

SECURECARE DENTAL

COPAY SCHEDULE AZ500 - SCHEDULE OF COPAYMENTS

This Schedule applies to services and supplies furnished by Preferred Providers. If services are performed by a Non-Preferred Provider, the patient will be responsible for all charges in excess of what would have been paid to a Preferred Provider.

COVERED SERVICES	ADA CODE	GENERAL DENTIST	SPECIALTY DENTIST	COVERED SERVICES	ADA CODE	GENERAL DENTIST	SPECIALTY DENTIST
Type I - Diagnostic/Evaluation Services				Resin Composite - 3 Surfaces - Anterior	D2332	\$64	\$175
Periodic Oral Evaluation	D0120	\$0	\$19	Resin Composite - 4+ Surfaces - Anterior	D2335	\$81	\$223
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$44	Resin Composite Crown - Anterior	D2390	\$56	\$183
Oral Evaluation - under 3 years old	D0145	\$0	\$50	Resin Composite - 1 Surface - Posterior	D2391	\$54	\$132
Comprehensive Oral Evaluation	D0150	\$0	\$38	Resin Composite - 2 Surfaces - Posterior	D2392	\$71	\$175
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$117	Resin Composite - 3 Surfaces - Posterior	D2393	\$79	\$212
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$29	Resin Composite - 4+ Surfaces - Posterior	D2394	\$79	\$253
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Type III - Onlays Crowns and Bridges			
Comprehensive Periodontal Evaluation	D0180	\$0	\$53	Inlay - Metallic - 1 Surface	D2510	\$219	\$563
Intraoral - Complete Series of Images	D0210	\$11	\$68	Inlay - Metallic - 2 Surfaces	D2520	\$278	\$647
Intraoral - Periapical - 1st Image	D0220	\$6	\$19	Inlay - Metallic - 3+ Surfaces	D2530	\$354	\$739
Intraoral - Periapical - Each Additional Image	D0230	\$6	\$20	Onlay - Metallic - 2 Surfaces	D2542	\$346	\$784
Intraoral - Occlusal Image	D0240	\$6	\$33	Onlay - Metallic - 3 Surfaces	D2543	\$363	\$718
Extraoral - 2D Image	D0250	\$6	\$30	Onlay - Metallic - 4+ Surfaces	D2544	\$363	\$573
Extraoral - Posterior Image	D0251	\$13	\$38	Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$245	\$711
Bitewing - 1 Image	D0270	\$6	\$18	Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$354	\$752
Bitewing - 2 Images	D0272	\$6	\$28	Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$327	\$702
Bitewing - 3 Images	D0273	\$6	\$33	Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$300	\$726
Bitewing - 4 Images	D0274	\$6	\$36	Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$311	\$709
Vertical Bitewings - 7 to 8 Images	D0277	\$6	\$49	Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$422	\$680
Panoramic Image	D0330	\$11	\$67	Inlay - Resin Composite - 1 Surface	D2650	\$128	\$354
Pulp Vitality Tests	D0460	\$0	\$0	Inlay - Resin Composite - 2 Surfaces	D2651	\$178	\$442
Diagnostic Casts	D0470	\$11	\$86	Inlay - Resin Composite - 3+ Surfaces	D2652	\$235	\$475
Type I - Preventive Services				Onlay - Resin Composite - 2 Surfaces	D2662	\$229	\$388
Prophylaxis Cleaning - Adult	D1110	\$0	\$20	Onlay - Resin Composite - 3 Surfaces	D2663	\$295	\$521
Prophylaxis Cleaning - Child	D1120	\$0	\$22	Onlay - Resin Composite - 4+ Surfaces	D2664	\$362	\$597
Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$42	Crown - Resin Based Composite - Indirect	D2710	\$161	\$188
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$15	Crown - ¼ Resin Based Composite - Indirect	D2712	\$150	\$298
Sealant - Per Tooth	D1351	\$17	\$37	Crown - Resin with High Noble Metal	D2720	\$447	\$724
Preventive Resin Restoration (Including Sealant)	D1352	\$19	\$51	Crown - Resin with Base Metal	D2721	\$432	\$718
Sealant Repair - Per Tooth	D1353	\$18	\$52	Crown - Resin with Noble Metal	D2722	\$438	\$734
Space Maintainer; Fixed Unilateral - per quad	D1510	\$111	\$250	Crown - Porcelain/Ceramic	D2740	\$422	\$723
Upper Space Maintainer; Fixed Bilateral	D1516	\$117	\$311	Crown - Porcelain with High Noble Metal	D2750	\$422	\$695
Lower Space Maintainer; Fixed Bilateral	D1517	\$117	\$311	Crown - Porcelain with Predominantly Base Metal	D2751	\$389	\$652
Space Maintainer; Removable Unilateral - per quad	D1520	\$84	\$224	Crown - Porcelain With Noble Metal	D2752	\$400	\$669
Upper Space Maintainer; Removable Bilateral	D1526	\$84	\$326	Crown - Porcelain with Titanium	D2753	\$389	\$716
Lower Space Maintainer; Removable Bilateral	D1527	\$84	\$326	Crown - ¼ Cast High Noble Metal	D2780	\$411	\$709
Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$26	\$42	Crown - ¼ Cast Predominantly Base Metal	D2781	\$375	\$628
Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$26	\$42	Crown - ¼ Cast Noble Metal	D2782	\$389	\$665
Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$26	\$42	Crown - ¼ Porcelain/Ceramic	D2783	\$404	\$727
Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$107	\$141	Crown - Full Cast High Noble Metal	D2790	\$400	\$701
Type II - Restorative Dentistry				Crown - Full Cast Predominantly Base Metal	D2791	\$386	\$669
Amalgam - 1 Surface - Primary or Permanent	D2140	\$39	\$118	Crown - Full Cast Noble Metal	D2792	\$393	\$678
Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$39	\$146	Crown - Titanium	D2794	\$400	\$755
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$39	\$176	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$20	\$32
Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$44	\$202	Re-cement/Re-bond Crown	D2920	\$52	\$63
Resin Composite - 1 Surface - Anterior	D2330	\$50	\$131	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$158	\$250
Resin Composite - 2 Surfaces - Anterior	D2331	\$53	\$142	Prefabricated Stainless Steel Crown - Primary	D2930	\$109	\$227
				Prefabricated Stainless Steel Crown - Permanent	D2931	\$70	\$197
				Prefabricated Resin Crown	D2932	\$97	\$280
				Protective Restoration	D2940	\$9	\$40
				Core Build Up - Including any Pins when required	D2950	\$103	\$197

COPAY SCHEDULE AZ500 - SCHEDULE OF COPAYMENTS

COVERED SERVICES	ADA CODE	GENERAL DENTIST	SPECIALTY DENTIST	COVERED SERVICES	ADA CODE	GENERAL DENTIST	SPECIALTY DENTIST
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$17	\$22	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$202	\$514
Cast Post and Core - in Addition to Crown	D2952	\$143	\$304	Crown Lengthening - Hard Tissue	D4249	\$344	\$882
Cast Post and Core - Each Additional - same tooth	D2953	\$97	\$126	Osseous Surgery - 4+ teeth/quad	D4260	\$422	\$1,486
Prefabricated Post and Core - in Addition to Crown	D2954	\$113	\$235	Osseous Surgery - 1-3 teeth/quad	D4261	\$233	\$656
Post Removal	D2955	\$0	\$0	Pedicle Soft Tissue Graft Procedure	D4270	\$110	\$1,069
Each Additional Prefabricated Post - same tooth	D2957	\$43	\$46	Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$375	\$1,159
Labial Veneer (resin laminate) - Chairside	D2960	\$219	\$598	Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$303	\$707
Labial Veneer (resin laminate) - Laboratory	D2961	\$380	\$687	Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$360	\$894
Labial Veneer (porcelain laminate) - Laboratory	D2962	\$344	\$638	Combined Connective Tissue/Double Pedicle Graft	D4276	\$565	\$1,389
Crown Repair	D2980	\$68	\$138	Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$220	\$1,039
Inlay Repair	D2981	\$68	\$137	Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$220	\$260
Onlay Repair	D2982	\$68	\$137	Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$375	\$957
Veneer Repair	D2983	\$68	\$137	Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$360	\$743
Type III - Endodontics				Provisional Intracoronar Splint	D4320	\$120	\$364
Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$21	\$66	Provisional Extracoronar Splint	D4321	\$118	\$339
Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$17	\$49	Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$95	\$193
Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$49	\$142	Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$52	\$117
Pulpal Debridement - Primary/Permanent	D3221	\$51	\$185	Scaling - Full Mouth - After Oral Evaluation	D4346	\$49	\$43
Partial Pulpotomy for Apexogenesis	D3222	\$51	\$150	Full Mouth Debridement	D4355	\$56	\$150
Pulpal Therapy Anterior - Primary	D3230	\$68	\$153	Periodontal Maintenance Procedures	D4910	\$60	\$115
Pulpal Therapy Posterior - Primary	D3240	\$60	\$167	Type III - Removable Prosthetics			
Root Canal - Anterior (Excluding Final Restoration)	D3310	\$194	\$427	Complete Denture - Upper	D5110	\$416	\$1,112
Root Canal - Premolar (Excluding Final Restoration)	D3320	\$266	\$564	Complete Denture - Lower	D5120	\$400	\$1,096
Root Canal - Molar (Excluding Final Restoration)	D3330	\$422	\$820	Immediate Denture - Upper	D5130	\$416	\$1,280
Treatment of Root Canal Obstruction - non surgical	D3331	\$152	\$237	Immediate Denture - Lower	D5140	\$416	\$1,280
Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$202	\$473	Upper Partial Denture - Resin Base	D5211	\$354	\$1,076
Internal Root Repair of Perforation Defects	D3333	\$194	\$220	Lower Partial Denture - Resin Base	D5212	\$354	\$1,296
Retreatment of Previous RCT - Anterior	D3346	\$340	\$760	Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$461	\$1,347
Retreatment of Previous RCT - Premolar	D3347	\$345	\$808	Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$461	\$1,347
Retreatment of Previous RCT - Molar	D3348	\$355	\$1,042	Upper Immediate Partial Denture - Resin Base	D5221	\$553	\$1,181
Apexification/Recalcification - Initial Visit	D3351	\$51	\$282	Lower Immediate Partial Denture - Resin Base	D5222	\$553	\$1,421
Apexification/Recalcification - Interim Visit	D3352	\$51	\$132	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$725	\$1,519
Apexification/Recalcification - Final Visit	D3353	\$51	\$395	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$725	\$1,519
Apicoectomy - Anterior	D3410	\$225	\$625	Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$286	\$769
Apicoectomy - Premolar - 1st Root	D3421	\$245	\$725	Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$286	\$769
Apicoectomy - Molar - 1st Root	D3425	\$383	\$973	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$286	\$861
Apicoectomy - Each Additional Root	D3426	\$51	\$154	Removable Resin Unilateral Partial Denture - per quad	D5286	\$286	\$861
Retrograde Filling - Per Root	D3430	\$51	\$175	Adjust Complete Denture - Upper	D5410	\$26	\$59
Root Amputation - Per Root	D3450	\$113	\$416	Adjust Complete Denture - Lower	D5411	\$26	\$59
Hemisection (Including any Root Removal)	D3920	\$113	\$364	Adjust Partial Denture - Upper	D5421	\$26	\$20
Canal Preparation/Post Fitting	D3950	\$0	\$0	Adjust Partial Denture - Lower	D5422	\$26	\$20
Type III - Periodontics				Repair Broken Complete Denture Base - Mandibular	D5511	\$61	\$124
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$245	\$701	Repair Broken Complete Denture Base - Maxillary	D5512	\$61	\$124
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$68	\$281	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$51	\$104
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$39	\$212				
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$312	\$817				

COPAY SCHEDULE AZ500 - SCHEDULE OF COPAYMENTS

COVERED SERVICES	ADA CODE	GENERAL DENTIST	SPECIALTY DENTIST	COVERED SERVICES	ADA CODE	GENERAL DENTIST	SPECIALTY DENTIST
Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$117	Remove Broken Implant Retaining Screw	D6096	\$26	\$26
Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$117	Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$564	\$1,291
Repair Cast Partial Framework - Mandibular	D5621	\$60	\$113	Type III - Pontics and Retainers			
Repair Cast Partial Framework - Maxillary	D5622	\$60	\$113	Pontic - Cast High Noble Metal	D6210	\$431	\$724
Repair or Replace Broken Clasp - per tooth	D5630	\$60	\$169	Pontic - Cast Predominantly Base Metal	D6211	\$404	\$750
Replace Broken Teeth - Per Tooth	D5640	\$60	\$120	Pontic - Cast Noble Metal	D6212	\$421	\$743
Add Tooth to Existing Partial Denture	D5650	\$60	\$150	Pontic - Titanium	D6214	\$431	\$700
Add Clasp to Existing Partial Denture - per tooth	D5660	\$60	\$166	Pontic - Porcelain Fused to High Noble Metal	D6240	\$355	\$640
Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$211	\$404	Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$355	\$612
Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$211	\$404	Pontic - Porcelain Fused to Noble Metal	D6242	\$355	\$650
Rebase Complete Upper Denture	D5710	\$110	\$324	Pontic - Porcelain Fused to Titanium	D6243	\$355	\$652
Rebase Complete Lower Denture	D5711	\$110	\$294	Pontic - Porcelain/Ceramic	D6245	\$493	\$718
Rebase Upper Partial Denture	D5720	\$110	\$330	Pontic - Resin with High Noble Metal	D6250	\$391	\$788
Rebase Lower Partial Denture	D5721	\$110	\$330	Pontic - Resin with Predominantly Base Metal	D6251	\$334	\$707
Reline Complete Upper Denture (Chairside)	D5730	\$110	\$200	Pontic - Resin with Noble Metal	D6252	\$350	\$728
Reline Complete Lower Denture (Chairside)	D5731	\$110	\$200	Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$270	\$163
Reline Upper Partial Denture (Chairside)	D5740	\$110	\$172	Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$253	\$199
Reline Lower Partial Denture (Chairside)	D5741	\$110	\$172	Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$265	\$220
Reline Complete Upper Denture (Laboratory)	D5750	\$110	\$264	Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$371	\$549
Reline Complete Lower Denture (Laboratory)	D5751	\$110	\$264	Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$387	\$534
Reline Upper Partial Denture (Laboratory)	D5760	\$110	\$270	Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$371	\$543
Reline Lower Partial Denture (Laboratory)	D5761	\$110	\$270	Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$431	\$609
Tissue Conditioning - Upper	D5850	\$28	\$51	Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$337	\$541
Tissue Conditioning - Lower	D5851	\$26	\$49	Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$387	\$587
Type III - Implants				Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$380	\$537
Surgical Placement of Implant Body - Endosteal	D6010	\$941	\$2,149	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$421	\$596
Surgical Placement of Mini Implant	D6013	\$941	\$2,139	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$421	\$502
Prefabricated Abutment - includes modification & placement	D6056	\$253	\$442	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$438	\$539
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$601	\$1,203	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$363	\$597
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$593	\$1,187	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$417	\$639
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$523	\$1,138	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$337	\$622
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$558	\$1,153	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$421	\$606
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$562	\$1,144	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$354	\$579
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$446	\$1,017	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$455	\$577
Crown - Abutment Supp. Cast Noble Metal	D6064	\$480	\$1,062	Retainer Inlay - Titanium	D6624	\$278	\$520
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$579	\$1,190	Retainer Onlay - Titanium	D6634	\$294	\$542
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$564	\$1,159	Retainer Crown - Resin With High Noble Metal	D6720	\$421	\$719
Crown - Implant Supp. High Noble Alloy	D6067	\$527	\$1,136	Retainer Crown - Resin With Base Metal	D6721	\$396	\$715
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$523	\$1,267	Retainer Crown - Resin With Noble Metal	D6722	\$404	\$710
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$558	\$1,284	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$427	\$707
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$558	\$1,284	Retainer Crown - Porcelain With High Noble Metal	D6750	\$353	\$606
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$446	\$1,398	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$331	\$577
Crown - Implant Supp. - Noble Alloy	D6087	\$480	\$1,181				
Crown - Implant Supp. - Titanium	D6088	\$522	\$1,014				
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$33	\$98				
Crown - Abutment Supp. Titanium	D6094	\$522	\$906				
Repair Implant Abutment - By Report	D6095	\$175	\$250				

COPAY SCHEDULE AZ500 - SCHEDULE OF COPAYMENTS

COVERED SERVICES	ADA CODE	GENERAL DENTIST	SPECIALTY DENTIST	COVERED SERVICES	ADA CODE	GENERAL DENTIST	SPECIALTY DENTIST
Retainer Crown - Porcelain With Noble Metal	D6752	\$353	\$604	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$63	\$675
Retainer Crown - Porcelain Fused to Titanium	D6753	\$331	\$605	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$134	\$690
Retainer Crown - 3/4 Cast High Noble Metal	D6780	\$450	\$661	Sequestrectomy for Osteomyelitis	D7550	\$63	\$387
Retainer Crown - 3/4 Cast Predominantly Base Metal	D6781	\$396	\$641	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$586	\$3,391
Retainer Crown - 3/4 Cast Noble Metal	D6782	\$404	\$567	Suture of Recent Small Wounds up to 5cm	D7910	\$63	\$602
Retainer Crown - 3/4 Porcelain/Ceramic	D6783	\$404	\$692	Frenulectomy (Frenectomy or Frenotomy)	D7960	\$118	\$405
Retainer Crown 3/4 -Titanium	D6784	\$404	\$670	Excision of Hyperplastic Tissue - Per Arch	D7970	\$113	\$678
Retainer Crown - Full Cast High Noble Metal	D6790	\$421	\$689	Excision of Pericoronal Gingiva	D7971	\$89	\$256
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$414	\$747	Surgical Reduction of Fibrous Tuberosity	D7972	\$337	\$969
Retainer Crown - Full Cast Noble Metal	D6792	\$438	\$743	Non-Surgical Sialolithotomy	D7979	\$295	\$915
Retainer Crown - Titanium	D6794	\$400	\$701	Surgical Sialolithotomy	D7980	\$295	\$915
Re-cement or Re-bond Fixed Partial Denture	D6930	\$17	\$84	Closure of Salivary Fistula	D7983	\$779	\$2,183
Stress Breaker	D6940	\$56	\$142				
Fixed Partial Denture Repair - by Report	D6980	\$110	\$93	Type - Miscellaneous Services			
Type II - Oral Surgery				I - Palliative (Emergency) Treatment of Pain	D9110	\$20	\$86
Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$99	I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0
Extraction - Erupted Tooth or Exposed Root	D7140	\$63	\$127	III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$53	\$162
Extraction - Erupted Tooth	D7210	\$94	\$200	III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$53	\$162
Removal of Impacted Tooth - Soft Tissue	D7220	\$102	\$253	III - Analgesia - Armoiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$40
Removal of Impacted Tooth - Partially Bony	D7230	\$120	\$329	III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$44	\$138
Removal of Impacted Tooth - Completely Bony	D7240	\$171	\$426	III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$44	\$138
Removal of Residual Tooth Roots	D7250	\$81	\$208	III - Non-Intravenous Conscious Sedation*	D9248	\$70	\$98
Coronectomy - Intentional Partial Tooth Removal	D7251	\$101	\$434	I - Consultation	D9310	\$0	\$113
Oroantral Fistula Closure	D7260	\$123	\$1,538	I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0
Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$253	\$621	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$51	\$51
Tooth Transplantation	D7272	\$253	\$543	II - Treatment of Complications (Post Surgical)	D9930	\$17	\$17
Exposure of an Unerupted Tooth	D7280	\$194	\$430	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$100	\$399
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$68	\$903	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$100	\$399
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$68	\$366	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$100	\$399
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$101	\$351	III - Occlusal Adjustment - Limited	D9951	\$53	\$133
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$43	\$282	III - Occlusal Adjustment - Complete	D9952	\$128	\$712
Alveoplasty not in Conjunction w/Extract- 4+ Teeth/Per Quad	D7320	\$152	\$596				
Alveoplasty not in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$60	\$457	* Covered only when performed in conjunction with covered oral surgery.			
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$202	\$2,467				
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$303	\$7,230				
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$320	\$1,005				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$194	\$1,196				
Removal of Nonodontogenic Cyst/Tumor <=1.25cm	D7460	\$346	\$1,043				
Removal of Nonodontogenic Cyst/Tumor > 1.25cm	D7461	\$404	\$1,395				
Removal of Lateral Exostosis - Per Site	D7471	\$105	\$1,333				
Removal of Torus Palatinus	D7472	\$270	\$1,599				
Removal of Torus Mandibularis	D7473	\$270	\$1,507				
Reduction of Osseous Tuberosity	D7485	\$270	\$1,341				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$63	\$341				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$134	\$1,823				