

# SECURECARE DENTAL

## COPAY PLAN NV100 - 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
<b>Type I - Diagnostic/Evaluation Services</b>							
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	<b>Type II - Restorative Dentistry</b>			
Intraoral - Complete Series of Images	D0210	\$0	\$0	Amalgam - 1 Surface - Primary or Permanent	D2140	\$76	\$129
Intraoral - Periapical - 1st Image	D0220	\$0	\$0	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$88	\$167
Intraoral - Periapical - Each Additional Image	D0230	\$0	\$0	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$103	\$202
Intraoral - Occlusal Image	D0240	\$0	\$0	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$129	\$246
Extraoral - 2D Image	D0250	\$0	\$0	Resin Composite - 1 Surface - Anterior	D2330	\$80	\$154
Extraoral - Posterior Image	D0251	\$0	\$0	Resin Composite - 2 Surfaces - Anterior	D2331	\$95	\$185
Bitewing - 1 Image	D0270	\$0	\$0	Resin Composite - 3 Surfaces - Anterior	D2332	\$114	\$223
Bitewing - 2 Images	D0272	\$0	\$0	Resin Composite - 4+ Surfaces - Anterior	D2335	\$147	\$264
Bitewing - 3 Images	D0273	\$0	\$0	Resin Composite Crown - Anterior	D2390	\$195	\$292
Bitewing - 4 Images	D0274	\$0	\$0	Resin Composite - 1 Surface - Posterior	D2391	\$87	\$165
Vertical Bitewings - 7 to 8 Images	D0277	\$0	\$0	Resin Composite - 2 Surfaces - Posterior	D2392	\$102	\$220
Panoramic Image	D0330	\$0	\$0	Resin Composite - 3 Surfaces - Posterior	D2393	\$146	\$259
Pulp Vitality Tests	D0460	\$0	\$0	Resin Composite - 4+ Surfaces - Posterior	D2394	\$175	\$333
Diagnostic Casts	D0470	\$0	\$0	<b>Type III - Onlays, Crowns and Bridges</b>			
<b>Type I - Preventive Services</b>				Inlay - Metallic - 1 Surface	D2510	\$425	\$732
Prophylaxis Cleaning - Adult	D1110	\$0	\$0	Inlay - Metallic - 2 Surfaces	D2520	\$564	\$831
Prophylaxis Cleaning - Child	D1120	\$0	\$0	Inlay - Metallic - 3+ Surfaces	D2530	\$670	\$957
Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$0	Onlay - Metallic - 2 Surfaces	D2542	\$576	\$939
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$0	Onlay - Metallic - 3 Surfaces	D2543	\$693	\$982
Sealant - Per Tooth	D1351	\$0	\$0	Onlay - Metallic - 4+ Surfaces	D2544	\$965	\$1,021
Preventive Resin Restoration (Including Sealant)	D1352	\$0	\$0	Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$436	\$861

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	\$575	\$909	Inlay Repair	D2981	\$111	\$169
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$703	\$968	Onlay Repair	D2982	\$111	\$169
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$605	\$941	Veneer Repair	D2983	\$111	\$169
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$735	\$1,015				
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$997	\$1,077	<b>Type III - Endodontics</b>			
Inlay - Resin Composite - 1 Surface	D2650	\$368	\$566	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$41	\$88
Inlay - Resin Composite - 2 Surfaces	D2651	\$453	\$674	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$44	\$70
Inlay - Resin Composite - 3+ Surfaces	D2652	\$524	\$709	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$88	\$180
Onlay - Resin Composite - 2 Surfaces	D2662	\$510	\$615	Pulpal Debridement - Primary/Permanent	D3221	\$82	\$197
Onlay - Resin Composite - 3 Surfaces	D2663	\$559	\$724	Partial Pulpotomy for Apexogenesis	D3222	\$102	\$183
Onlay - Resin Composite - 4+ Surfaces	D2664	\$609	\$775	Pulpal Therapy Anterior - Primary	D3230	\$99	\$180
Crown - Resin Based Composite - Indirect	D2710	\$422	\$428	Pulpal Therapy Posterior - Primary	D3240	\$115	\$222
Crown - ¾ Resin Based Composite - Indirect	D2712	\$286	\$428	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$470	\$708
Crown - Resin with High Noble Metal	D2720	\$850	\$1,055	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$525	\$867
Crown - Resin with Base Metal	D2721	\$762	\$989	Root Canal - Molar (Excluding Final Restoration)	D3330	\$687	\$1,075
Crown - Resin with Noble Metal	D2722	\$779	\$1,011	Treatment of Root Canal Obstruction - non surgical	D3331	\$211	\$277
Crown - Porcelain/Ceramic	D2740	\$825	\$1,113	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$271	\$527
Crown - Porcelain with High Noble Metal	D2750	\$801	\$1,068	Internal Root Repair of Perforation Defects	D3333	\$245	\$243
Crown - Porcelain with Predominantly Base Metal	D2751	\$754	\$995	Retreatment of Previous RCT - Anterior	D3346	\$389	\$943
Crown - Porcelain With Noble Metal	D2752	\$775	\$1,019	Retreatment of Previous RCT - Premolar	D3347	\$533	\$1,110
Crown - ¾ Cast High Noble Metal	D2780	\$813	\$1,025	Retreatment of Previous RCT - Molar	D3348	\$760	\$1,373
Crown - ¾ Cast Predominantly Base Metal	D2781	\$780	\$965	Apexification/Recalcification - Initial Visit	D3351	\$179	\$434
Crown - ¾ Cast Noble Metal	D2782	\$809	\$996	Apexification/Recalcification - Interim Visit	D3352	\$115	\$195
Crown - ¾ Porcelain/Ceramic	D2783	\$793	\$1,054	Apexification/Recalcification - Final Visit	D3353	\$214	\$599
Crown - Full Cast High Noble Metal	D2790	\$724	\$1,031	Apicoectomy - Anterior	D3410	\$409	\$861
Crown - Full Cast Predominantly Base Metal	D2791	\$650	\$977	Apicoectomy - Premolar - 1st Root	D3421	\$430	\$959
Crown - Full Cast Noble Metal	D2792	\$706	\$995	Apicoectomy - Molar - 1st Root	D3425	\$512	\$1,086
Crown - Titanium	D2794	\$715	\$1,055	Apicoectomy - Each Additional Root	D3426	\$274	\$367
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$87	\$87	Retrograde Filling - Per Root	D3430	\$134	\$270
Re-cement/Re-bond Crown	D2920	\$74	\$88	Root Amputation - Per Root	D3450	\$245	\$562
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$299	\$349	Hemisection (Including any Root Removal)	D3920	\$159	\$427
Prefabricated Stainless Steel Crown - Primary	D2930	\$188	\$241	Canal Preparation/Post Fitting	D3950	\$0	\$0
Prefabricated Stainless Steel Crown - Permanent	D2931	\$183	\$272				
Prefabricated Resin Crown	D2932	\$176	\$290	<b>Type III - Periodontics</b>			
Protective Restoration	D2940	\$69	\$92	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$257	\$800
Core Build Up - Including any Pins when required	D2950	\$152	\$230	Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$133	\$355
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$49	\$52	Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$92	\$284
Cast Post and Core - in Addition to Crown	D2952	\$235	\$363	Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$522	\$1,013
Cast Post and Core - Each Additional - same tooth	D2953	\$155	\$181	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$283	\$586
Prefabricated Post and Core - in Addition to Crown	D2954	\$207	\$290	Crown Lengthening - Hard Tissue	D4249	\$470	\$1,111
Post Removal	D2955	\$0	\$0	Osseous Surgery - 4+ teeth/quad	D4260	\$679	\$1,688
Each Additional Prefabricated Post - same tooth	D2957	\$167	\$145	Osseous Surgery - 1-3 teeth/quad	D4261	\$408	\$906
Labial Veneer (resin laminate) - Chairside	D2960	\$395	\$701	Pedicle Soft Tissue Graft Procedure	D4270	\$196	\$1,200
Labial Veneer (resin laminate) - Laboratory	D2961	\$608	\$795	Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$585	\$1,466
Labial Veneer (porcelain laminate) - Laboratory	D2962	\$684	\$864	Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$448	\$832
Crown Repair	D2980	\$110	\$169				

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Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$599	\$1,102	Add Clasp to Existing Partial Denture - per tooth	D5660	\$178	\$245
Combined Connective Tissue/Double Pedicle Graft	D4276	\$860	\$1,644	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$502	\$599
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$414	\$1,244	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$502	\$599
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$414	\$409	Rebase Complete Upper Denture	D5710	\$490	\$606
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$585	\$1,249	Rebase Complete Lower Denture	D5711	\$490	\$578
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$599	\$940	Rebase Upper Partial Denture	D5720	\$436	\$572
Provisional Intracoronal Splint	D4320	\$192	\$414	Rebase Lower Partial Denture	D5721	\$436	\$572
Provisional Extracoronal Splint	D4321	\$172	\$376	Reline Complete Upper Denture (Chairside)	D5730	\$294	\$342
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$136	\$257	Reline Complete Lower Denture (Chairside)	D5731	\$294	\$342
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$82	\$138	Reline Upper Partial Denture (Chairside)	D5740	\$296	\$313
Scaling - Full Mouth - After Oral Evaluation	D4346	\$74	\$71	Reline Lower Partial Denture (Chairside)	D5741	\$259	\$276
Full Mouth Debridement	D4355	\$63	\$163	Reline Complete Upper Denture (Laboratory)	D5750	\$372	\$456
Periodontal Maintenance Procedures	D4910	\$80	\$144	Reline Complete Lower Denture (Laboratory)	D5751	\$372	\$456
				Reline Upper Partial Denture (Laboratory)	D5760	\$354	\$449
				Reline Lower Partial Denture (Laboratory)	D5761	\$354	\$449
				Tissue Conditioning - Upper	D5850	\$142	\$143
				Tissue Conditioning - Lower	D5851	\$142	\$143
<b>Type III - Removable Prosthetics</b>				<b>Type III - Implants</b>			
Complete Denture - Upper	D5110	\$982	\$1,492	Surgical Placement of Implant Body - Endosteal	D6010	\$1,583	\$2,492
Complete Denture - Lower	D5120	\$982	\$1,492	Surgical Placement of Mini Implant	D6013	\$1,598	\$2,492
Immediate Denture - Upper	D5130	\$1,014	\$1,627	Prefabricated Abutment - includes modification & placement	D6056	\$396	\$517
Immediate Denture - Lower	D5140	\$1,014	\$1,627	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$1,022	\$1,435
Upper Partial Denture - Resin Base	D5211	\$622	\$1,259	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$997	\$1,416
Lower Partial Denture - Resin Base	D5212	\$622	\$1,463	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$888	\$1,338
Upper Partial - Cast Metal Frame - Resin Base	D5213	\$993	\$1,648	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$939	\$1,365
Lower Partial - Cast Metal Frame - Resin Base	D5214	\$993	\$1,648	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$946	\$1,360
Upper Immediate Partial Denture - Resin Base	D5221	\$873	\$1,373	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$757	\$1,184
Lower Immediate Partial Denture - Resin Base	D5222	\$873	\$1,595	Crown - Abutment Supp. Cast Noble Metal	D6064	\$807	\$1,239
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$1,186	\$1,797	Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$974	\$1,412
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$1,186	\$1,797	Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$950	\$1,375
Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$628	\$961	Crown - Implant Supp. Metal	D6067	\$886	\$1,334
Adjust Complete Denture - Upper	D5410	\$57	\$82	Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$58	\$110
Adjust Complete Denture - Lower	D5411	\$57	\$82	Crown - Abutment Supp. Titanium	D6094	\$887	\$1,123
Adjust Partial Denture - Upper	D5421	\$99	\$82	Repair Implant Abutment - By Report	D6095	\$275	\$375
Adjust Partial Denture - Lower	D5422	\$99	\$82	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	<b>Type III - Pontics and Retainers</b>			
Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$105	\$136	Pontic - Cast High Noble Metal	D6210	\$821	\$1,085
Repair Resin Partial Denture Base - Mandibular	D5611	\$136	\$177	Pontic - Cast Predominantly Base Metal	D6211	\$679	\$1,017
Repair Resin Partial Denture Base - Maxillary	D5612	\$136	\$177	Pontic - Cast Noble Metal	D6212	\$754	\$1,058
Repair Cast Partial Framework - Mandibular	D5621	\$171	\$191	Pontic - Titanium	D6214	\$855	\$1,092
Repair Cast Partial Framework - Maxillary	D5622	\$171	\$191	Pontic - Porcelain Fused to High Noble Metal	D6240	\$806	\$1,071
Repair or Replace Broken Clasp - per tooth	D5630	\$155	\$231	Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$759	\$989
Replace Broken Teeth - Per Tooth	D5640	\$111	\$150	Pontic - Porcelain Fused to Noble Metal	D6242	\$780	\$1,044
Add Tooth to Existing Partial Denture	D5650	\$142	\$204	Pontic - Porcelain/Ceramic	D6245	\$928	\$1,105

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	\$624	\$1,058	Extraction - Erupted Tooth	D7210	\$144	\$238
Pontic - Resin with Predominantly Base Metal	D6251	\$569	\$976	Removal of Impacted Tooth - Soft Tissue	D7220	\$163	\$296
Pontic - Resin with Noble Metal	D6252	\$600	\$1,007	Removal of Impacted Tooth - Partially Bony	D7230	\$209	\$393
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$538	\$388	Removal of Impacted Tooth - Completely Bony	D7240	\$244	\$462
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$518	\$427	Removal of Residual Tooth Roots	D7250	\$148	\$249
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$330	\$280	Coronectomy - Intentional Partial Tooth Removal	D7251	\$178	\$489
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$638	\$770	Oroantral Fistula Closure	D7260	\$217	\$1,517
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$721	\$808	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$367	\$632
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$706	\$823	Tooth Transplantation	D7272	\$401	\$632
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$798	\$905	Exposure of an Unerupted Tooth	D7280	\$279	\$442
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$648	\$807	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$122	\$885
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$710	\$855	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$122	\$379
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$690	\$794	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$117	\$361
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$770	\$881	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$90	\$316
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$833	\$837	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$159	\$587
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$850	\$874	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$121	\$496
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$706	\$888	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$324	\$2,482
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$856	\$971	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$535	\$7,219
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$639	\$883	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$532	\$1,083
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$808	\$923	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$644	\$1,480
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$690	\$864	Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$522	\$1,083
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$856	\$898	Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$666	\$1,480
Retainer Inlay - Titanium	D6624	\$560	\$823	Removal of Lateral Exostosis - Per Site	D7471	\$179	\$1,341
Retainer Onlay - Titanium	D6634	\$594	\$864	Removal of Torus Palatinus	D7472	\$381	\$1,594
Retainer Crown - Resin With High Noble Metal	D6720	\$794	\$1,029	Removal of Torus Mandibularis	D7473	\$381	\$1,503
Retainer Crown - Resin With Base Metal	D6721	\$706	\$976	Reduction of Osseous Tuberosity	D7485	\$381	\$1,341
Retainer Crown - Resin With Noble Metal	D6722	\$745	\$994	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$137	\$388
Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$820	\$1,082	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$252	\$1,848
Retainer Crown - Porcelain With High Noble Metal	D6750	\$806	\$1,054	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$88	\$666
Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$759	\$983	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$252	\$738
Retainer Crown - Porcelain With Noble Metal	D6752	\$780	\$1,007	Sequestrectomy for Osteomyelitis	D7550	\$164	\$460
Retainer Crown - ¾ Cast High Noble Metal	D6780	\$859	\$994	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$1,035	\$3,655
Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$818	\$994	Suture of Recent Small Wounds up to 5cm	D7910	\$66	\$592
Retainer Crown - ¾ Cast Noble Metal	D6782	\$839	\$923	Frenulectomy (Frenectomy or Frenotomy)	D7960	\$238	\$496
Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$801	\$1,023	Excision of Hyperplastic Tissue - Per Arch	D7970	\$205	\$722
Retainer Crown - Full Cast High Noble Metal	D6790	\$821	\$1,017	Excision of Pericoronal Gingiva	D7971	\$140	\$271
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$679	\$964	Surgical Reduction of Fibrous Tuberosity	D7972	\$511	\$1,011
Retainer Crown - Full Cast Noble Metal	D6792	\$754	\$999	Non-Surgical Sialolithotomy	D7979	\$605	\$1,137
Retainer Crown - Titanium	D6794	\$715	\$999	Surgical Sialolithotomy	D7980	\$605	\$1,137
Re-cement or Re-bond Fixed Partial Denture	D6930	\$82	\$130	Closure of Salivary Fistula	D7983	\$1,376	\$2,581
Stress Breaker	D6940	\$269	\$294				
Fixed Partial Denture Repair - by Report	D6980	\$166	\$158				
<b>Type II - Oral Surgery</b>				<b>Type - Miscellaneous Services</b>			
Extraction - Coronal Remnants - Primary Tooth	D7111	\$92	\$124	I - Palliative (Emergency) Treatment of Pain	D9110	\$68	\$132
Extraction - Erupted Tooth or Exposed Root	D7140	\$101	\$165				

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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	\$82	\$219				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$42	\$81				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$66	\$185				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$66	\$185				
III - Non-Intravenous Conscious Sedation*	D9248	\$99	\$118				
I - Consultation	D9310	\$64	\$164				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$81	\$81				
II - Treatment of Complications (Post Surgical)	D9930	\$75	\$75				
III - Occlusal Guard (for Bruxism)	D9940	\$255	\$462				
III - Occlusal Adjustment - Limited	D9951	\$63	\$135				
III - Occlusal Adjustment - Complete	D9952	\$204	\$638				
* Covered only when performed in conjunction with covered oral surgery.							