

Covered Services	Code	General Dentist Copay	Specialist Dentist Copay	Covered Services	Code	General Dentist Copay	Specialist Dentist Copay
Type I - Diagnostic/Evaluation Services				Resin Composite - 3 Surfaces – Anterior	D2332	\$61	\$170
Periodic Oral Evaluation	D0120	\$0	\$16	Resin Composite - 4+ Surfaces – Anterior	D2335	\$77	\$194
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$29	Resin Composite Crown – Anterior	D2390	\$53	\$150
Oral Evaluation - under 3 years old	D0145	\$0	\$44	Resin Composite - 1 Surface – Posterior	D2391	\$52	\$130
Comprehensive Oral Evaluation	D0150	\$0	\$31	Resin Composite - 2 Surfaces – Posterior	D2392	\$68	\$186
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$111	Resin Composite - 3 Surfaces - Posterior	D2393	\$75	\$188
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$26	Resin Composite - 4+ Surfaces – Posterior	D2394	\$75	\$233
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Type III - Onlays, Crowns and Bridges			
Comprehensive Periodontal Evaluation	D0180	\$0	\$50	Inlay - Metallic - 1 Surface	D2510	\$209	\$516
Intraoral - Complete Series of Images	D0210	\$11	\$65	Inlay - Metallic - 2 Surfaces	D2520	\$265	\$532
Intraoral - Periapical - 1st Image	D0220	\$5	\$15	Inlay - Metallic - 3+ Surfaces	D2530	\$338	\$625
Intraoral - Periapical - Each Additional Image	D0230	\$5	\$17	Onlay - Metallic - 2 Surfaces	D2542	\$331	\$694
Intraoral - Occlusal Image	D0240	\$5	\$24	Onlay - Metallic - 3 Surfaces	D2543	\$347	\$636
Extraoral - 2D Image	D0250	\$5	\$21	Onlay - Metallic - 4+ Surfaces	D2544	\$347	\$403
Extraoral - Posterior Image	D0251	\$19	\$36	Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$234	\$659
Bitewing - 1 Image	D0270	\$5	\$11	Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$338	\$672
Bitewing - 2 Images	D0272	\$5	\$17	Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$313	\$578
Bitewing - 3 Images	D0273	\$5	\$25	Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$286	\$622
Bitewing - 4 Images	D0274	\$5	\$32	Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$297	\$577
Vertical Bitewings - 7 to 8 Images	D0277	\$5	\$41	Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$403	\$483
Panoramic Image	D0330	\$11	\$63	Inlay - Resin Composite - 1 Surface	D2650	\$122	\$320
Pulp Vitality Tests	D0460	\$0	\$56	Inlay - Resin Composite - 2 Surfaces	D2651	\$170	\$391
Diagnostic Casts	D0470	\$11	\$89	Inlay - Resin Composite - 3+ Surfaces	D2652	\$225	\$410
Type I - Preventive Services			·	Onlay - Resin Composite - 2 Surfaces	D2662	\$218	\$323
Prophylaxis Cleaning – Adult	D1110	\$0	\$22	Onlay - Resin Composite - 3 Surfaces	D2663	\$282	\$447
Prophylaxis Cleaning – Child	D1120	\$0	\$14	Onlay - Resin Composite - 4+ Surfaces	D2664	\$346	\$512
Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$52	Crown - Resin Based Composite – Indirect	D2710	\$154	\$160
Fluoride - Topical Application Fluoride w/o Varnish	D1208	\$0	\$13	Crown - ¾ Resin Based Composite – Indirect	D2712	\$180	\$322
Sealant - Per Tooth	D1351	\$16	\$27	Crown - Resin with High Noble Metal	D2720	\$427	\$632
Preventive Resin Restoration (Including Sealant)	D1352	\$21	\$46	Crown - Resin with Base Metal	D2721	\$412	\$639
Sealant Repair - Per Tooth	D1353	\$16	\$46	Crown - Resin with Noble Metal	D2722	\$419	\$651
Space Maintainer - Fixed – Unilateral	D1510	\$106	\$220	Crown - Porcelain/Ceramic	D2740	\$403	\$691
Space Maintainer - Fixed – Bilateral	D1515	\$111	\$306	Crown - Porcelain with High Noble Metal	D2750	\$403	\$670
Space Maintainer - Removable – Unilateral	D1520	\$81	\$179	Crown - Porcelain with Predominantly Base Metal	D2751	\$371	\$612
Space Maintainer - Removable – Bilateral	D1525	\$81	\$271	Crown - Porcelain With Noble Metal	D2752	\$382	\$626
Re-cement or Re-bond Space Maintainer	D1550	\$24	\$57	Crown - 3/4 Cast High Noble Metal	D2780	\$400	\$612
Distal Shoe Space Maintainer - Fixed – Unilateral	D1575	\$131	\$143	Crown - ¾ Cast Predominantly Base Metal	D2781	\$386	\$571
Type II - Restorative Dentistry			•	Crown - ¾ Cast Noble Metal	D2782	\$395	\$582
Amalgam - 1 Surface - Primary or Permanent	D2140	\$37	\$90	Crown - ¾ Porcelain/Ceramic	D2783	\$386	\$647
Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$37	\$116	Crown - Full Cast High Noble Metal	D2790	\$418	\$725
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$37	\$136	Crown - Full Cast Predominantly Base Metal	D2791	\$382	\$709
Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$42	\$159	Crown - Full Cast Noble Metal	D2792	\$395	\$684
Resin Composite - 1 Surface – Anterior	D2330	\$48	\$122	Crown – Titanium	D2794	\$382	\$722
Resin Composite - 2 Surfaces - Anterior	D2331	\$51	\$141	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$19	\$19



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		Dentist	Dentist			Dentist	Dentist
		Copay	Copay			Copay	Copay
Re-cement/Re-bond Crown	D2920	\$50	\$64	Type III – Periodontics (excl implants)			
Prefabricated Porcelain/Ceramic Crown – Primary	D2929	\$189	\$239	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$234	\$777
Prefabricated Stainless Steel Crown – Primary	D2930	\$104	\$157	Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$65	\$287
Prefabricated Stainless Steel Crown – Permanent	D2931	\$67	\$156	Gingivectomy/Gingivoplasty restorative procedure	D4212	\$41	\$233
Prefabricated Resin Crown	D2932	\$92	\$206	Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$298	\$789
Core Build Up - Including any Pins when required	D2950	\$99	\$177	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$191	\$496
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$19	Crown Lengthening - Hard Tissue	D4249	\$329	\$970
Cast Post and Core - in Addition to Crown	D2952	\$137	\$265	Osseous Surgery - 4+ teeth/quad	D4260	\$403	\$1,412
Cast Post and Core - Each Additional - same tooth	D2953	\$92	\$118	Osseous Surgery - 1-3 teeth/quad	D4261	\$233	\$721
Prefabricated Post and Core - in Addition to Crown	D2954	\$108	\$191	Pedicle Soft Tissue Graft Procedure	D4270	\$105	\$1,109
Post Removal	D2955	\$0	\$224	Autogenous Connective Tissue Graft -1 Tooth no imp	D4273	\$385	\$1,266
Each Additional Prefabricated Post - same tooth	D2957	\$41	, \$19	Mesial/Distal Wedge Procedure - Single Tooth	D5474	\$289	\$673
Labial Veneer (resin laminate) – Chairside	D2960	\$209	\$515	Non-Autogenous Connective Tissue Graft - 1st	D4275	\$390	\$893
Labial Veneer (resin laminate) – Laboratory	D2961	\$363	\$550	Combined Connective Tissue/Double Pedicle Graft	D4276	\$540	\$1,324
Labial Veneer (porcelain laminate) – Laboratory	D2962	\$329	\$509	Free Soft Tissue Graft Procedure - 1st Tooth	D4277	\$225	\$1,055
Crown Repair	D2980	\$65	\$124	Free Soft Tissue Graft Procedure - Each Addl Tooth	D4278	\$225	\$220
Inlay Repair	D2981	\$65	\$123	Autogenous Connective Tissue Graft - Each Add	D4283	\$385	\$1,049
Onlay Repair	D2981	\$65	\$123	Non-Autogenous Connective Tissue Graft - Each Addl	D4285	\$390	\$731
Veneer Repair	D2983	\$65	\$123	Provisional Intracoronal Splint	D4320	\$114	\$336
Type III – Endodontics	D2303	Ç05	7123	Provisional Extracoronal Splint	D4321	\$112	\$316
Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$20	\$67	Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$91	\$212
	D3110	\$20 \$16	\$42		D4341 D4342	•	\$106
Pulp Cap - Indirect (Excluding Final Restoration)		\$16 \$47	\$42 \$139	Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342 D4346	\$50 \$51	\$106 \$48
Therapeutic Pulpotomy (Excluding Final Restoration) Pulpal Debridement - Primary/Permanent	D3220 D3221	\$47 \$49	\$139 \$164	Scaling - Full Mouth - After Oral Evaluation Full Mouth Debridement	D4346 D4355	\$51 \$53	\$48 \$153
·			•			•	
Partial Pulpotomy for Apexogenesis	D3222	\$64	\$145	Periodontal Maintenance Procedures	D4910	\$57	\$121
Pulpal Therapy Anterior – Primary	D3230	\$65	\$146	Type III - Removable Prosthetics	DE440	¢200	¢000
Pulpal Therapy Posterior – Primary	D3240	\$57	\$164	Complete Denture – Upper	D5110	\$398	\$908
Root Canal - Anterior (Excluding Final Restoration)	D3310	\$186	\$424	Complete Denture – Lower	D5120	\$398	\$908
Root Canal - Premolar (Excluding Final Restoration)	D3220	\$254	\$596	Immediate Denture – Upper	D5130	\$398	\$1,011
Root Canal - Molar (Excluding Final Restoration)	D3330	\$403	\$791	Immediate Denture – Lower	D5140	\$398	\$1,011
Treatment of Root Canal Obstruction - non surgical	D3331	\$145	\$211	Upper Partial Denture - Resin Base	D5211	\$338	\$975
Incomplete Endodontic Therapy -	D3332	\$193	\$449	Lower Partial Denture - Resin Base	D5212	\$338	\$1,179
Inoperable/Fractured				Upper Partial - Cast Metal Frame - Resin Base	D5213	\$440	\$1,095
Internal Root Repair of Perforation Defects	D3333	\$186	\$184	Lower Partial - Cast Metal Frame - Resin Base	D5214	\$440	\$1,095
Retreatment of Previous RCT – Anterior	D3346	\$338	\$892	Upper Immediate Partial Denture - Resin Base	D5221	\$598	\$1,098
Retreatment of Previous RCT – Premolar	D3347	\$350	\$927	Lower Immediate Partial Denture - Resin Base	D5222	\$598	\$1,320
Retreatment of Previous RCT – Molar	D3348	\$360	\$973	Upper Immediate Partial Denture - Metal w/Resin	D5223	\$803	\$1,414
Apexification/Recalcification - Initial Visit	D3351	\$49	\$304	Lower Immediate Partial Denture - Metal w/Resin	D5224	\$793	\$1,404
Apexification/Recalcification - Interim Visit	D3352	\$49	\$129	Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$273	\$606
Apexification/Recalcification - Final Visit	D3353	\$49	\$434	Adjust Complete Denture – Upper	D5410	\$24	\$49
Apicoectomy – Anterior	D3410	\$235	\$687	Adjust Complete Denture – Lower	D5411	\$24	\$49
Apicoectomy - Premolar - 1st Root	D3421	\$250	\$779	Adjust Partial Denture – Upper	D5421	\$24	\$7
Apicoectomy - Molar - 1st Root	D3425	\$366	\$940	Adjust Partial Denture – Lower	D5422	\$24	\$7
Apicoectomy - Each Additional Root	D3426	\$49	\$142	Repair Broken Complete Denture Base – Mandibular	D5511	\$58	\$96
Retrograde Filling - Per Root	D3430	\$49	\$185	Repair Broken Complete Denture Base – Maxillary	D5512	\$58	\$96
Root Amputation - Per Root	D3950	\$108	\$425	Replace Missing or Broken Teeth - Denture per tooth	D5520	\$49	\$80
Hemisection (Including any Root Removal)	D3920	\$108	\$376	Repair Resin Partial Denture Base – Mandibular	D5611	\$49	\$90
Canal Preparation/Post Fitting	D3950	\$0	\$195	Repair Resin Partial Denture Base – Maxillary	D5612	\$49	\$90



Covered Services	Code	General Specialist Covered Services		Code	General	Specialist	
		Dentist	Dentist			Dentist	Dentist
		Copay	Copay			Copay	Copay
Repair Cast Partial Framework – Mandibular	D5621	\$57	\$77	Pontic - Porcelain/Ceramic	D6245	\$471	\$648
Repair Cast Partial Framework – Maxillary	D5622	\$57	\$77	Pontic - Resin with High Noble Metal	D6250	\$449	\$883
Repair or Replace Broken Clasp - per tooth	D5630	\$57	\$133	Pontic - Resin with Predominantly Base Metal	D6251	\$385	\$792
Replace Broken Teeth - Per Tooth	D5640	\$57	\$96	Pontic - Resin with Noble Metal	D6252	\$422	\$829
Add Tooth to Existing Partial Denture	D4540	\$57	\$119	Retainer - Metal or Resin Bonded Fixed Prosthesis	D6545	\$258	\$108
Add Clasp to Existing Partial Denture - per tooth	D5660	\$57	\$124	Retainer - Porcelain/Ceramic/Resin Fixed Prosthesis	D6548	\$242	\$151
Replace Teeth/Acrylic on Cast Framework Upper	D5670	\$201	\$298	Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$227	\$177
Replace Teeth/Acrylic on Cast Framework Lower	D5671	\$201	\$298	Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$354	\$486
Rebase Complete Upper Denture	D5710	\$105	\$221	Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$370	\$457
Rebase Complete Lower Denture	D5711	\$105	\$195	Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$354	\$471
Rebase Upper Partial Denture	D5720	\$105	\$240	Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$411	\$518
Rebase Lower Partial Denture	D5721	\$105	\$241	Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$322	\$481
Reline Complete Upper Denture (Chairside)	D5730	\$105	\$153	Retainer Inlay - Cast Predom. B Metal - 3+ Surfaces	D6605	\$370	\$515
Reline Complete Lower Denture (Chairside)	D5731	\$105	\$153	Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$363	\$467
Reline Upper Partial Denture (Chairside)	D5740	\$105	\$122	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$402	\$513
Reline Lower Partial Denture (Chairside)	D5741	\$105	\$122	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$402	\$406
Reline Complete Upper Denture (Laboratory)	D5750	\$105	\$189	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$419	\$443
Reline Complete Lower Denture (Laboratory)	D5751	\$105	\$189	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$347	\$529
Reline Upper Partial Denture (Laboratory)	D5760	\$105	\$200	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$427	\$542
Reline Lower Partial Denture (Laboratory)	D5761	\$105	\$200	Retainer Onlay - Cast Predom. B Metal - 2 Surfaces	D6612	\$322	\$566
Tissue Conditioning – Upper	D5850	\$27	\$28	Retainer Onlay - Cast Predom. B Metal - 3+ Surfaces	D6613	\$402	\$517
Tissue Conditioning – Lower	D5851	\$24	\$25	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$338	\$512
Type III – Implants				Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$435	\$477
Surgical Placement of Implant Body – Endosteal	D6010	\$1,082	\$1,991	Retainer Inlay – Titanium	D6624	\$323	\$586
Surgical Placement of Mini Implant	D6013	\$1,082	\$1,976	Retainer Onlay – Titanium	D6634	\$343	\$613
Prefabricated Abutment w modification & placement	D6056	\$292	\$413	Retainer Crown - Resin With High Noble Metal	D6720	\$402	\$637
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$699	\$1,112	Retainer Crown - Resin With Base Metal	D6721	\$378	\$648
Crown - Abutment Supp. Porcelain Fused to N Metal	D6059	\$682	\$1,101	Retainer Crown - Resin With Noble Metal	D6722	\$386	\$635
Crown - Abutment Supp. Porcelain Fused to Predom	D6060	\$601	\$1,051	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$408	\$670
Crown - Abutment Supp. Porcelain Fused N Metal	D6061	\$642	\$1,068	Retainer Crown - Porcelain With High Noble Metal	D6750	\$337	\$585
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$647	\$1,061	Retainer Crown - Porcelain With Mostly Base Metal	D6751	\$316	\$540
Crown - Abutment Supp. Cast Predom Base Metal	D6063	\$513	\$940	Retainer Crown - Porcelain With Noble Metal	D6752	\$337	\$564
Crown - Abutment Supp. Cast Noble Metal	D6064	\$551	\$983	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$455	\$590
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$666	\$1,104	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$378	\$554
Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$649	\$1,074	Retainer Crown - ¾ Cast Noble Metal	D6782	\$386	\$470
Crown - Implant Supp. Metal	D6067	\$607	\$1,053	Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$386	\$608
Re-cement or Re-bond Implant/Abutment Sup Crown	D6092	\$39	\$91	Retainer Crown - Full Cast High Noble Metal	D6790	\$402	\$598
Crown - Abutment Supp. Titanium	D6094	\$601	\$837	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$395	\$680
Repair Implant Abutment - By Report	D6095	\$202	\$202	Retainer Crown - Full Cast Noble Metal	D6792	\$419	\$664
Remove Broken Implant Retaining Screw	D6096	\$31	\$31	Retainer Crown – Titanium	D6794	\$382	\$666
Type III - Pontics and Retainers				Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$64
Pontic - Cast High Noble Metal	D6210	\$411	\$675	Stress Breaker	D6940	\$53	\$78
Pontic - Cast Predominantly Base Metal	D6211	, \$386	\$724	Fixed Partial Denture Repair - by Report	D6980	\$105	\$97
Pontic - Cast Noble Metal	D6212	\$401	\$706	Type II - Oral Surgery		•	•
Pontic – Titanium	D6214	\$411	\$648	Extraction - Coronal Remnants - Primary Tooth	D7111	\$41	\$73
Pontic - Porcelain Fused to High Noble Metal	D6240	, \$339	\$604	Extraction - Erupted Tooth or Exposed Root	D7140	\$60	\$124
Pontic - Porcelain Fused to Predominant Base Metal	D6241	\$339	\$569	Extraction - Erupted Tooth	D7210	\$90	\$184
Pontic - Porcelain Fused to Noble Metal	D6242	\$339	\$603	Removal of Impacted Tooth - Soft Tissue	D7220	\$98	\$231



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		Dentist	Dentist
		Copay	Copay
Removal of Impacted Tooth - Partially Bony	D7230	\$114	\$298
Removal of Impacted Tooth - Completely Bony	D7240	\$163	\$381
Removal of Residual Tooth Roots	D7250	\$77	\$178
Coronectomy - Intentional Partial Tooth Removal	D7251	\$121	\$432
Oroantral Fistula Closure	D7260	\$147	\$1,447
Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$242	\$507
Tooth Transplantation	D7272	\$242	\$473
Exposure of an Unerupted Tooth	D7280	\$186	\$349
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$65	\$322
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$96	\$340
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$52	\$278
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$145	\$573
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$72	\$447
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$193	\$2,351
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$289	\$6,973
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$305	\$356
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$189	\$1,022
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$331	\$892
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$386	\$1,200
Removal of Lateral Exostosis - Per Site	D7471	\$101	\$1,263
Removal of Torus Palantinus	D7472	\$258	\$1,471
Removal of Torus Mandibularus	D7473	\$258	\$1,380
Reduction of Osseous Tuberosity	D7485	\$258	\$1,218
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$60	\$311
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$128	\$1,724
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$60	\$638
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$128	\$614
Sequestrectomy for Osteomyletis	D7550	\$60	\$356
Maxillary Sinusotomy for Removal of Tooth	D7560	\$702	\$3,322
Fragment or Foreign Body	D7010	¢c0	¢E0C
Suture of Recent Small Wounds up to 5cm	D7910	\$60	\$586
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$112	\$370
Excision of Hyperplastic Tissue - Per Arch	D7970	\$108	\$625
Excision of Pericoronal Gingiva	D7971	\$85	\$216
Surgical Reduction of Fibrous Tuberosity	D7972	\$322	\$822
Non-Surgical Sialolithotomy	D7979	\$282	\$814
Surgical Sialolithotomy	D7980	\$282	\$814
Closure of Salivary Fistula	D7983	\$933	\$2,138
Type - Miscellaneous Services	D0110	ć10	ćoa
I - Palliative (Emergency) Treatment of Pain	D9110	\$19 \$0	\$83
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$96

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		Copay	Copay
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$52	\$189
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$19	\$58
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$41	\$160
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$41	\$160
III - Non-Intravenous Conscious Sedation*	D9248	\$67	\$86
I – Consultation	D9310	\$0	\$100
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$49	\$49
II - Treatment of Complications (Post Surgical)	D9930	\$16	\$16
III - Occlusal Guard (for Bruxism)	D9940	\$95	\$302
III - Occlusal Adjustment – Limited	D9951	\$51	\$123
III - Occlusal Adjustment – Complete	D9952	\$122	\$556

^{*} Covered only when performed in conjunction with covered oral surgery.