	D2391	\$52	\$130
Pulp Vitality Tests	D0460	\$0	\$56	Resin Composite - 2 Surfaces - Posterior	D2392	\$68	\$186
Diagnostic Casts	D0470	\$11	\$89	Resin Composite - 3 Surfaces - Posterior	D2393	\$75	\$188
Type I - Preventive Services				Resin Composite - 4+ Surfaces - Posterior			
Prophylaxis Cleaning - Adult	D1110	\$0	\$22	Type III - Onlays, Crowns and Bridges			
Prophylaxis Cleaning - Child	D1120	\$0	\$14	Inlay - Metallic - 1 Surface	D2510	\$209	\$516
Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$52	Inlay - Metallic - 2 Surfaces	D2520	\$265	\$532
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$13	Inlay - Metallic - 3+ Surfaces	D2530	\$338	\$625
Sealant - Per Tooth	D1351	\$16	\$27	Onlay - Metallic - 2 Surfaces	D2542	\$331	\$694
Preventive Resin Restoration (Including Sealant)	D1352	\$21	\$46	Onlay - Metallic - 3 Surfaces	D2543	\$347	\$636

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	\$347	\$403	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$329	\$509
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$234	\$659	Crown Repair	D2980	\$65	\$124
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$338	\$672	Inlay Repair	D2981	\$65	\$123
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$313	\$578	Onlay Repair	D2982	\$65	\$123
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$286	\$622	Veneer Repair	D2983	\$65	\$123
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$297	\$577				
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$403	\$483	Type III - Endodontics			
Inlay - Resin Composite - 1 Surface	D2650	\$122	\$320	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$20	\$67
Inlay - Resin Composite - 2 Surfaces	D2651	\$170	\$391	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$16	\$42
Inlay - Resin Composite - 3+ Surfaces	D2652	\$225	\$410	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$47	\$139
Onlay - Resin Composite - 2 Surfaces	D2662	\$218	\$323	Pulpal Debridement - Primary/Permanent	D3221	\$49	\$164
Onlay - Resin Composite - 3 Surfaces	D2663	\$282	\$447	Partial Pulpotomy for Apexogenesis	D3222	\$64	\$145
Onlay - Resin Composite - 4+ Surfaces	D2664	\$346	\$512	Pulpal Therapy Anterior - Primary	D3230	\$65	\$146
Crown - Resin Based Composite - Indirect	D2710	\$154	\$160	Pulpal Therapy Posterior - Primary	D3240	\$57	\$164
Crown - ¾ Resin Based Composite - Indirect	D2712	\$180	\$322	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$186	\$424
Crown - Resin with High Noble Metal	D2720	\$427	\$632	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$254	\$596
Crown - Resin with Base Metal	D2721	\$412	\$639	Root Canal - Molar (Excluding Final Restoration)	D3330	\$403	\$791
Crown - Resin with Noble Metal	D2722	\$419	\$651	Treatment of Root Canal Obstruction - non surgical	D3331	\$145	\$211
Crown - Porcelain/Ceramic	D2740	\$403	\$691	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$193	\$449
Crown - Porcelain with High Noble Metal	D2750	\$403	\$670	Internal Root Repair of Perforation Defects	D3333	\$186	\$184
Crown - Porcelain with Predominantly Base Metal	D2751	\$371	\$612	Retreatment of Previous RCT - Anterior	D3346	\$338	\$892
Crown - Porcelain With Noble Metal	D2752	\$382	\$626	Retreatment of Previous RCT - Premolar	D3347	\$350	\$927
Crown - ¾ Cast High Noble Metal	D2780	\$400	\$612	Retreatment of Previous RCT - Molar	D3348	\$360	\$973
Crown - ¾ Cast Predominantly Base Metal	D2781	\$386	\$571	Apexification/Recalcification - Initial Visit	D3351	\$49	\$304
Crown - ¾ Cast Noble Metal	D2782	\$395	\$582	Apexification/Recalcification - Interim Visit	D3352	\$49	\$129
Crown - ¾ Porcelain/Ceramic	D2783	\$386	\$647	Apexification/Recalcification - Final Visit	D3353	\$49	\$434
Crown - Full Cast High Noble Metal	D2790	\$418	\$725	Apicoectomy - Anterior	D3410	\$235	\$687
Crown - Full Cast Predominantly Base Metal	D2791	\$382	\$709	Apicoectomy - Premolar - 1st Root	D3421	\$250	\$779
Crown - Full Cast Noble Metal	D2792	\$395	\$684	Apicoectomy - Molar - 1st Root	D3425	\$366	\$940
Crown - Titanium	D2794	\$382	\$722	Apicoectomy - Each Additional Root	D3426	\$49	\$142
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$19	\$19	Retrograde Filling - Per Root	D3430	\$49	\$185
Re-cement/Re-bond Crown	D2920	\$50	\$64	Root Amputation - Per Root	D3450	\$108	\$425
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$189	\$239	Hemisection (Including any Root Removal)	D3920	\$108	\$376
Prefabricated Stainless Steel Crown - Primary	D2930	\$104	\$157	Canal Preparation/Post Fitting	D3950	\$0	\$195
Prefabricated Stainless Steel Crown - Permanent	D2931	\$67	\$156				
Prefabricated Resin Crown	D2932	\$92	\$206	Type III - Periodontics			
Protective Restoration	D2940	\$8	\$31	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$234	\$777
Core Build Up - Including any Pins when required	D2950	\$99	\$177	Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$65	\$287
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$19	Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$41	\$233
Cast Post and Core - in Addition to Crown	D2952	\$137	\$265	Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$298	\$789
Cast Post and Core - Each Additional - same tooth	D2953	\$92	\$118	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$193	\$496
Prefabricated Post and Core - in Addition to Crown	D2954	\$108	\$191	Crown Lengthening - Hard Tissue	D4249	\$329	\$970
Post Removal	D2955	\$0	\$224	Osseous Surgery - 4+ teeth/quad	D4260	\$403	\$1,412
Each Additional Prefabricated Post - same tooth	D2957	\$41	\$19	Osseous Surgery - 1-3 teeth/quad	D4261	\$223	\$721
Labial Veneer (resin laminate) - Chairside	D2960	\$209	\$515	Pedicle Soft Tissue Graft Procedure	D4270	\$105	\$1,109
Labial Veneer (resin laminate) - Laboratory	D2961	\$363	\$550	Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$385	\$1,266

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Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$289	\$673	Replace Broken Teeth - Per Tooth	D5640	\$57	\$96
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$390	\$893	Add Tooth to Existing Partial Denture	D5650	\$57	\$119
Combined Connective Tissue/Double Pedicle Graft	D4276	\$540	\$1,324	Add Clasp to Existing Partial Denture - per tooth	D5660	\$57	\$124
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$225	\$1,055	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$201	\$298
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$225	\$220	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$201	\$298
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$385	\$1,049	Rebase Complete Upper Denture	D5710	\$105	\$221
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$390	\$731	Rebase Complete Lower Denture	D5711	\$105	\$193
Provisional Intracoronal Splint	D4320	\$114	\$336	Rebase Upper Partial Denture	D5720	\$105	\$241
Provisional Extracoronal Splint	D4321	\$112	\$316	Rebase Lower Partial Denture	D5721	\$105	\$241
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$91	\$212	Reline Complete Upper Denture (Chairside)	D5730	\$105	\$153
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$50	\$106	Reline Complete Lower Denture (Chairside)	D5731	\$105	\$153
Scaling - Full Mouth - After Oral Evaluation	D4346	\$51	\$48	Reline Upper Partial Denture (Chairside)	D5740	\$105	\$122
Full Mouth Debridement	D4355	\$53	\$153	Reline Lower Partial Denture (Chairside)	D5741	\$105	\$122
Periodontal Maintenance Procedures	D4910	\$57	\$121	Reline Complete Upper Denture (Laboratory)	D5750	\$105	\$189
				Reline Complete Lower Denture (Laboratory)	D5751	\$105	\$189
				Reline Upper Partial Denture (Laboratory)	D5760	\$105	\$200
				Reline Lower Partial Denture (Laboratory)	D5761	\$105	\$200
				Tissue Conditioning - Upper	D5850	\$27	\$28
				Tissue Conditioning - Lower	D5851	\$24	\$25
Type III - Removable Prosthetics				Type III - Implants			
Complete Denture - Upper	D5110	\$398	\$908	Surgical Placement of Implant Body - Endosteal	D6010	\$1,082	\$1,991
Complete Denture - Lower	D5120	\$398	\$908	Surgical Placement of Mini Implant	D6013	\$1,082	\$1,976
Immediate Denture - Upper	D5130	\$398	\$1,011	Prefabricated Abutment - includes modification & placement	D6056	\$292	\$413
Immediate Denture - Lower	D5140	\$398	\$1,011	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$699	\$1,112
Upper Partial Denture - Resin Base	D5211	\$338	\$975	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$682	\$1,101
Lower Partial Denture - Resin Base	D5212	\$338	\$1,179	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$601	\$1,051
Upper Partial - Cast Metal Frame - Resin Base	D5213	\$440	\$1,095	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$642	\$1,068
Lower Partial - Cast Metal Frame - Resin Base	D5214	\$440	\$1,095	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$647	\$1,061
Upper Immediate Partial Denture - Resin Base	D5221	\$598	\$1,098	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$513	\$940
Lower Immediate Partial Denture - Resin Base	D5222	\$598	\$1,320	Crown - Abutment Supp. Cast Noble Metal	D6064	\$551	\$983
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$803	\$1,414	Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$666	\$1,104
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$793	\$1,404	Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$649	\$1,074
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$273	\$606	Crown - Implant Supp. Metal	D6067	\$605	\$1,053
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$273	\$606	Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$39	\$91
Adjust Complete Denture - Upper	D5410	\$24	\$49	Crown - Abutment Supp. Titanium	D6094	\$601	\$837
Adjust Complete Denture - Lower	D5411	\$24	\$49	Repair Implant Abutment - By Report	D6095	\$202	\$202
Adjust Partial Denture - Upper	D5421	\$24	\$7	Remove Broken Implant Retaining Screw	D6096	\$31	\$31
Adjust Partial Denture - Lower	D5422	\$24	\$7				
Repair Broken Complete Denture Base - Mandibular	D5511	\$58	\$96	Type III - Pontics and Retainers			
Repair Broken Complete Denture Base - Maxillary	D5512	\$58	\$96	Pontic - Cast High Noble Metal	D6210	\$411	\$675
Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$49	\$80	Pontic - Cast Predominantly Base Metal	D6211	\$386	\$724
Repair Resin Partial Denture Base - Mandibular	D5611	\$49	\$90	Pontic - Cast Noble Metal	D6212	\$402	\$706
Repair Resin Partial Denture Base - Maxillary	D5612	\$49	\$90	Pontic - Titanium	D6214	\$411	\$648
Repair Cast Partial Framework - Mandibular	D5621	\$57	\$77	Pontic - Porcelain Fused to High Noble Metal	D6240	\$339	\$604
Repair Cast Partial Framework - Maxillary	D5622	\$57	\$77	Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$339	\$569
Repair or Replace Broken Clasp - per tooth	D5630	\$57	\$133				

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	\$339	\$603	Extraction - Coronal Remnants - Primary Tooth	D7111	\$41	\$73
Pontic - Porcelain/Ceramic	D6245	\$471	\$648	Extraction - Erupted Tooth or Exposed Root	D7140	\$60	\$124
Pontic - Resin with High Noble Metal	D6250	\$449	\$883	Extraction - Erupted Tooth	D7210	\$90	\$184
Pontic - Resin with Predominantly Base Metal	D6251	\$385	\$792	Removal of Impacted Tooth - Soft Tissue	D7220	\$98	\$231
Pontic - Resin with Noble Metal	D6252	\$422	\$829	Removal of Impacted Tooth - Partially Bony	D7230	\$114	\$298
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$258	\$108	Removal of Impacted Tooth - Completely Bony	D7240	\$163	\$381
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$242	\$151	Removal of Residual Tooth Roots	D7250	\$77	\$178
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$227	\$177	Coronectomy - Intentional Partial Tooth Removal	D7251	\$121	\$432
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$354	\$486	Oroantral Fistula Closure	D7260	\$147	\$1,447
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$370	\$457	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$242	\$507
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$354	\$471	Tooth Transplantation	D7272	\$242	\$473
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$411	\$518	Exposure of an Unerupted Tooth	D7280	\$186	\$349
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$322	\$481	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$65	\$828
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$370	\$515	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$65	\$322
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$363	\$467	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$96	\$340
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$402	\$513	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$52	\$278
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$402	\$406	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$145	\$573
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$419	\$443	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$72	\$447
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$347	\$529	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$193	\$2,351
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$427	\$542	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$289	\$6,973
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$322	\$566	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$305	\$856
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$402	\$517	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$186	\$1,022
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$338	\$512	Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$331	\$892
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$435	\$477	Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$386	\$1,200
Retainer Inlay - Titanium	D6624	\$323	\$586	Removal of Lateral Exostosis - Per Site	D7471	\$101	\$1,263
Retainer Onlay - Titanium	D6634	\$343	\$613	Removal of Torus Palatinus	D7472	\$258	\$1,471
Retainer Crown - Resin With High Noble Metal	D6720	\$402	\$637	Removal of Torus Mandibularus	D7473	\$258	\$1,380
Retainer Crown - Resin With Base Metal	D6721	\$378	\$648	Reduction of Osseous Tuberosity	D7485	\$258	\$1,218
Retainer Crown - Resin With Noble Metal	D6722	\$386	\$635	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$60	\$311
Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$408	\$670	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$128	\$1,724
Retainer Crown - Porcelain With High Noble Metal	D6750	\$337	\$585	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$60	\$638
Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$316	\$540	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$128	\$614
Retainer Crown - Porcelain With Noble Metal	D6752	\$337	\$564	Sequestrectomy for Osteomyelitis	D7550	\$60	\$356
Retainer Crown - ¾ Cast High Noble Metal	D6780	\$455	\$590	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$702	\$3,322
Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$378	\$554	Suture of Recent Small Wounds up to 5cm	D7910	\$60	\$586
Retainer Crown - ¾ Cast Noble Metal	D6782	\$386	\$470	Frenulectomy (Frenectomy or Frenotomy)	D7960	\$112	\$370
Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$386	\$608	Excision of Hyperplastic Tissue - Per Arch	D7970	\$108	\$625
Retainer Crown - Full Cast High Noble Metal	D6790	\$402	\$598	Excision of Pericoronal Gingiva	D7971	\$85	\$216
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$395	\$680	Surgical Reduction of Fibrous Tuberosity	D7972	\$322	\$822
Retainer Crown - Full Cast Noble Metal	D6792	\$419	\$664	Non-Surgical Sialolithotomy	D7979	\$282	\$814
Retainer Crown - Titanium	D6794	\$382	\$666	Surgical Sialolithotomy	D7980	\$282	\$814
Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$64	Closure of Salivary Fistula	D7983	\$933	\$2,138
Stress Breaker	D6940	\$53	\$78				
Fixed Partial Denture Repair - by Report	D6980	\$105	\$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	\$19	\$83				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$96				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$52	\$189				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$52	\$189				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$19	\$58				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$41	\$160				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$41	\$160				
III - Non-Intravenous Conscious Sedation*	D9248	\$67	\$86				
I - Consultation	D9310	\$0	\$100				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$49	\$49				
II - Treatment of Complications (Post Surgical)	D9930	\$16	\$16				
III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$95	\$302				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$95	\$302				
III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$95	\$302				
III - Occlusal Adjustment - Limited	D9951	\$51	\$123				
III - Occlusal Adjustment - Complete	D9952	\$122	\$556				
* Covered only when performed in conjunction with covered oral surgery.							