

SECURECARE DENTAL

COPAY PLAN 130 - 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				Type II - Restorative Dentistry			
Periodic Oral Evaluation	D0120	\$12	\$22	Sealant Repair - Per Tooth	D1353	\$18	\$38
Limited Oral Evaluation - Problem Focused	D0140	\$12	\$44	Space Maintainer - Fixed - Unilateral	D1510	\$100	\$210
Oral Evaluation - under 3 years old	D0145	\$12	\$57	Space Maintainer - Fixed - Bilateral	D1515	\$105	\$227
Comprehensive Oral Evaluation	D0150	\$12	\$43	Space Maintainer - Removable - Unilateral	D1520	\$70	\$194
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$12	\$122	Space Maintainer - Removable - Bilateral	D1525	\$70	\$256
Re-evaluation - Limited - Problem Focused	D0170	\$12	\$20	Re-cement or Re-bond Space Maintainer	D1550	\$21	\$51
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$98	\$202
Comprehensive Periodontal Evaluation	D0180	\$12	\$51	Type III - Onlays, Crowns and Bridges			
Intraoral - Complete Series of Images	D0210	\$7	\$53	Inlay - Metallic - 1 Surface	D2510	\$183	\$361
Intraoral - Periapical - 1st Image	D0220	\$7	\$17	Inlay - Metallic - 2 Surfaces	D2520	\$202	\$385
Intraoral - Periapical - Each Additional Image	D0230	\$7	\$14	Inlay - Metallic - 3+ Surfaces	D2530	\$294	\$468
Intraoral - Occlusal Image	D0240	\$7	\$23	Onlay - Metallic - 2 Surfaces	D2542	\$287	\$512
Extraoral - 2D Image	D0250	\$7	\$21	Onlay - Metallic - 3 Surfaces	D2543	\$301	\$440
Extraoral - Posterior Image	D0251	\$14	\$21	Onlay - Metallic - 4+ Surfaces	D2544	\$301	\$302
Bitewing - 1 Image	D0270	\$7	\$14	Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$203	\$467
Bitewing - 2 Images	D0272	\$7	\$21				
Bitewing - 3 Images	D0273	\$7	\$24				
Bitewing - 4 Images	D0274	\$7	\$28				
Vertical Bitewings - 7 to 8 Images	D0277	\$7	\$31				
Panoramic Image	D0330	\$20	\$58				
Pulp Vitality Tests	D0460	\$0	\$0				
Diagnostic Casts	D0470	\$20	\$88				
Type I - Preventive Services							
Prophylaxis Cleaning - Adult	D1110	\$12	\$19				
Prophylaxis Cleaning - Child	D1120	\$12	\$19				
Fluoride - Topical Application of Fluoride Varnish	D1206	\$5	\$31				
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$5	\$24				
Sealant - Per Tooth	D1351	\$20	\$30				
Preventive Resin Restoration (Including Sealant)	D1352	\$16	\$44				

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	\$294	\$486	Inlay Repair	D2981	\$56	\$84
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$275	\$435	Onlay Repair	D2982	\$56	\$84
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$225	\$436	Veneer Repair	D2983	\$56	\$84
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$230	\$402				
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$330	\$342	Type III - Endodontics			
Inlay - Resin Composite - 1 Surface	D2650	\$106	\$208	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$18	\$54
Inlay - Resin Composite - 2 Surfaces	D2651	\$147	\$264	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$14	\$38
Inlay - Resin Composite - 3+ Surfaces	D2652	\$196	\$284	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$45	\$94
Onlay - Resin Composite - 2 Surfaces	D2662	\$189	\$222	Pulpal Debridement - Primary/Permanent	D3221	\$43	\$125
Onlay - Resin Composite - 3 Surfaces	D2663	\$246	\$319	Partial Pulpotomy for Apexogenesis	D3222	\$47	\$106
Onlay - Resin Composite - 4+ Surfaces	D2664	\$281	\$346	Pulpal Therapy Anterior - Primary	D3230	\$56	\$112
Crown - Resin Based Composite - Indirect	D2710	\$133	\$200	Pulpal Therapy Posterior - Primary	D3240	\$49	\$122
Crown - ¾ Resin Based Composite - Indirect	D2712	\$139	\$244	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$180	\$318
Crown - Resin with High Noble Metal	D2720	\$371	\$483	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$250	\$428
Crown - Resin with Base Metal	D2721	\$357	\$486	Root Canal - Molar (Excluding Final Restoration)	D3330	\$395	\$674
Crown - Resin with Noble Metal	D2722	\$364	\$499	Treatment of Root Canal Obstruction - non surgical	D3331	\$126	\$152
Crown - Porcelain/Ceramic	D2740	\$340	\$421	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$167	\$370
Crown - Porcelain with High Noble Metal	D2750	\$390	\$465	Internal Root Repair of Perforation Defects	D3333	\$161	\$196
Crown - Porcelain with Predominantly Base Metal	D2751	\$300	\$376	Retreatment of Previous RCT - Anterior	D3346	\$294	\$708
Crown - Porcelain With Noble Metal	D2752	\$320	\$399	Retreatment of Previous RCT - Premolar	D3347	\$399	\$831
Crown - ¾ Cast High Noble Metal	D2780	\$373	\$507	Retreatment of Previous RCT - Molar	D3348	\$306	\$903
Crown - ¾ Cast Predominantly Base Metal	D2781	\$336	\$407	Apexification/Recalcification - Initial Visit	D3351	\$43	\$256
Crown - ¾ Cast Noble Metal	D2782	\$343	\$406	Apexification/Recalcification - Interim Visit	D3352	\$43	\$89
Crown - ¾ Porcelain/Ceramic	D2783	\$336	\$485	Apexification/Recalcification - Final Visit	D3353	\$43	\$396
Crown - Full Cast High Noble Metal	D2790	\$360	\$493	Apicoectomy - Anterior	D3410	\$203	\$556
Crown - Full Cast Predominantly Base Metal	D2791	\$330	\$453	Apicoectomy - Premolar - 1st Root	D3421	\$188	\$537
Crown - Full Cast Noble Metal	D2792	\$345	\$486	Apicoectomy - Molar - 1st Root	D3425	\$221	\$610
Crown - Titanium	D2794	\$360	\$493	Apicoectomy - Each Additional Root	D3426	\$43	\$85
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$16	\$24	Retrograde Filling - Per Root	D3430	\$43	\$149
Re-cement/Re-bond Crown	D2920	\$30	\$45	Root Amputation - Per Root	D3450	\$93	\$280
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$147	\$246	Hemisection (Including any Root Removal)	D3920	\$93	\$262
Prefabricated Stainless Steel Crown - Primary	D2930	\$61	\$135	Canal Preparation/Post Fitting	D3950	\$0	\$0
Prefabricated Stainless Steel Crown - Permanent	D2931	\$59	\$136				
Prefabricated Resin Crown	D2932	\$80	\$177	Type III - Periodontics			
Protective Restoration	D2940	\$7	\$11	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$203	\$699
Core Build Up - Including any Pins when required	D2950	\$70	\$119	Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$56	\$278
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$14	\$21	Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$35	\$278
Cast Post and Core - in Addition to Crown	D2952	\$82	\$177	Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$259	\$718
Cast Post and Core - Each Additional - same tooth	D2953	\$85	\$87	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$167	\$376
Prefabricated Post and Core - in Addition to Crown	D2954	\$82	\$152	Crown Lengthening - Hard Tissue	D4249	\$280	\$750
Post Removal	D2955	\$0	\$0	Osseous Surgery - 4+ teeth/quad	D4260	\$369	\$1,226
Each Additional Prefabricated Post - same tooth	D2957	\$36	\$54	Osseous Surgery - 1-3 teeth/quad	D4261	\$199	\$505
Labial Veneer (resin laminate) - Chairside	D2960	\$183	\$430	Pedicle Soft Tissue Graft Procedure	D4270	\$91	\$908
Labial Veneer (resin laminate) - Laboratory	D2961	\$316	\$486	Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$350	\$1,001
Labial Veneer (porcelain laminate) - Laboratory	D2962	\$275	\$422	Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$253	\$380
Crown Repair	D2980	\$56	\$84				

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Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$350	\$522	Add Clasp to Existing Partial Denture - per tooth	D5660	\$49	\$104
Combined Connective Tissue/Double Pedicle Graft	D4276	\$469	\$704	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$176	\$253
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$196	\$891	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$176	\$253
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$196	\$891	Rebase Complete Upper Denture	D5710	\$91	\$185
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$312	\$468	Rebase Complete Lower Denture	D5711	\$91	\$163
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$231	\$347	Rebase Upper Partial Denture	D5720	\$91	\$196
Provisional Intracoronal Splint	D4320	\$99	\$304	Rebase Lower Partial Denture	D5721	\$91	\$196
Provisional Extracoronal Splint	D4321	\$97	\$272	Reline Complete Upper Denture (Chairside)	D5730	\$91	\$117
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$90	\$161	Reline Complete Lower Denture (Chairside)	D5731	\$91	\$125
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$44	\$86	Reline Upper Partial Denture (Chairside)	D5740	\$91	\$92
Scaling - Full Mouth - After Oral Evaluation	D4346	\$46	\$116	Reline Lower Partial Denture (Chairside)	D5741	\$91	\$92
Full Mouth Debridement	D4355	\$50	\$117	Reline Complete Upper Denture (Laboratory)	D5750	\$91	\$122
Periodontal Maintenance Procedures	D4910	\$55	\$102	Reline Complete Lower Denture (Laboratory)	D5751	\$91	\$122
				Reline Upper Partial Denture (Laboratory)	D5760	\$91	\$129
				Reline Lower Partial Denture (Laboratory)	D5761	\$91	\$129
				Tissue Conditioning - Upper	D5850	\$22	\$33
				Tissue Conditioning - Lower	D5851	\$21	\$32
Type III - Removable Prosthetics				Type III - Implants			
Complete Denture - Upper	D5110	\$380	\$758	Surgical Placement of Implant Body - Endosteal	D6010	\$863	\$1,736
Complete Denture - Lower	D5120	\$380	\$758	Surgical Placement of Mini Implant	D6013	\$863	\$1,736
Immediate Denture - Upper	D5130	\$385	\$892	Prefabricated Abutment - includes modification & placement	D6056	\$233	\$331
Immediate Denture - Lower	D5140	\$385	\$892	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$554	\$969
Upper Partial Denture - Resin Base	D5211	\$357	\$837	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$546	\$956
Lower Partial Denture - Resin Base	D5212	\$357	\$1,002	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$482	\$923
Upper Partial - Cast Metal Frame - Resin Base	D5213	\$425	\$947	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$515	\$930
Lower Partial - Cast Metal Frame - Resin Base	D5214	\$425	\$947	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$519	\$923
Upper Immediate Partial Denture - Resin Base	D5221	\$500	\$750	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$412	\$826
Lower Immediate Partial Denture - Resin Base	D5222	\$500	\$750	Crown - Abutment Supp. Cast Noble Metal	D6064	\$442	\$857
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$666	\$999	Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$534	\$960
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$666	\$999	Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$521	\$935
Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$237	\$514	Crown - Implant Supp. Metal	D6067	\$486	\$917
Adjust Complete Denture - Upper	D5410	\$21	\$32	Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$31	\$81
Adjust Complete Denture - Lower	D5411	\$21	\$32	Crown - Abutment Supp. Titanium	D6094	\$482	\$733
Adjust Partial Denture - Upper	D5421	\$21	\$32	Repair Implant Abutment - By Report	D6095	\$162	\$309
Adjust Partial Denture - Lower	D5422	\$21	\$32	Remove Broken Implant Retaining Screw	D6096	\$35	\$35
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	\$357	\$451
Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$43	\$65	Pontic - Cast Predominantly Base Metal	D6211	\$336	\$487
Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$117	Pontic - Cast Noble Metal	D6212	\$350	\$474
Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$117	Pontic - Titanium	D6214	\$357	\$451
Repair Cast Partial Framework - Mandibular	D5621	\$61	\$114	Pontic - Porcelain Fused to High Noble Metal	D6240	\$360	\$449
Repair Cast Partial Framework - Maxillary	D5622	\$61	\$114	Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$340	\$415
Repair or Replace Broken Clasp - per tooth	D5630	\$49	\$110	Pontic - Porcelain Fused to Noble Metal	D6242	\$350	\$451
Replace Broken Teeth - Per Tooth	D5640	\$49	\$65	Pontic - Porcelain/Ceramic	D6245	\$410	\$440
Add Tooth to Existing Partial Denture	D5650	\$49	\$96				

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Pontic - Resin with High Noble Metal	D6250	\$339	\$610	Extraction - Erupted Tooth	D7210	\$78	\$153
Pontic - Resin with Predominantly Base Metal	D6251	\$309	\$566	Removal of Impacted Tooth - Soft Tissue	D7220	\$85	\$192
Pontic - Resin with Noble Metal	D6252	\$360	\$561	Removal of Impacted Tooth - Partially Bony	D7230	\$100	\$245
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$224	\$336	Removal of Impacted Tooth - Completely Bony	D7240	\$145	\$322
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$210	\$315	Removal of Residual Tooth Roots	D7250	\$51	\$144
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$220	\$330	Coronectomy - Intentional Partial Tooth Removal	D7251	\$94	\$371
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$307	\$426	Oroantral Fistula Closure	D7260	\$115	\$1,211
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$323	\$413	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$210	\$324
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$307	\$418	Tooth Transplantation	D7272	\$210	\$748
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$357	\$470	Exposure of an Unerupted Tooth	D7280	\$161	\$293
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$280	\$421	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$56	\$659
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$323	\$458	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$56	\$285
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$316	\$416	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$84	\$219
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$350	\$462	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$40	\$292
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$350	\$380	Alveoplasty not in Conjunction w/Extract- 4+ Teeth/Per Quad	D7320	\$126	\$312
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$364	\$410	Alveoplasty not in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$56	\$463
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$301	\$465	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$167	\$1,613
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$371	\$493	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$253	\$5,124
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$280	\$490	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$266	\$572
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$350	\$468	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$301	\$911
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$294	\$451	Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$287	\$593
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$377	\$440	Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$336	\$952
Retainer Inlay - Titanium	D6624	\$258	\$412	Removal of Lateral Exostosis - Per Site	D7471	\$88	\$658
Retainer Onlay - Titanium	D6634	\$273	\$429	Removal of Torus Palatinus	D7472	\$224	\$784
Retainer Crown - Resin With High Noble Metal	D6720	\$350	\$564	Removal of Torus Mandibularis	D7473	\$224	\$738
Retainer Crown - Resin With Base Metal	D6721	\$329	\$564	Reduction of Osseous Tuberosity	D7485	\$224	\$653
Retainer Crown - Resin With Noble Metal	D6722	\$336	\$558	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$52	\$192
Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$375	\$543	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$113	\$895
Retainer Crown - Porcelain With High Noble Metal	D6750	\$350	\$495	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$52	\$336
Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$299	\$442	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$113	\$320
Retainer Crown - Porcelain With Noble Metal	D6752	\$350	\$497	Sequestrectomy for Osteomyelitis	D7550	\$52	\$291
Retainer Crown - ¾ Cast High Noble Metal	D6780	\$397	\$534	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$545	\$3,343
Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$336	\$504	Suture of Recent Small Wounds up to 5cm	D7910	\$52	\$312
Retainer Crown - ¾ Cast Noble Metal	D6782	\$329	\$409	Frenulectomy (Frenectomy or Frenotomy)	D7960	\$97	\$303
Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$336	\$485	Excision of Hyperplastic Tissue - Per Arch	D7970	\$93	\$395
Retainer Crown - Full Cast High Noble Metal	D6790	\$350	\$511	Excision of Pericoronal Gingiva	D7971	\$73	\$120
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$343	\$566	Surgical Reduction of Fibrous Tuberosity	D7972	\$280	\$447
Retainer Crown - Full Cast Noble Metal	D6792	\$364	\$559	Non-Surgical Sialolithotomy	D7979	\$305	\$925
Retainer Crown - Titanium	D6794	\$360	\$493	Surgical Sialolithotomy	D7980	\$246	\$836
Re-cement or Re-bond Fixed Partial Denture	D6930	\$14	\$24	Closure of Salivary Fistula	D7983	\$725	\$2,185
Stress Breaker	D6940	\$45	\$62				
Fixed Partial Denture Repair - by Report	D6980	\$91	\$137				
Type II - Oral Surgery				Type - Miscellaneous Services			
Extraction - Coronal Remnants - Primary Tooth	D7111	\$30	\$70	I - Palliative (Emergency) Treatment of Pain	D9110	\$16	\$48
Extraction - Erupted Tooth or Exposed Root	D7140	\$40	\$78				

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	\$56	\$165				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$50	\$75				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$16	\$24				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$47	\$141				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$42	\$63				
III - Non-Intravenous Conscious Sedation*	D9248	\$59	\$62				
I - Consultation	D9310	\$0	\$122				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$43	\$65				
II - Treatment of Complications (Post Surgical)	D9930	\$14	\$21				
III - Occlusal Guard (for Bruxism)	D9940	\$78	\$135				
III - Occlusal Adjustment - Limited	D9951	\$45	\$102				
III - Occlusal Adjustment - Complete	D9952	\$106	\$539				
* Covered only when performed in conjunction with covered oral surgery.	D9999						