

secureone®

INDIVIDUAL HEALTH PLAN

Schedule of Member Fees

General Dentist: Fees listed are your prices when services are performed by a contracted General Dentist. Prices include gold/precious metal and lab fees.

Specialists: If the services of a contracted Specialist are required, you are responsible for the Specialist's usual fee less a 10 - 25% SecureOne contractual discount.

Discounts apply only when treatment is performed by a contracted dental office.

Procedures not listed are available at a 20% discount from the contracted dentist's usual fee.

Fees are subject to change without written notice to members
For SecureOne Plan customer service call (602) 234-3266 or toll free (888) 256-3266.

Visit our website at www.secureoneplan.com

Schedule effective 01/01/2018

COVERED SERVICES	ADA CODE	YOU PAY	COVERED SERVICES	ADA CODE	YOU PAY
Type I - Diagnostic/Evaluation Services			Type III - Onlays, Crowns and Bridges		
Periodic Oral Evaluation	D0120	\$24	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$83
Limited Oral Evaluation - Problem Focused	D0140	\$25	Resin Composite - 1 Surface - Anterior	D2330	\$57
Oral Evaluation - under 3 years old	D0145	\$12	Resin Composite - 2 Surfaces - Anterior	D2331	\$77
Comprehensive Oral Evaluation	D0150	\$30	Resin Composite - 3 Surfaces - Anterior	D2332	\$90
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$35	Resin Composite - 4+ Surfaces - Anterior	D2335	\$100
Re-evaluation - Limited - Problem Focused	D0170	\$23	Resin Composite Crown - Anterior	D2390	\$135
Re-evaluation Post-Operative Office Visit	D0171	No Chrg	Resin Composite - 1 Surface - Posterior	D2391	\$73
Comprehensive Periodontal Evaluation	D0180	\$18	Resin Composite - 2 Surfaces - Posterior	D2392	\$90
Intraoral - Complete Series of Images	D0210	\$53	Resin Composite - 3 Surfaces - Posterior	D2393	\$114
Intraoral - Periapical - 1st Image	D0220	\$8	Resin Composite - 4+ Surfaces - Posterior	D2394	\$128
Intraoral - Periapical - Each Additional Image	D0230	\$7	Type III - Onlays, Crowns and Bridges		
Intraoral - Occlusal Image	D0240	\$12	Inlay - Metallic - 1 Surface	D2510	\$329
Extraoral - 2D Image	D0250	\$23	Inlay - Metallic - 2 Surfaces	D2520	\$409
Extraoral - Posterior Image	D0251	\$20	Inlay - Metallic - 3+ Surfaces	D2530	\$490
Bitewing - 1 Image	D0270	\$10	Onlay - Metallic - 2 Surfaces	D2542	\$427
Bitewing - 2 Images	D0272	\$16	Onlay - Metallic - 3 Surfaces	D2543	\$509
Bitewing - 3 Images	D0273	\$20	Onlay - Metallic - 4+ Surfaces	D2544	\$693
Bitewing - 4 Images	D0274	\$22	Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$336
Vertical Bitewings - 7 to 8 Images	D0277	\$40	Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$437
Panoramic Image	D0330	\$38	Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$507
Pulp Vitality Tests	D0460	No Chrg	Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$441
Diagnostic Casts	D0470	\$43	Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$527
Type I - Preventive Services			Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$720
Prophylaxis Cleaning - Adult	D1110	\$50	Inlay - Resin Composite - 1 Surface	D2650	\$289
Prophylaxis Cleaning - Child	D1120	\$34	Inlay - Resin Composite - 2 Surfaces	D2651	\$348
Fluoride - Topical Application of Fluoride Varnish	D1206	\$11	Inlay - Resin Composite - 3+ Surfaces	D2652	\$398
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$10	Onlay - Resin Composite - 2 Surfaces	D2662	\$387
Sealant - Per Tooth	D1351	\$25	Onlay - Resin Composite - 3 Surfaces	D2663	\$423
Preventive Resin Restoration (Including Sealant)	D1352	\$24	Onlay - Resin Composite - 4+ Surfaces	D2664	\$486
Sealant Repair - Per Tooth	D1353	\$26	Crown - Resin Based Composite - Indirect	D2710	\$326
Space Maintainer; Fixed Unilateral	D1510	\$126	Crown - Resin with High Noble Metal	D2720	\$625
Upper Space Maintainer; Fixed Bilateral	D1516	\$194	Crown - Resin with Base Metal	D2721	\$564
Lower Space Maintainer; Fixed Bilateral	D1517	\$194	Crown - Resin with Noble Metal	D2722	\$574
Space Maintainer; Removable Unilateral	D1520	\$155	Crown - Porcelain/Ceramic	D2740	\$710
Upper Space Maintainer; Removable Bilateral	D1526	\$230	Crown - Porcelain with High Noble Metal	D2750	\$710
Lower Space Maintainer; Removable Bilateral	D1527	\$230	Crown - Porcelain with Predominantly Base Metal	D2751	\$650
Re-cement or Re-bond Space Maintainer	D1550	\$21	Crown - Porcelain With Noble Metal	D2752	\$665
Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$146	Crown - ¾ Cast High Noble Metal	D2780	\$609
Type II - Restorative Dentistry			Crown - ¾ Cast Predominantly Base Metal	D2781	\$602
Amalgam - 1 Surface - Primary or Permanent	D2140	\$46	Crown - ¾ Cast Noble Metal	D2782	\$631
Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$57	Crown - ¾ Porcelain/Ceramic	D2783	\$590
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$63	Crown - Full Cast High Noble Metal	D2790	\$615
			Crown - Full Cast Predominantly Base Metal	D2791	\$552
			Crown - Full Cast Noble Metal	D2792	\$570
			Crown - Titanium	D2794	\$594
			Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$85

SECURE ONE INDIVIDUAL HEALTH PLAN - Schedule of Member Fees

COVERED SERVICES	ADA CODE	YOU PAY	COVERED SERVICES	ADA CODE	YOU PAY
Re-cement/Re-bond Crown	D2920	\$81	Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$51
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$250	Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$331
Prefabricated Stainless Steel Crown - Primary	D2930	\$111	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$200
Prefabricated Stainless Steel Crown - Permanent	D2931	\$138	Crown Lengthening - Hard Tissue	D4249	\$388
Prefabricated Resin Crown	D2932	\$133	Osseous Surgery - 4+ teeth/quad	D4260	\$380
Protective Restoration	D2940	\$74	Osseous Surgery - 1-3 teeth/quad	D4261	\$310
Core Build Up - Including any Pins when required	D2950	\$110	Pedicle Soft Tissue Graft Procedure	D4270	\$135
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$68	Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$512
Cast Post and Core - in Addition to Crown	D2952	\$170	Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$316
Cast Post and Core - Each Additional - same tooth	D2953	\$139	Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$420
Prefabricated Post and Core - in Addition to Crown	D2954	\$150	Combined Connective Tissue/Double Pedicle Graft	D4276	\$599
Each Additional Prefabricated Post - same tooth	D2957	\$127	Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$307
Labial Veneer (resin laminate) - Chairside	D2960	\$309	Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$307
Labial Veneer (resin laminate) - Laboratory	D2961	\$455	Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$597
Labial Veneer (porcelain laminate) - Laboratory	D2962	\$552	Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$390
Crown Repair	D2980	\$99	Provisional Intracoronal Splint	D4320	\$133
Inlay Repair	D2981	\$99	Provisional Extracoronal Splint	D4321	\$121
Onlay Repair	D2982	\$99	Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$110
Veneer Repair	D2983	\$99	Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$56
Type III - Endodontics			Scaling - Full Mouth - After Oral Evaluation	D4346	\$67
Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$15	Full Mouth Debridement	D4355	\$55
Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$18	Periodontal Maintenance Procedures	D4910	\$60
Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$60	Type III - Removable Prosthetics		
Pulpal Debridement - Primary/Permanent	D3221	\$51	Complete Denture - Upper	D5110	\$820
Partial Pulpotomy for Apexogenesis	D3222	\$81	Complete Denture - Lower	D5120	\$820
Pulpal Therapy Anterior - Primary	D3230	\$71	Immediate Denture - Upper	D5130	\$799
Pulpal Therapy Posterior - Primary	D3240	\$64	Immediate Denture - Lower	D5140	\$799
Root Canal - Anterior (Excluding Final Restoration)	D3310	\$325	Upper Partial Denture - Resin Base	D5211	\$505
Root Canal - Premolar (Excluding Final Restoration)	D3320	\$425	Lower Partial Denture - Resin Base	D5212	\$505
Root Canal - Molar (Excluding Final Restoration)	D3330	\$525	Upper Partial - Cast Metal Frame - Resin Base	D5213	\$800
Treatment of Root Canal Obstruction - non surgical	D3331	\$148	Lower Partial - Cast Metal Frame - Resin Base	D5214	\$800
Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$188	Upper Immediate Partial Denture - Resin Base	D5221	\$771
Internal Root Repair of Perforation Defects	D3333	\$119	Lower Immediate Partial Denture - Resin Base	D5222	\$771
Retreatment of Previous RCT - Anterior	D3346	\$274	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$1,028
Retreatment of Previous RCT - Premolar	D3347	\$375	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$1,028
Retreatment of Previous RCT - Molar	D3348	\$300	Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$500
Apexification/Recalcification - Initial Visit	D3351	\$79	Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$500
Apexification/Recalcification - Interim Visit	D3352	\$79	Adjust Complete Denture - Upper	D5410	\$73
Apexification/Recalcification - Final Visit	D3353	\$79	Adjust Complete Denture - Lower	D5411	\$73
Apicoectomy - Anterior	D3410	\$231	Adjust Partial Denture - Upper	D5421	\$79
Apicoectomy - Premolar - 1st Root	D3421	\$288	Adjust Partial Denture - Lower	D5422	\$79
Apicoectomy - Molar - 1st Root	D3425	\$250	Repair Broken Complete Denture Base - Mandibular	D5511	\$103
Apicoectomy - Each Additional Root	D3426	\$192	Repair Broken Complete Denture Base - Maxillary	D5512	\$103
Retrograde Filling - Per Root	D3430	\$71	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$106
Root Amputation - Per Root	D3450	\$170	Repair Resin Partial Denture Base - Mandibular	D5611	\$113
Hemisection (Including any Root Removal)	D3920	\$111	Repair Resin Partial Denture Base - Maxillary	D5612	\$113
Canal Preparation/Post Fitting	D3950	No Chrg			
Type III - Periodontics					
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$179			
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$62			

SECURE ONE INDIVIDUAL HEALTH PLAN - Schedule of Member Fees

COVERED SERVICES	ADA CODE	YOU PAY	COVERED SERVICES	ADA CODE	YOU PAY
Repair Cast Partial Framework - Mandibular	D5621	\$138	Pontic - Resin with High Noble Metal	D6250	\$523
Repair Cast Partial Framework - Maxillary	D5622	\$138	Pontic - Resin with Predominantly Base Metal	D6251	\$476
Repair or Replace Broken Clasp - per tooth	D5630	\$119	Pontic - Resin with Noble Metal	D6252	\$556
Replace Broken Teeth - Per Tooth	D5640	\$99	Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$407
Add Tooth to Existing Partial Denture	D5650	\$111	Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$393
Add Clasp to Existing Partial Denture - per tooth	D5660	\$135	Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$282
Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$383	Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$477
Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$383	Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$534
Rebase Complete Upper Denture	D5710	\$373	Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$525
Rebase Complete Lower Denture	D5711	\$373	Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$587
Rebase Upper Partial Denture	D5720	\$336	Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$485
Rebase Lower Partial Denture	D5721	\$336	Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$527
Reline Complete Upper Denture (Chairside)	D5730	\$236	Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$513
Reline Complete Lower Denture (Chairside)	D5731	\$228	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$569
Reline Upper Partial Denture (Chairside)	D5740	\$238	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$613
Reline Lower Partial Denture (Chairside)	D5741	\$238	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$625
Reline Complete Upper Denture (Laboratory)	D5750	\$318	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$525
Reline Complete Lower Denture (Laboratory)	D5751	\$318	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$628
Reline Upper Partial Denture (Laboratory)	D5760	\$306	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$478
Reline Lower Partial Denture (Laboratory)	D5761	\$306	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$595
Tissue Conditioning - Upper	D5850	\$110	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$513
Tissue Conditioning - Lower	D5851	\$110	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$328
Type III - Implants			Retainer Inlay - Titanium	D6624	\$494
Surgical Placement of Implant Body - Endosteal	D6010	\$1,339	Retainer Onlay - Titanium	D6634	\$524
Surgical Placement of Mini Implant	D6013	\$1,339	Retainer Crown - Resin With High Noble Metal	D6720	\$586
Prefabricated Abutment - includes modification & placement	D6056	\$360	Retainer Crown - Resin With Base Metal	D6721	\$525
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$855	Retainer Crown - Resin With Noble Metal	D6722	\$551
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$843	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$710
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$744	Retainer Crown - Porcelain With High Noble Metal	D6750	\$710
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$794	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$650
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$800	Retainer Crown - Porcelain With Noble Metal	D6752	\$665
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$635	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$631
Crown - Abutment Supp. Cast Noble Metal	D6064	\$682	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$602
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$824	Retainer Crown - ¾ Cast Noble Metal	D6782	\$631
Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$803	Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$625
Crown - Implant Supp. Metal	D6067	\$750	Retainer Crown - Full Cast High Noble Metal	D6790	\$627
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$48	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$528
Crown - Abutment Supp. Titanium	D6094	\$743	Retainer Crown - Full Cast Noble Metal	D6792	\$581
Repair Implant Abutment - By Report	D6095	20% Off	Retainer Crown - Titanium	D6794	\$594
Remove Broken Implant Retaining Screw	D6096	\$41	Re-cement or Re-bond Fixed Partial Denture	D6930	\$85
Type III - Pontics and Retainers			Stress Breaker	D6940	\$198
Pontic - Cast High Noble Metal	D6210	\$627	Fixed Partial Denture Repair - by Report	D6980	20% Off
Pontic - Cast Predominantly Base Metal	D6211	\$528	Type II - Oral Surgery		
Pontic - Cast Noble Metal	D6212	\$581	Extraction - Erupted Tooth or Exposed Root	D7140	\$68
Pontic - Titanium	D6214	\$665	Extraction - Erupted Tooth	D7210	\$105
Pontic - Porcelain Fused to High Noble Metal	D6240	\$655	Removal of Impacted Tooth - Soft Tissue	D7220	\$115
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$607			
Pontic - Porcelain Fused to Noble Metal	D6242	\$629			
Pontic - Porcelain/Ceramic	D6245	\$701			

SECURE ONE INDIVIDUAL HEALTH PLAN - Schedule of Member Fees

COVERED SERVICES	ADA CODE	YOU PAY	COVERED SERVICES	ADA CODE	YOU PAY
Removal of Impacted Tooth - Partially Bony	D7230	\$145	III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$67
Removal of Impacted Tooth - Completely Bony	D7240	\$165	III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$67
Removal of Residual Tooth Roots	D7250	\$90	III - Non-Intravenous Conscious Sedation*	D9248	\$49
Coronectomy - Intentional Partial Tooth Removal	D7251	\$143	I - Consultation	D9310	\$45
Oroantral Fistula Closure	D7260	20% Off	I - Office Visit for Observ During Regular Scheduled Hours	D9430	No Chrg
Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$255	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$57
Tooth Transplantation	D7272	20% Off	II - Treatment of Complications (Post Surgical)	D9930	\$53
Exposure of an Unerupted Tooth	D7280	\$185	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$222
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$75	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$222
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$75	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$222
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$72	III - Occlusal Adjustment - Limited	D9951	\$44
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$61			
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$111	Disclosures: THIS PLAN IS NOT INSURANCE. The plan provides discounts at certain health care providers for medical services. The range of discounts will vary depending on the type of provider and service. The plan does not make payments directly to the providers of medical services. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization. You may access a list of participating health care providers online at the website printed on your membership ID card.		
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$85	Discount Medical Plan Organization and administrator: SecureOne Plan , 777 E Missouri Ave, Suite 121, Phoenix, AZ 85014; phone 888-429-0914.		
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$225	The program and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers.		
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$371			
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$344			
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$419			
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$344			
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$439			
Removal of Lateral Exostosis - Per Site	D7471	\$118			
Removal of Torus Palatinus	D7472	\$251			
Removal of Torus Mandibularus	D7473	\$251			
Reduction of Osseous Tuberosity	D7485	\$251			
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$58			
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$166			
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$58			
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$166			
Sequestrectomy for Osteomyelitis	D7550	20% Off			
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	20% Off			
Suture of Recent Small Wounds up to 5cm	D7910	\$44			
Frenulectomy (Frenectomy or Frenotomy)	D7960				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$104			
Excision of Pericoronal Gingiva	D7971	\$92			
Surgical Reduction of Fibrous Tuberosity	D7972	\$337			
Non-Surgical Sialolithotomy	D7979	\$486			
Surgical Sialolithotomy	D7980	20% Off			
Closure of Salivary Fistula	D7983	20% Off			
Type - Miscellaneous Services					
I - Palliative (Emergency) Treatment of Pain	D9110	\$33			
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$81			
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$81			
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$28			