

SECURECARE DENTAL

COPAY PLAN 140 - 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	\$6	\$16	Sealant Repair - Per Tooth	D1353	\$16	\$35
Limited Oral Evaluation - Problem Focused	D0140	\$6	\$38	Space Maintainer - Fixed - Unilateral	D1510	\$100	\$210
Oral Evaluation - under 3 years old	D0145	\$6	\$51	Space Maintainer - Fixed - Bilateral	D1515	\$105	\$227
Comprehensive Oral Evaluation	D0150	\$6	\$37	Space Maintainer - Removable - Unilateral	D1520	\$77	\$201
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$6	\$116	Space Maintainer - Removable - Bilateral	D1525	\$77	\$263
Re-evaluation - Limited - Problem Focused	D0170	\$6	\$14	Re-cement or Re-bond Space Maintainer	D1550	\$24	\$54
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$97	\$201
Comprehensive Periodontal Evaluation	D0180	\$6	\$45	Type III - Onlays, Crowns and Bridges			
Intraoral - Complete Series of Images	D0210	\$20	\$66	Inlay - Metallic - 1 Surface	D2510	\$201	\$379
Intraoral - Periapical - 1st Image	D0220	\$6	\$16	Inlay - Metallic - 2 Surfaces	D2520	\$250	\$433
Intraoral - Periapical - Each Additional Image	D0230	\$6	\$13	Inlay - Metallic - 3+ Surfaces	D2530	\$324	\$498
Intraoral - Occlusal Image	D0240	\$6	\$22	Onlay - Metallic - 2 Surfaces	D2542	\$317	\$542
Extraoral - 2D Image	D0250	\$6	\$20	Onlay - Metallic - 3 Surfaces	D2543	\$333	\$472
Extraoral - Posterior Image	D0251	\$13	\$20	Onlay - Metallic - 4+ Surfaces	D2544	\$333	\$334
Bitewing - 1 Image	D0270	\$6	\$13	Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$225	\$489
Bitewing - 2 Images	D0272	\$6	\$20				
Bitewing - 3 Images	D0273	\$6	\$23				
Bitewing - 4 Images	D0274	\$6	\$27				
Vertical Bitewings - 7 to 8 Images	D0277	\$6	\$30				
Panoramic Image	D0330	\$20	\$58				
Pulp Vitality Tests	D0460	\$0	\$0				
Diagnostic Casts	D0470	\$20	\$88				
Type I - Preventive Services							
Prophylaxis Cleaning - Adult	D1110	\$6	\$13				
Prophylaxis Cleaning - Child	D1120	\$6	\$13				
Fluoride - Topical Application of Fluoride Varnish	D1206	\$5	\$31				
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$5	\$24				
Sealant - Per Tooth	D1351	\$15	\$25				
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	\$324	\$516	Inlay Repair	D2981	\$62	\$93
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$295	\$455	Onlay Repair	D2982	\$62	\$93
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$270	\$481	Veneer Repair	D2983	\$62	\$93
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$280	\$452				
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$380	\$392	Type III - Endodontics			
Inlay - Resin Composite - 1 Surface	D2650	\$117	\$219	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$20	\$56
Inlay - Resin Composite - 2 Surfaces	D2651	\$163	\$280	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$15	\$39
Inlay - Resin Composite - 3+ Surfaces	D2652	\$216	\$304	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$44	\$93
Onlay - Resin Composite - 2 Surfaces	D2662	\$209	\$242	Pulpal Debridement - Primary/Permanent	D3221	\$46	\$128
Onlay - Resin Composite - 3 Surfaces	D2663	\$271	\$344	Partial Pulpotomy for Apexogenesis	D3222	\$45	\$104
Onlay - Resin Composite - 4+ Surfaces	D2664	\$306	\$371	Pulpal Therapy Anterior - Primary	D3230	\$62	\$118
Crown - Resin Based Composite - Indirect	D2710	\$147	\$221	Pulpal Therapy Posterior - Primary	D3240	\$55	\$128
Crown - ¾ Resin Based Composite - Indirect	D2712	\$134	\$239	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$175	\$313
Crown - Resin with High Noble Metal	D2720	\$410	\$522	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$240	\$418
Crown - Resin with Base Metal	D2721	\$395	\$524	Root Canal - Molar (Excluding Final Restoration)	D3330	\$380	\$659
Crown - Resin with Noble Metal	D2722	\$402	\$537	Treatment of Root Canal Obstruction - non surgical	D3331	\$139	\$165
Crown - Porcelain/Ceramic	D2740	\$380	\$461	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$185	\$388
Crown - Porcelain with High Noble Metal	D2750	\$380	\$455	Internal Root Repair of Perforation Defects	D3333	\$178	\$213
Crown - Porcelain with Predominantly Base Metal	D2751	\$350	\$426	Retreatment of Previous RCT - Anterior	D3346	\$324	\$738
Crown - Porcelain With Noble Metal	D2752	\$360	\$439	Retreatment of Previous RCT - Premolar	D3347	\$441	\$873
Crown - ¾ Cast High Noble Metal	D2780	\$370	\$504	Retreatment of Previous RCT - Molar	D3348	\$310	\$907
Crown - ¾ Cast Predominantly Base Metal	D2781	\$371	\$442	Apexification/Recalcification - Initial Visit	D3351	\$46	\$259
Crown - ¾ Cast Noble Metal	D2782	\$379	\$442	Apexification/Recalcification - Interim Visit	D3352	\$46	\$92
Crown - ¾ Porcelain/Ceramic	D2783	\$371	\$520	Apexification/Recalcification - Final Visit	D3353	\$46	\$399
Crown - Full Cast High Noble Metal	D2790	\$360	\$493	Apicoectomy - Anterior	D3410	\$225	\$578
Crown - Full Cast Predominantly Base Metal	D2791	\$360	\$483	Apicoectomy - Premolar - 1st Root	D3421	\$206	\$555
Crown - Full Cast Noble Metal	D2792	\$360	\$501	Apicoectomy - Molar - 1st Root	D3425	\$345	\$734
Crown - Titanium	D2794	\$360	\$493	Apicoectomy - Each Additional Root	D3426	\$46	\$88
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$18	\$27	Retrograde Filling - Per Root	D3430	\$46	\$152
Re-cement/Re-bond Crown	D2920	\$30	\$45	Root Amputation - Per Root	D3450	\$104	\$291
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$142	\$241	Hemisection (Including any Root Removal)	D3920	\$104	\$273
Prefabricated Stainless Steel Crown - Primary	D2930	\$98	\$172	Canal Preparation/Post Fitting	D3950	\$0	\$0
Prefabricated Stainless Steel Crown - Permanent	D2931	\$65	\$142				
Prefabricated Resin Crown	D2932	\$88	\$185	Type III - Periodontics			
Protective Restoration	D2940	\$8	\$12	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$225	\$721
Core Build Up - Including any Pins when required	D2950	\$93	\$142	Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$62	\$284
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$15	\$23	Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$35	\$284
Cast Post and Core - in Addition to Crown	D2952	\$129	\$224	Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$286	\$745
Cast Post and Core - Each Additional - same tooth	D2953	\$88	\$90	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$185	\$394
Prefabricated Post and Core - in Addition to Crown	D2954	\$102	\$172	Crown Lengthening - Hard Tissue	D4249	\$310	\$780
Post Removal	D2955	\$0	\$0	Osseous Surgery - 4+ teeth/quad	D4260	\$380	\$1,237
Each Additional Prefabricated Post - same tooth	D2957	\$39	\$59	Osseous Surgery - 1-3 teeth/quad	D4261	\$210	\$516
Labial Veneer (resin laminate) - Chairside	D2960	\$201	\$448	Pedicle Soft Tissue Graft Procedure	D4270	\$101	\$918
Labial Veneer (resin laminate) - Laboratory	D2961	\$348	\$518	Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$375	\$1,026
Labial Veneer (porcelain laminate) - Laboratory	D2962	\$310	\$457	Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$278	\$417
Crown Repair	D2980	\$62	\$93				

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Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$386	\$558	Add Clasp to Existing Partial Denture - per tooth	D5660	\$55	\$110
Combined Connective Tissue/Double Pedicle Graft	D4276	\$518	\$777	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$194	\$271
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$216	\$911	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$194	\$271
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$216	\$911	Rebase Complete Upper Denture	D5710	\$101	\$195
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$311	\$467	Rebase Complete Lower Denture	D5711	\$101	\$173
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$230	\$345	Rebase Upper Partial Denture	D5720	\$101	\$206
Provisional Intracoronal Splint	D4320	\$110	\$315	Rebase Lower Partial Denture	D5721	\$101	\$206
Provisional Extracoronal Splint	D4321	\$108	\$283	Reline Complete Upper Denture (Chairside)	D5730	\$101	\$127
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$86	\$157	Reline Complete Lower Denture (Chairside)	D5731	\$101	\$135
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$47	\$89	Reline Upper Partial Denture (Chairside)	D5740	\$101	\$102
Scaling - Full Mouth - After Oral Evaluation	D4346	\$45	\$115	Reline Lower Partial Denture (Chairside)	D5741	\$101	\$102
Full Mouth Debridement	D4355	\$50	\$117	Reline Complete Upper Denture (Laboratory)	D5750	\$101	\$132
Periodontal Maintenance Procedures	D4910	\$54	\$101	Reline Complete Lower Denture (Laboratory)	D5751	\$101	\$132
				Reline Upper Partial Denture (Laboratory)	D5760	\$101	\$139
				Reline Lower Partial Denture (Laboratory)	D5761	\$101	\$139
				Tissue Conditioning - Upper	D5850	\$25	\$38
				Tissue Conditioning - Lower	D5851	\$24	\$36
Type III - Removable Prosthetics				Type III - Implants			
Complete Denture - Upper	D5110	\$375	\$753	Surgical Placement of Implant Body - Endosteal	D6010	\$843	\$1,711
Complete Denture - Lower	D5120	\$360	\$738	Surgical Placement of Mini Implant	D6013	\$843	\$1,711
Immediate Denture - Upper	D5130	\$375	\$882	Prefabricated Abutment - includes modification & placement	D6056	\$227	\$325
Immediate Denture - Lower	D5140	\$375	\$882	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$538	\$953
Upper Partial Denture - Resin Base	D5211	\$324	\$804	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$530	\$940
Lower Partial Denture - Resin Base	D5212	\$324	\$969	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$468	\$909
Upper Partial - Cast Metal Frame - Resin Base	D5213	\$415	\$937	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$500	\$915
Lower Partial - Cast Metal Frame - Resin Base	D5214	\$415	\$937	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$503	\$907
Upper Immediate Partial Denture - Resin Base	D5221	\$499	\$749	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$400	\$814
Lower Immediate Partial Denture - Resin Base	D5222	\$499	\$749	Crown - Abutment Supp. Cast Noble Metal	D6064	\$429	\$844
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$659	\$989	Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$519	\$945
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$659	\$989	Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$505	\$919
Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$263	\$540	Crown - Implant Supp. Metal	D6067	\$472	\$903
Adjust Complete Denture - Upper	D5410	\$24	\$36	Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$30	\$80
Adjust Complete Denture - Lower	D5411	\$24	\$36	Crown - Abutment Supp. Titanium	D6094	\$468	\$719
Adjust Partial Denture - Upper	D5421	\$24	\$36	Repair Implant Abutment - By Report	D6095	\$157	\$304
Adjust Partial Denture - Lower	D5422	\$24	\$36	Remove Broken Implant Retaining Screw	D6096	\$30	\$30
Repair Broken Complete Denture Base - Mandibular	D5511	\$62	\$125				
Repair Broken Complete Denture Base - Maxillary	D5512	\$62	\$125	Type III - Pontics and Retainers			
Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$46	\$69	Pontic - Cast High Noble Metal	D6210	\$395	\$489
Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$117	Pontic - Cast Predominantly Base Metal	D6211	\$371	\$522
Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$117	Pontic - Cast Noble Metal	D6212	\$386	\$510
Repair Cast Partial Framework - Mandibular	D5621	\$61	\$114	Pontic - Titanium	D6214	\$395	\$489
Repair Cast Partial Framework - Maxillary	D5622	\$61	\$114	Pontic - Porcelain Fused to High Noble Metal	D6240	\$320	\$409
Repair or Replace Broken Clasp - per tooth	D5630	\$55	\$116	Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$320	\$395
Replace Broken Teeth - Per Tooth	D5640	\$55	\$71	Pontic - Porcelain Fused to Noble Metal	D6242	\$320	\$421
Add Tooth to Existing Partial Denture	D5650	\$55	\$102	Pontic - Porcelain/Ceramic	D6245	\$452	\$482

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Pontic - Resin with High Noble Metal	D6250	\$329	\$600	Extraction - Erupted Tooth	D7210	\$85	\$160
Pontic - Resin with Predominantly Base Metal	D6251	\$300	\$557	Removal of Impacted Tooth - Soft Tissue	D7220	\$92	\$199
Pontic - Resin with Noble Metal	D6252	\$350	\$551	Removal of Impacted Tooth - Partially Bony	D7230	\$108	\$253
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$247	\$371	Removal of Impacted Tooth - Completely Bony	D7240	\$154	\$331
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$232	\$348	Removal of Residual Tooth Roots	D7250	\$73	\$166
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$243	\$365	Coronectomy - Intentional Partial Tooth Removal	D7251	\$91	\$368
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$340	\$459	Oroantral Fistula Closure	D7260	\$111	\$1,207
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$355	\$445	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$232	\$346
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$340	\$451	Tooth Transplantation	D7272	\$232	\$770
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$395	\$508	Exposure of an Unerupted Tooth	D7280	\$178	\$310
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$309	\$450	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$62	\$665
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$355	\$490	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$62	\$291
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$348	\$448	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$93	\$228
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$386	\$498	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$39	\$291
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$386	\$416	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$139	\$325
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$402	\$448	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$54	\$461
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$333	\$497	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$185	\$1,631
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$410	\$532	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$278	\$5,149
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$309	\$519	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$293	\$599
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$386	\$504	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$178	\$788
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$324	\$481	Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$317	\$623
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$417	\$480	Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$371	\$987
Retainer Inlay - Titanium	D6624	\$248	\$402	Removal of Lateral Exostosis - Per Site	D7471	\$97	\$667
Retainer Onlay - Titanium	D6634	\$263	\$419	Removal of Torus Palatinus	D7472	\$247	\$807
Retainer Crown - Resin With High Noble Metal	D6720	\$386	\$600	Removal of Torus Mandibularis	D7473	\$247	\$761
Retainer Crown - Resin With Base Metal	D6721	\$364	\$599	Reduction of Osseous Tuberosity	D7485	\$247	\$676
Retainer Crown - Resin With Noble Metal	D6722	\$371	\$593	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$58	\$198
Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$385	\$553	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$124	\$906
Retainer Crown - Porcelain With High Noble Metal	D6750	\$318	\$463	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$58	\$342
Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$298	\$441	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$124	\$331
Retainer Crown - Porcelain With Noble Metal	D6752	\$318	\$465	Sequestrectomy for Osteomyelitis	D7550	\$58	\$297
Retainer Crown - ¾ Cast High Noble Metal	D6780	\$437	\$574	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$526	\$3,324
Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$371	\$539	Suture of Recent Small Wounds up to 5cm	D7910	\$58	\$318
Retainer Crown - ¾ Cast Noble Metal	D6782	\$364	\$444	Frenulectomy (Frenectomy or Frenotomy)	D7960	\$108	\$314
Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$371	\$520	Excision of Hyperplastic Tissue - Per Arch	D7970	\$104	\$406
Retainer Crown - Full Cast High Noble Metal	D6790	\$386	\$547	Excision of Pericoronal Gingiva	D7971	\$81	\$128
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$379	\$602	Surgical Reduction of Fibrous Tuberosity	D7972	\$309	\$476
Retainer Crown - Full Cast Noble Metal	D6792	\$402	\$597	Non-Surgical Sialolithotomy	D7979	\$301	\$921
Retainer Crown - Titanium	D6794	\$360	\$493	Surgical Sialolithotomy	D7980	\$271	\$861
Re-cement or Re-bond Fixed Partial Denture	D6930	\$15	\$25	Closure of Salivary Fistula	D7983	\$700	\$2,160
Stress Breaker	D6940	\$51	\$68				
Fixed Partial Denture Repair - by Report	D6980	\$101	\$152				
Type II - Oral Surgery				Type - Miscellaneous Services			
Extraction - Coronal Remnants - Primary Tooth	D7111	\$39	\$79	I - Palliative (Emergency) Treatment of Pain	D9110	\$18	\$50
Extraction - Erupted Tooth or Exposed Root	D7140	\$57	\$95				

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	\$54	\$163				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$49	\$74				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$18	\$27				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$46	\$140				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$41	\$62				
III - Non-Intravenous Conscious Sedation*	D9248	\$65	\$68				
I - Consultation	D9310	\$0	\$122				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$46	\$69				
II - Treatment of Complications (Post Surgical)	D9930	\$15	\$23				
III - Occlusal Guard (for Bruxism)	D9940	\$90	\$147				
III - Occlusal Adjustment - Limited	D9951	\$49	\$106				
III - Occlusal Adjustment - Complete	D9952	\$117	\$550				
* Covered only when performed in conjunction with covered oral surgery.	D9999						