

SECURECARE DENTAL

COPAY PLAN 101 - 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	Space Maintainer - Fixed - Bilateral	D1515	\$0	\$0
Comprehensive Oral Evaluation	D0150	\$0	\$0	Space Maintainer - Removable - Unilateral	D1520	\$0	\$0
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$0	Space Maintainer - Removable - Bilateral	D1525	\$0	\$0
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$0	Re-cement or Re-bond Space Maintainer	D1550	\$0	\$0
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$0	\$0
Comprehensive Periodontal Evaluation	D0180	\$0	\$0	Type II - Restorative Dentistry			
Intraoral - Complete Series of Images	D0210	\$0	\$0	Amalgam - 1 Surface - Primary or Permanent	D2140	\$49	\$141
Intraoral - Periapical - 1st Image	D0220	\$0	\$0	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$61	\$181
Intraoral - Periapical - Each Additional Image	D0230	\$0	\$0	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$69	\$221
Intraoral - Occlusal Image	D0240	\$0	\$0	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$89	\$270
Extraoral - 2D Image	D0250	\$0	\$0	Resin Composite - 1 Surface - Anterior	D2330	\$61	\$143
Extraoral - Posterior Image	D0251	\$0	\$0	Resin Composite - 2 Surfaces - Anterior	D2331	\$85	\$173
Bitewing - 1 Image	D0270	\$0	\$0	Resin Composite - 3 Surfaces - Anterior	D2332	\$98	\$212
Bitewing - 2 Images	D0272	\$0	\$0	Resin Composite - 4+ Surfaces - Anterior	D2335	\$106	\$251
Bitewing - 3 Images	D0273	\$0	\$0	Resin Composite Crown - Anterior	D2390	\$145	\$278
Bitewing - 4 Images	D0274	\$0	\$0	Resin Composite - 1 Surface - Posterior	D2391	\$79	\$160
Vertical Bitewings - 7 to 8 Images	D0277	\$0	\$0	Resin Composite - 2 Surfaces - Posterior	D2392	\$98	\$203
Panoramic Image	D0330	\$0	\$0	Resin Composite - 3 Surfaces - Posterior	D2393	\$116	\$253
Pulp Vitality Tests	D0460	\$0	\$0	Resin Composite - 4+ Surfaces - Posterior	D2394	\$134	\$317
Diagnostic Casts	D0470	\$0	\$0	Type III - Onlays, Crowns and Bridges			
Type I - Preventive Services				Inlay - Metallic - 1 Surface	D2510	\$349	\$720
Prophylaxis Cleaning - Adult	D1110	\$0	\$0	Inlay - Metallic - 2 Surfaces	D2520	\$415	\$817
Prophylaxis Cleaning - Child	D1120	\$0	\$0	Inlay - Metallic - 3+ Surfaces	D2530	\$515	\$942
Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$0	Onlay - Metallic - 2 Surfaces	D2542	\$451	\$924
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$0	Onlay - Metallic - 3 Surfaces	D2543	\$568	\$966
Sealant - Per Tooth	D1351	\$0	\$0	Onlay - Metallic - 4+ Surfaces	D2544	\$734	\$1,005
Preventive Resin Restoration (Including Sealant)	D1352	\$0	\$0	Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$356	\$848

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$463	\$895	Inlay Repair	D2981	\$99	\$164
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$537	\$953	Onlay Repair	D2982	\$99	\$164
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$467	\$926	Veneer Repair	D2983	\$99	\$164
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$559	\$999				
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$763	\$1,059	Type III - Endodontics			
Inlay - Resin Composite - 1 Surface	D2650	\$306	\$557	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$16	\$76
Inlay - Resin Composite - 2 Surfaces	D2651	\$369	\$664	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$19	\$60
Inlay - Resin Composite - 3+ Surfaces	D2652	\$422	\$697	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$75	\$155
Onlay - Resin Composite - 2 Surfaces	D2662	\$410	\$605	Pulpal Debridement - Primary/Permanent	D3221	\$54	\$170
Onlay - Resin Composite - 3 Surfaces	D2663	\$448	\$712	Partial Pulpotomy for Apexogenesis	D3222	\$81	\$190
Onlay - Resin Composite - 4+ Surfaces	D2664	\$486	\$763	Pulpal Therapy Anterior - Primary	D3230	\$75	\$156
Crown - Resin Based Composite - Indirect	D2710	\$346	\$396	Pulpal Therapy Posterior - Primary	D3240	\$68	\$192
Crown - ¾ Resin Based Composite - Indirect	D2712	\$237	\$396	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$385	\$588
Crown - Resin with High Noble Metal	D2720	\$663	\$976	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$460	\$714
Crown - Resin with Base Metal	D2721	\$598	\$915	Root Canal - Molar (Excluding Final Restoration)	D3330	\$545	\$885
Crown - Resin with Noble Metal	D2722	\$608	\$935	Treatment of Root Canal Obstruction - non surgical	D3331	\$157	\$240
Crown - Porcelain/Ceramic	D2740	\$715	\$1,002	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$199	\$456
Crown - Porcelain with High Noble Metal	D2750	\$710	\$989	Internal Root Repair of Perforation Defects	D3333	\$126	\$210
Crown - Porcelain with Predominantly Base Metal	D2751	\$655	\$921	Retreatment of Previous RCT - Anterior	D3346	\$290	\$815
Crown - Porcelain With Noble Metal	D2752	\$670	\$943	Retreatment of Previous RCT - Premolar	D3347	\$398	\$959
Crown - ¾ Cast High Noble Metal	D2780	\$619	\$949	Retreatment of Previous RCT - Molar	D3348	\$400	\$1,187
Crown - ¾ Cast Predominantly Base Metal	D2781	\$638	\$893	Apexification/Recalcification - Initial Visit	D3351	\$84	\$346
Crown - ¾ Cast Noble Metal	D2782	\$669	\$922	Apexification/Recalcification - Interim Visit	D3352	\$84	\$155
Crown - ¾ Porcelain/Ceramic	D2783	\$625	\$975	Apexification/Recalcification - Final Visit	D3353	\$84	\$478
Crown - Full Cast High Noble Metal	D2790	\$625	\$954	Apicoectomy - Anterior	D3410	\$245	\$687
Crown - Full Cast Predominantly Base Metal	D2791	\$595	\$904	Apicoectomy - Premolar - 1st Root	D3421	\$305	\$764
Crown - Full Cast Noble Metal	D2792	\$590	\$921	Apicoectomy - Molar - 1st Root	D3425	\$350	\$866
Crown - Titanium	D2794	\$594	\$976	Apicoectomy - Each Additional Root	D3426	\$204	\$293
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$90	\$90	Retrograde Filling - Per Root	D3430	\$75	\$215
Re-cement/Re-bond Crown	D2920	\$93	\$93	Root Amputation - Per Root	D3450	\$180	\$448
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$250	\$280	Hemisection (Including any Root Removal)	D3920	\$118	\$340
Prefabricated Stainless Steel Crown - Primary	D2930	\$123	\$239	Canal Preparation/Post Fitting	D3950	\$0	\$0
Prefabricated Stainless Steel Crown - Permanent	D2931	\$146	\$270				
Prefabricated Resin Crown	D2932	\$141	\$288	Type III - Periodontics			
Protective Restoration	D2940	\$78	\$91	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$190	\$719
Core Build Up - Including any Pins when required	D2950	\$139	\$228	Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$66	\$320
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$72	\$72	Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$51	\$138
Cast Post and Core - in Addition to Crown	D2952	\$202	\$360	Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$351	\$911
Cast Post and Core - Each Additional - same tooth	D2953	\$147	\$180	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$212	\$527
Prefabricated Post and Core - in Addition to Crown	D2954	\$168	\$288	Crown Lengthening - Hard Tissue	D4249	\$449	\$999
Post Removal	D2955	\$0	\$0	Osseous Surgery - 4+ teeth/quad	D4260	\$460	\$1,518
Each Additional Prefabricated Post - same tooth	D2957	\$135	\$144	Osseous Surgery - 1-3 teeth/quad	D4261	\$380	\$815
Labial Veneer (resin laminate) - Chairside	D2960	\$328	\$695	Pedicle Soft Tissue Graft Procedure	D4270	\$143	\$1,079
Labial Veneer (resin laminate) - Laboratory	D2961	\$482	\$789	Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$525	\$1,319
Labial Veneer (porcelain laminate) - Laboratory	D2962	\$562	\$857	Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$335	\$748
Crown Repair	D2980	\$99	\$164				

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$445	\$991	Add Clasp to Existing Partial Denture - per tooth	D5660	\$143	\$241
Combined Connective Tissue/Double Pedicle Graft	D4276	\$635	\$1,478	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$406	\$589
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$307	\$830	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$406	\$589
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$307	\$830	Rebase Complete Upper Denture	D5710	\$395	\$595
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$527	\$858	Rebase Complete Lower Denture	D5711	\$395	\$569
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$390	\$634	Rebase Upper Partial Denture	D5720	\$356	\$562
Provisional Intracoronal Splint	D4320	\$141	\$384	Rebase Lower Partial Denture	D5721	\$356	\$562
Provisional Extracoronal Splint	D4321	\$128	\$349	Reline Complete Upper Denture (Chairside)	D5730	\$250	\$336
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$116	\$209	Reline Complete Lower Denture (Chairside)	D5731	\$242	\$336
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$62	\$170	Reline Upper Partial Denture (Chairside)	D5740	\$252	\$308
Scaling - Full Mouth - After Oral Evaluation	D4346	\$67	\$96	Reline Lower Partial Denture (Chairside)	D5741	\$252	\$308
Full Mouth Debridement	D4355	\$58	\$188	Reline Complete Upper Denture (Laboratory)	D5750	\$337	\$448
Periodontal Maintenance Procedures	D4910	\$65	\$114	Reline Complete Lower Denture (Laboratory)	D5751	\$337	\$448
				Reline Upper Partial Denture (Laboratory)	D5760	\$324	\$442
				Reline Lower Partial Denture (Laboratory)	D5761	\$324	\$442
				Tissue Conditioning - Upper	D5850	\$117	\$140
				Tissue Conditioning - Lower	D5851	\$117	\$140
Type III - Removable Prosthetics				Type III - Implants			
Complete Denture - Upper	D5110	\$825	\$1,466	Surgical Placement of Implant Body - Endosteal	D6010	\$1,339	\$2,450
Complete Denture - Lower	D5120	\$825	\$1,466	Surgical Placement of Mini Implant	D6013	\$1,339	\$2,450
Immediate Denture - Upper	D5130	\$805	\$1,599	Prefabricated Abutment - includes modification & placement	D6056	\$360	\$508
Immediate Denture - Lower	D5140	\$805	\$1,599	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$855	\$1,410
Upper Partial Denture - Resin Base	D5211	\$535	\$1,238	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$843	\$1,391
Lower Partial Denture - Resin Base	D5212	\$535	\$1,438	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$744	\$1,315
Upper Partial - Cast Metal Frame - Resin Base	D5213	\$807	\$1,620	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$794	\$1,342
Lower Partial - Cast Metal Frame - Resin Base	D5214	\$807	\$1,620	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$800	\$1,337
Upper Immediate Partial Denture - Resin Base	D5221	\$771	\$894	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$635	\$1,164
Lower Immediate Partial Denture - Resin Base	D5222	\$771	\$894	Crown - Abutment Supp. Cast Noble Metal	D6064	\$682	\$1,217
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$1,028	\$1,193	Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$824	\$1,387
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$1,028	\$1,193	Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$803	\$1,351
Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$498	\$945	Crown - Implant Supp. Metal	D6067	\$750	\$1,311
Adjust Complete Denture - Upper	D5410	\$77	\$80	Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$48	\$108
Adjust Complete Denture - Lower	D5411	\$77	\$80	Crown - Abutment Supp. Titanium	D6094	\$743	\$1,104
Adjust Partial Denture - Upper	D5421	\$84	\$84	Repair Implant Abutment - By Report	D6095	\$250	\$304
Adjust Partial Denture - Lower	D5422	\$84	\$84	Remove Broken Implant Retaining Screw	D6096	\$50	\$50
Repair Broken Complete Denture Base - Mandibular	D5511	\$125	\$163				
Repair Broken Complete Denture Base - Maxillary	D5512	\$125	\$163	Type III - Pontics and Retainers			
Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$112	\$134	Pontic - Cast High Noble Metal	D6210	\$665	\$996
Repair Resin Partial Denture Base - Mandibular	D5611	\$136	\$177	Pontic - Cast Predominantly Base Metal	D6211	\$560	\$933
Repair Resin Partial Denture Base - Maxillary	D5612	\$136	\$177	Pontic - Cast Noble Metal	D6212	\$616	\$971
Repair Cast Partial Framework - Mandibular	D5621	\$171	\$191	Pontic - Titanium	D6214	\$665	\$1,002
Repair Cast Partial Framework - Maxillary	D5622	\$171	\$191	Pontic - Porcelain Fused to High Noble Metal	D6240	\$660	\$984
Repair or Replace Broken Clasp - per tooth	D5630	\$126	\$227	Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$617	\$908
Replace Broken Teeth - Per Tooth	D5640	\$105	\$147	Pontic - Porcelain Fused to Noble Metal	D6242	\$629	\$959
Add Tooth to Existing Partial Denture	D5650	\$118	\$201	Pontic - Porcelain/Ceramic	D6245	\$743	\$1,015

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Pontic - Resin with High Noble Metal	D6250	\$523	\$971	Extraction - Erupted Tooth	D7210	\$106	\$219
Pontic - Resin with Predominantly Base Metal	D6251	\$476	\$896	Removal of Impacted Tooth - Soft Tissue	D7220	\$119	\$269
Pontic - Resin with Noble Metal	D6252	\$556	\$925	Removal of Impacted Tooth - Partially Bony	D7230	\$156	\$358
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$431	\$431	Removal of Impacted Tooth - Completely Bony	D7240	\$177	\$420
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$417	\$417	Removal of Residual Tooth Roots	D7250	\$98	\$238
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$282	\$282	Coronectomy - Intentional Partial Tooth Removal	D7251	\$143	\$467
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$506	\$717	Oroantral Fistula Closure	D7260	\$174	\$1,394
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$566	\$752	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$270	\$436
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$557	\$766	Tooth Transplantation	D7272	\$340	\$581
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$622	\$843	Exposure of an Unerupted Tooth	D7280	\$196	\$406
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$514	\$751	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$80	\$813
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$559	\$796	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$80	\$348
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$544	\$739	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$76	\$679
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$603	\$820	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$61	\$594
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$494	\$780	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$118	\$1,103
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$650	\$814	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$85	\$934
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$663	\$827	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$239	\$4,668
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$557	\$904	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$393	\$13,579
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$666	\$822	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$365	\$2,037
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$507	\$860	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$444	\$2,784
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$631	\$805	Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$365	\$2,037
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$544	\$837	Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$465	\$2,784
Retainer Inlay - Titanium	D6624	\$666	\$766	Removal of Lateral Exostosis - Per Site	D7471	\$125	\$2,522
Retainer Onlay - Titanium	D6634	\$524	\$805	Removal of Torus Palatinus	D7472	\$266	\$2,998
Retainer Crown - Resin With High Noble Metal	D6720	\$621	\$958	Removal of Torus Mandibularis	D7473	\$266	\$2,828
Retainer Crown - Resin With Base Metal	D6721	\$557	\$909	Reduction of Osseous Tuberosity	D7485	\$266	\$2,522
Retainer Crown - Resin With Noble Metal	D6722	\$584	\$925	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$61	\$730
Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$710	\$1,007	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$176	\$3,476
Retainer Crown - Porcelain With High Noble Metal	D6750	\$710	\$981	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$61	\$1,253
Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$655	\$915	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$176	\$1,388
Retainer Crown - Porcelain With Noble Metal	D6752	\$670	\$937	Sequestrectomy for Osteomyelitis	D7550	\$131	\$866
Retainer Crown - ¾ Cast High Noble Metal	D6780	\$669	\$925	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$827	\$6,874
Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$638	\$925	Suture of Recent Small Wounds up to 5cm	D7910	\$47	\$1,113
Retainer Crown - ¾ Cast Noble Metal	D6782	\$669	\$860	Frenulectomy (Frenectomy or Frenotomy)	D7960	\$152	\$934
Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$625	\$953	Excision of Hyperplastic Tissue - Per Arch	D7970	\$110	\$1,358
Retainer Crown - Full Cast High Noble Metal	D6790	\$665	\$947	Excision of Pericoronal Gingiva	D7971	\$98	\$509
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$560	\$898	Surgical Reduction of Fibrous Tuberosity	D7972	\$357	\$1,901
Retainer Crown - Full Cast Noble Metal	D6792	\$616	\$931	Non-Surgical Sialolithotomy	D7979	\$605	\$1,137
Retainer Crown - Titanium	D6794	\$594	\$931	Surgical Sialolithotomy	D7980	\$483	\$2,139
Re-cement or Re-bond Fixed Partial Denture	D6930	\$90	\$134	Closure of Salivary Fistula	D7983	\$1,100	\$4,854
Stress Breaker	D6940	\$210	\$304				
Fixed Partial Denture Repair - by Report	D6980	\$157	\$157				
Type II - Oral Surgery				Type - Miscellaneous Services			
Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$107	I - Palliative (Emergency) Treatment of Pain	D9110	\$50	\$123
Extraction - Erupted Tooth or Exposed Root	D7140	\$72	\$142				

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$82	\$219				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$81	\$138				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$48	\$72				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$66	\$185				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$67	\$114				
III - Non-Intravenous Conscious Sedation*	D9248	\$52	\$138				
I - Consultation	D9310	\$48	\$150				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$60	\$60				
II - Treatment of Complications (Post Surgical)	D9930	\$56	\$56				
III - Occlusal Guard (for Bruxism)	D9940	\$209	\$503				
III - Occlusal Adjustment - Limited	D9951	\$47	\$148				
III - Occlusal Adjustment - Complete	D9952	\$151	\$694				
* Covered only when performed in conjunction with covered oral surgery.	D9999						