

CAREINGTON International CARE POS Dental Plan THIS IS NOT AN INSURANCE PLAN

Please Call 800-290-0523 for Member Verification



This schedule applies to services provided by a participating General Dentist and is an extensive list of most common procedures. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each listed procedure. Fee schedules are determined by the zip code of the participating provider. CARE POS members are responsible for full payment for all charges at the time of service. Participating Specialists (Board Certified or Advanced Degree) do not charge according to this fee schedule. Participating Specialists will give a 20% discount.*

PLEASE READ IMPORTANT PLAN INFORMATION AT THE END OF THIS SCHEDULE

	\$566.00 \$579.00 \$594.00 \$571.00 \$592.00 \$630.00 \$585.00 \$558.00 \$550.00 \$550.00 \$143.00 \$177.00 \$197.00 \$28.00 \$28.00 \$132.00 \$172.00 \$337.00 \$29.00 \$88.00
1920 Periodic Crait Evaluation-Decomed Focused \$41,000 2795 Crown-Proceasin Fused to Predominantly Base Metal 1920 2795 Crown-Proceasin Fused to High Noble Metal 1920 2795 Crown-Proceasin Fused to High Noble Metal 1920 2795 Crown-Proceasin Fused to Predominantly Base Metal 1920 Crown-Proceasin Fused to Predominantly Base Metal 19	\$579.00 \$594.00 \$571.00 \$592.00 \$630.00 \$585.00 \$585.00 \$557.00 \$50.00 \$143.00 \$141.00 \$197.00 \$136.00 \$28.00 \$132.00 \$172.00 \$132.00 \$172.00 \$132.00 \$172.00 \$132.00
140 100	\$579.00 \$594.00 \$571.00 \$592.00 \$630.00 \$585.00 \$585.00 \$557.00 \$50.00 \$143.00 \$141.00 \$197.00 \$136.00 \$28.00 \$132.00 \$172.00 \$132.00 \$172.00 \$132.00 \$172.00 \$132.00
1950 Comprehensive Oral Evaluation-New or Established Patient 1950	\$594.00 \$571.00 \$592.00 \$630.00 \$585.00 \$568.00 \$567.00 \$50.00 \$143.00 \$1177.00 \$197.00 \$25.00 \$132.00 \$132.00 \$132.00 \$132.00 \$130.00 \$28.00 \$28.00
160 Detailed and Extensive Oral Evaluation-Problem Focused Spropt 106.00 278 Corum-34 Cast to Problem Focused 1078 Re-Evaluation-Imited Problem Focused 1079 10	\$571.00 \$592.00 \$630.00 \$585.00 \$558.00 \$558.00 \$550.00 \$143.00 \$177.00 \$197.00 \$197.00 \$130.00 \$28.00 \$132.00 \$172.00 \$137.00 \$177.00
1709 Res-Faulustin-Limited-Problem Focused \$20,00 1800 Comprehensive Periodontal Equation—New or Established Patient \$20,00 1800 Comprehensive Periodontal Equation—New or Established Patient \$32,00 1800 Intronal-Periopical-First Film \$13,00 1800 Intronal-Periopical-First Film \$10,00 1800 Extraon-Espicial-First Film \$20,00 1800 Extraon-First Film \$20,00 1800 Extraon-F	\$592.00 \$630.00 \$585.00 \$558.00 \$556.00 \$550.00 \$143.00 \$177.00 \$197.00 \$136.00 \$28.00 \$132.00 \$172.00 \$137.00 \$172.00 \$172.00 \$172.00
1980 Comprehensive Periodorial Evaluation-New or Established Patient \$22.00 Intrinsir-Periaphical-First Film \$11.00 2791 Crown-Full Cast Hybrid Metal \$271 Crown-Full	\$630.00 \$585.00 \$558.00 \$567.00 \$52.00 \$143.00 \$161.00 \$197.00 \$136.00 \$28.00 \$132.00 \$172.00 \$132.00 \$132.00
270	\$585.00 \$568.00 \$567.00 \$50.00 \$52.00 \$143.00 \$161.00 \$197.00 \$55.00 \$136.00 \$28.00 \$132.00 \$132.00 \$132.00 \$132.00 \$132.00 \$132.00
1920 Intranel-Periapical-First Film	\$558.00 \$567.00 \$50.00 \$143.00 \$161.00 \$177.00 \$197.00 \$28.00 \$28.00 \$28.00 \$132.00 \$132.00 \$423.00
2300 Carbon-Fernépical-Rach Additional Film \$20.00 200 Extraoral-Firist Film \$20.00 200	\$567.00 \$50.00 \$52.00 \$143.00 \$161.00 \$177.00 \$197.00 \$55.00 \$28.00 \$28.00 \$208.00 \$132.00 \$132.00 \$423.00 \$37.00 \$29.00
2000 Extraoral-Earh Additional Film	\$50.00 \$52.00 \$143.00 \$161.00 \$177.00 \$197.00 \$55.00 \$136.00 \$28.00 \$172.00 \$172.00 \$130.00 \$63.00 \$423.00
257.00 2	\$52.00 \$143.00 \$161.00 \$177.00 \$197.00 \$55.00 \$136.00 \$28.00 \$132.00 \$132.00 \$130.00 \$63.00 \$423.00
280 287	\$143.00 \$161.00 \$177.00 \$197.00 \$55.00 \$136.00 \$28.00 \$132.00 \$172.00 \$130.00 \$63.00 \$423.00
1272 Bitwing-Single Film \$14.00 233 Prefabricated Stainless Steel Crown-Permanent 322.00 232 Bitwings-Tivee Films \$22.00 233 Prefabricated Stainless Steel Crown with Resin Window 232.00 233 Prefabricated Stainless Steel Crown with Resin Window 233 232.00 233 Prefabricated Stainless Steel Crown with Resin Window 233 234.00 234 235	\$161.00 \$177.00 \$197.00 \$55.00 \$136.00 \$28.00 \$132.00 \$172.00 \$130.00 \$63.00 \$423.00
10272 Bitewings-Two Films	\$177.00 \$197.00 \$55.00 \$136.00 \$28.00 \$208.00 \$132.00 \$132.00 \$63.00 \$423.00
19273 Blewings-Trore Films \$28.00	\$197.00 \$55.00 \$136.00 \$28.00 \$132.00 \$172.00 \$130.00 \$63.00 \$423.00
2274 Bitewings-Four Films \$40.00 277 Vertical Betwings-Four Films \$40.00 278 Vertical Betwings-Four Films \$40.00 2995 Core Build-Ly, Including Any Pins \$40.00 2995 Core Build-Ly, And P	\$55.00 \$136.00 \$28.00 \$28.00 \$132.00 \$172.00 \$130.00 \$63.00 \$423.00
1 1 1 1 1 1 1 1 1 1	\$136.00 \$28.00 \$208.00 \$132.00 \$172.00 \$130.00 \$63.00 \$423.00
330 Panoramic Film \$88.00 295 Post and Corporation (1) Addition to Restoration \$71.00 2050 2051 Post and Corporation (1) Addition to Restoration \$71.00 2051 Post and Corporation (1) Addition to Restoration \$71.00 2051 Post and Corporation (1) Addition to Restoration (1) Additional Indirectly Fabricated Post and Corporation (1) Additional Indirectly Fabricated Post Additional Indirectl	\$28.00 \$208.00 \$132.00 \$172.00 \$130.00 \$63.00 \$423.00 \$37.00 \$29.00
Osphalometric Film \$71.00 2003 Oral Facilia Photographic Images \$33.00 2014 2015 2015	\$208.00 \$132.00 \$172.00 \$130.00 \$63.00 \$423.00 \$37.00 \$29.00
Joseph Crail Fracial Photographic Images S33.00 Ale Pulp Vitality Tests S28.00 Ale Pulp Vitality Tests S28.00 Second Pulp Vitality	\$172.00 \$130.00 \$63.00 \$423.00 \$37.00 \$29.00
Q460 Pulp Vitality Tests \$28.00 Art Diagnostic Casts Preventive \$47.00 2955 Fackmoul Not in Conjunction with Endodontic Therapy 2957 Each Additional Prefabricated Post -Same Tooth 2957 Each Additional Prefabricated Post-Same Tooth 2958 Tach Additional Prefabricated Post-Same Tooth 2958 Tach Additional Prefabricated Post-Same Tooth 2958 Tach Additional Prefabricated Post-Same Tooth 2950 Tach Application of Fluoride Not Including Prophylaxis-Adult \$20.00 2104 Topical Application of Fluoride Not Including Prophylaxis-Adult \$20.00 2105 Topical Application of Fluoride Not Including Prophylaxis-Adult \$20.00 2105 Topical Application of Fluoride Not Including Prophylaxis-Adult \$20.00 2105 Topical Application of Fluoride Not Including Prophylaxis-Adult \$20.00 2105 Topical Application of Fluoride Not Including Prophylaxis-Adult \$20.00 2105 Topical Application of Fluoride Not Including Prophylaxis-Adult \$20.00 2105 Topical Application of Fluoride Not Including Prophylaxis-Adult \$20.00 2105 Topical Application of Fluoride Not Including Prophylaxis-Adult \$20.00 2105 Topical Application of Fluoride Not Including Prophylaxis-Adult \$20.00 2105 Topical Application of Fluoride Not Including Prophylaxis-Adult \$20.00 2105 Topical Application of Fluoride Not Including Prophylaxis-Adult \$20.00 2105 Topical Application of Fluoride Not Including Prophylaxis-Adult \$20.00 2105 Topical Application of Fluoride Not Including Prophylaxis-Adult \$20.00 2105 Topical Prophylaxis-Adult \$20.00 2105 Topical (Excluding Final Restoration) 2105 Topical (Excluding Final Restoration) 2205 Topical (Excluding Final Restoration) 2207 Topical Prophylaxis-Adult 2207 To	\$172.00 \$130.00 \$63.00 \$423.00 \$37.00 \$29.00
Diagnostic Casts Preventive Prophylaxis-Adult Prophylaxis-Adult S47.00	\$130.00 \$63.00 \$423.00 \$37.00 \$29.00
Preventive	\$63.00 \$423.00 \$37.00 \$29.00
1110 Prophylaxis-Adult S47.00 2940 Labial Veneer (Laminate)-Chairside Endodontics 1201 Topical Application of Fluoride Not Including Prophylaxis-Adult S21.00 1203 Topical Application of Fluoride Not Including Prophylaxis-Adult S21.00 1300 Oral Hypiden Instructions S35.00 1310 Sealant-Per Tooth S26.00 1315 Sealant-Per Tooth S26.00 1315 Sealant-Per Tooth S26.00 1315 Sealant-Per Tooth S26.00 1315 Space Maintainer-Fixed-Unilateral S169.00 1315 Space Maintainer-Fixed-Bilateral S22.00 1315 Space Maintainer-Fixed-Bilateral S20.00 1325 Space Maintainer-Fixed-Bilateral S20.00 1325 Space Maintainer-Removable-Unilateral S20.00 1325 Space Maintainer-Removable-Bilateral S20.00 1325 Space Maintainer-Removable-Unilateral S20.00 1326 Space Ma	\$423.00 \$37.00 \$29.00
1120 Prophylaxis-Child S34.00 Including Application of Fluoride Not Including Prophylaxis-Child S20.00 1204 Topical Application of Fluoride Not Including Prophylaxis-Adult S21.00 1310 Pulp Cap-Indirect (Excluding Final Restoration) 1310 Pulp Cap-Indirect (Excluding Final Restoration) 1310 Pulp Cap-Indirect (Excluding Final Restoration) 1311 Pulp Cap-Indirect (Excluding Final Restoration) 1312 Pulp Cap-Indirect (Excluding Final Restoration) 1312 Pulp Cap-Indirect (Excluding Final Restoration) 1313 Salant-Per Tooth 1310 Space Maintainer-Fixed-Unilateral S20.00 1310 Pulp Interary Resorbable Filling-Anterior Primary Tooth 1310 Space Maintainer-Removable-Unilateral S20.00 1310 Root Canal-Anterior (Excluding Final Restoration) 1310 Roo	\$37.00 \$29.00
1203 Topical Application of Fluoride Not Including Prophylaxis-Child	\$29.00
1204 Topical Application of Fluoride Not Including Prophylaxis-Adult S21.00 330 Oral Hygiene Instructions S35.00 335 Sealant-Per Tooth S26.00 325 Therapeutic Pulpotomy (Excluding Final Restoration) 325 Therapeutic Pulpotomy (Excluding Final Restoration) 3220 Pulpal Debridement- Primary and Permanent Teeth 3220.00 3220 Pulpal Debridement- Primary and Permanent Teeth 3220.00 3220 Pulpal Debridement- Primary and Permanent Teeth 3220.00 3220 Pulpal Therapy-Resorbable Filling-Asterior Primary Tooth 3230 Pulpal Therapy-Resorbable Filling-Aste	\$29.00
330 Oral Hygiene Instructions \$35.00 325 Sealant-Per Tooth \$26.00 3221 Priarpeutic Pulpotomy (Excluding Final Restoration) 3221 Pulpal Debridement- Primary and Permanent Teeth \$150 Space Maintainer-Fixed-Unilateral \$169.00 3221 Pulpal Debridement- Primary and Permanent Teeth \$222.00 3220 Pulpal Therapy-Resorbable Filling-Anterior Primary Tooth \$230 Pulpal Therapy-Resorbable Filling-Anterior Primary Tooth \$230 Pulpal Therapy-Resorbable Filling-Anterior Primary Tooth \$240 Pulpal Therapy Resorbable Filling-Anterior Primary Tooth \$240 Pulpal Previous Root Canal Obstruction-Non-Surgical Access \$240 Pulpal Therapy Resorbable Filling-Previous Root Canal Prepap-Resorbable Filling-Previous Root Canal Prepap-Resorbable Filling-Previous Root Canal Therapy-Anterior \$240 Pulpal Previous Root Canal Therapy-Anterior \$240 Pulpal Previous Root Canal Therapy-Anterior \$240 Pulpal Previous Root Canal Therapy-Anterior \$240 Pu	
1351 Sealant-Per Tooth \$28.00 1510 Space Maintainer-Fixed-Unilateral \$160.00 1515 Space Maintainer-Fixed-Unilateral \$200.00 1515 Space Maintainer-Fixed-Unilateral \$200.00 1520 Space Maintainer-Fixed-Unilateral \$200.00 1525 Space Maintainer-Removable-Unilateral \$200.00 1525 Space Maintainer-Removable-Unilateral \$200.00 1525 Space Maintainer-Removable-Unilateral \$200.00 1526 Space Maintainer-Removable-Unilateral \$200.00 1526 Recementation of Space Maintainer \$200.00 1526 Recementation of Space Maintainer \$200.00 1526 Recementation of Space Maintainer \$200.00 1526 Removal of Fixed Space P	Ψ00.00
1515 Space Maintainer-Fixed-Unilateral Space Maintainer-Fixed-Unilateral Space Maintainer-Fixed-Unilateral Space Maintainer-Removable-Unilateral Space Maintainer-Removable-Unilateral Space Maintainer-Removable-Unilateral Space Maintainer-Removable-Unilateral Space Maintainer-Removable-Unilateral Space Maintainer	\$87.00
1526 Space Maintainer-Removable-Unilateral \$209.00 1525 Space Maintainer-Removable-Bilateral \$287.00 1526 Space Maintainer-Removable-Bilateral \$287.00 1526 Removal of Fixed Space Maintainer \$20% Disc. 1527 Resonation Restoration \$287.00 1526 Removal of Fixed Space Maintainer \$20% Disc. 1526 Removal of Fixed Space Maintainer \$20% Disc. 1526 Removal of Fixed Space Maintainer \$20% Disc. 1527 Resim-Base-Composite-One Surfaces, Primary or Permanent \$63.00 1528 Amalgam-Tone Surfaces, Primary or Permanent \$83.00 1529 Amalgam-Three Surfaces, Primary or Permanent \$83.00 1520 Amalgam-Three Surfaces, Primary or Permanent \$93.00 1520 Amalgam-Three Surfaces, Primary or Permanent \$93.00 1521 Amalgam-Three Surfaces, Primary or Permanent \$93.00 1521 Amalgam-Three Surfaces, Primary or Permanent \$93.00 1522 Resin-Based Composite-One Surfaces, Anterior \$121.00 1523 Resin-Based Composite-One Surfaces, Anterior \$121.00 1524 Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior \$130.00 1525 Removal of Fixed Space Maintainer \$83.00 1526 Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior \$130.00 1526 Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior \$130.00 1526 Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior \$130.00 1526 Resin-Based Composite-Four or More Surface, Posterior \$140.00 1527 Resin-Based Composite-Four or More Surface, Posterior \$140.00 1528 Resin-Based Composite-Tow Surface \$150.00 1529 Resin-Based Composite-Tow Surface \$150.00 1520 Inlay-Metallic-Tow Surfaces \$150.00 1520 Inlay-Metallic-Tow S	\$93.00
1525 Space Maintainer-Removable-Bilateral \$287.00 1550 Recementation of Space Maintainer 20% Disc. Removal of Fixed Space Maintainer 20% Disc. Resortative 20% Disc.	\$100.00
1525 Space Maintainer-Removable-Bilateral \$287.00 3308 Root Canal-Bicuspid (Excluding Final Restoration) 3308 Root Canal-Molar (Excluding Final Restoration) 3308 Root Canal-Molar (Excluding Final Restoration) 3308 Root Canal-Molar (Excluding Final Restoration) 3309 Root Canal Final Post (Final Root) 3309 Root Canal Post (Excluding Final Restoration) 3309 Root Canal Post (Excluding Final Restoration	\$373.00
1550 Recementation of Space Maintainer 20% Disc. Restorative 20% Disc. Restorative 20% Disc. Restorative 2150 Amalgam-One Surface, Primary or Permanent \$63.00 2161 Amalgam-Two Surfaces, Primary or Permanent \$83.00 2161 Amalgam-Two Surfaces, Primary or Permanent \$83.00 2161 Amalgam-Two Surfaces, Primary or Permanent \$83.00 2161 Amalgam-Four or More Surfaces, Primary or Permanent \$99.00 3347 Retreatment Previous Root Canal Therapy-Anterior 3348 Retreatment Previous Root Canal Therapy-Molar 3349 Retreatment Previous Root Canal Therapy-Molar 3350 Apexification/Recalcification-Initial Visit 3351 Apexification/Recalcification-Initial Visit 3352 Apexification/Recalcification-Initial Visit 3352 Apexification/Recalcification-Initial Visit 3353 Apexification/Recalcification-Initial Visit 3354 Apicoectomy/Periradicular Surgery-Molar 3355 Apexification/Recalcification-Initial Visit 3352 Apexification/Recalcification-Initial Visit 3353 Apexification/Recalcification-Initial Visit 3354 Apicoectomy/Periradicular Surgery-Molar 3355 Apexification/Recalcification-Initial Visit 3355 Apexification/Recalcification-Initial Visit 3355 Apexification/Recalcification-Initial Visit 3355 Apexification/Recalcification-Initial Visit 3356 Apexification/Recalcification-Initial Visit 3356 Apexification/Recalcification-Initial Visit 3356 Apexification/Recalcification-Initial Visit 3356 Apexification/Recalcification-Initial Visit 3350 Apexif	\$456.00
1555 Removal of Fixed Space Maintainer 20% Disc. Restorative 20% Disc. Restorative 3331 Irraatment of Root Canal Obstruction-Non-Surgical Access 3332 Incomplete Endodontic Therapy-Inoperable, Unrestorable or Fractured Tooth 3333 Internal Root Repair of Perforation Defects 3334 Incomplete Endodontic Therapy-Inoperable, Unrestorable or Fractured Tooth 3333 Internal Root Repair of Perforation Defects 3333 Internal Root Repair of Perforation Defects 3334 Internal Root Repair of Perforation Defects 3346 Retreatment Previous Root Canal Therapy-Indian 3348 Retreatment Previous Root Canal Th	\$588.00
Restorative 2140 Amalgam-One Surface, Primary or Permanent 2150 Amalgam-Tree Surfaces, Primary or Permanent 2160 Amalgam-Tree Surfaces, Primary or Permanent 2161 Amalgam-Tree Surfaces, Primary or Permanent 2161 Amalgam-Tree Surfaces, Primary or Permanent 2162 Amalgam-Tree Surfaces, Primary or Permanent 2163 Amalgam-Tree Surfaces, Primary or Permanent 2164 Amalgam-Tree Surfaces, Primary or Permanent 2165 Amalgam-Tree Surfaces, Primary or Permanent 2166 Amalgam-Tree Surfaces, Primary or Permanent 2170 Amalgam-Tree Surfaces, Primary or Permanent 2170 Specification Specification-Initial Visit 2170 Specification-Based Composite-One Surface, Anterior 2170 Apexification/Recalcification-Initial Visit 2170 Apicoectomy/Periradicular Surgery-Anterior 2170 Apicoectomy/Periradicular Surgery-Anterior 2170 Apicoectomy/Periradicular Surgery-Molar (First Root) 2170 Apicoectomy/Periradicular Surgery-Molar (First Root) 2171 Apicoectomy/Periradicular Surgery-Molar (First Root) 2171 Apicoectomy/Periradicular Surgery-Molar (First Root) 2172 Apicoectomy/Periradicular Surgery-Molar (First Root) 2173 Resin-Based Composite-Tore Surfaces, Posterior 2174 Apicoectomy/Periradicular Surgery-Molar (First Root) 2175 Apicoectomy/Periradicular Surgery-Molar (First Root) 2176 Apicoectomy/Periradicular Surgery-Molar (First Root) 2177 Apicoectomy/Periradicular Surgery (Each Additional Root) 2178 Resin-Based Composite-Tore Surfaces 2179 Inlay-Metallic-Tore Surfaces 2170 Inlay-Metallic-Tore Surfaces 2170 Inlay-Metallic-Tore Surfaces 2170 Inlay-Metallic-Tore or More Surfaces 2170 Inlay-Metallic-Tor	\$198.00
2150 Amalgam-Two Surfaces, Primary or Permanent \$83.00 Amalgam-Tree Surfaces, Primary or Permanent \$99.00 2161 Amalgam-Fure or More Surfaces, Primary or Permanent \$121.00 3347 Retreatment Previous Root Canal Therapy-Anterior 3347 Retreatment Previous Root Canal Therapy-Molar 3348 Retreatment Previous Root Canal Therapy-Molar 3349 Retreatment Previous Root Canal Therapy-Molar 3440 Apicoectomyosite Composite Organization 3440 Resin-Based Composite-Pour or More Surfaces or Involving Incisal Angle, Anterior \$195.00 3450 Apicoectomy/Periradicular Surgery-Anterior 3451 Apicoectomy/Periradicular Surgery-Molar (First Root) 3451 Apicoectomy/Periradicular Surgery-Molar (First Root) 3452 Apicoectomy/Periradicular Surgery-Molar (First Root) 3452 Apicoectomy/Periradicular Surgery (Each Additional Root) 3453 Retreatment Previous Root Canal Therapy-Molar (First Root) 3450 Apicoectomy/Periradicular Surgery-Molar (First Root) 3451 Apicoectomy/Periradicular Surgery-Molar (First Root) 3452 Apicoectomy/Periradicular Surgery-Molar (First Root) 3452 Apicoectomy/Periradicular Surgery (Each Additional Root) 3453 Apicoectomy/Periradicular Surgery-Molar (First Root) 3454 Apicoectomy/Peri	\$165.00
2160 Amalgam-Two Surfaces, Primary or Permanent 2161 Amalgam-Ture Surfaces, Primary or Permanent 2162 Amalgam-Ture Surfaces, Primary or Permanent 2163 Amalgam-Ture Surfaces, Primary or Permanent 2164 Amalgam-Tour or More Surfaces, Primary or Permanent 2165 Amalgam-Tour or More Surfaces, Primary or Permanent 2166 Amalgam-Tour or More Surfaces, Primary or Permanent 2167 Amalgam-Tour or More Surfaces, Primary or Permanent 2168 Amalgam-Tour or More Surfaces, Primary or Permanent 2169 Amalgam-Tour or More Surfaces, Primary or Permanent 2160 Amalgam-Ture Surfaces, Primary or Permanent 2161 Amalgam-Tour or More Surfaces, Primary or Permanent 2161 Amalgam-Tour or More Surfaces, Primary or Permanent 2162 Amalgam-Ture Surfaces, Primary or Permanent 2164 Amalgam-Ture Surfaces, Primary or Permanent 2165 Amalgam-Ture Surfaces, Primary or Permanent 2166 Amalgam-Ture Surfaces, Primary or Permanent 2167 Amalgam-Ture Surfaces, Primary or Permanent 2168 Apexification/Recalcification-Interim Medication Replacement 2178 Apexification/Recalcification-Interim Medication Replacement 2188 Apexification/Recalcification-Interim Medication Replacement 2189 Apexificat	\$100.00
2160 Amalgam-Three Surfaces, Primary or Permanent 2161 Amalgam-Four or More Surfaces, Primary or Permanent 2162 Amalgam-Four or More Surfaces, Primary or Permanent 2172 Apscin-Based Composite-One Surface, Anterior 2172 Resin-Based Composite-Three Surfaces, Anterior 2173 Resin-Based Composite-Three Surfaces, Anterior 2174 Resin-Based Composite-Three Surfaces, Anterior 2175 Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior 2175 Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior 2175 Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior 2175 Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior 2176 Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior 2177 Apicoectomy/Periradicular Surgery-Molar (First Root) 2178 Resin-Based Composite-Two Surfaces, Posterior 2179 Resin-Based Composite-Two Surfaces, Posterior 2170 Inlay-Metallic-Two Surfaces 2170 Inlay-Metallic-Two Surfaces 2170 Inlay-Metallic-Tree or More Surfaces 2170 Onlay-Metallic-Tree or More Surfaces 2170 Onlay-Metallic-Tree or More Surfaces 2170 Inlay-Metallic-Tree or More Surfaces 2170 Inlay-Metallic-Tree or More Surfaces 2170 Onlay-Metallic-Tree Surfaces 2170 Onlay	\$501.00
Resin-Based Composite-One Surfaces, Anterior Resin-Based Composite-Two Surfaces, Anterior Resin-Based Composite-Two Surfaces, Anterior Resin-Based Composite-Two Surfaces, Anterior Resin-Based Composite-Tour or More Surfaces or Involving Incisal Angle, Anterior Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior Resin-Based Composite-Four or More Surface, Posterior Resin-Based Composite-One Surface, Posterior Resin-Based Composite-Two Surfaces, Posterior Resin-Based Composite-Two Surfaces, Posterior Resin-Based Composite-Two Surfaces, Posterior Resin-Based Composite-Tour or More Surfaces, Posterior Resin-Based Composite-Tour Surfaces, Pos	\$591.00
Resin-Based Composite-Two Surfaces, Anterior System Based Composite-Three Surfaces, Anterior System Based Composite-Three Surfaces, Anterior System Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior Resin-Based Composite-Four or More Surface, Posterior Resin-Based Composite-Four or More Surface, Posterior Resin-Based Composite-Two Surfaces, Posterior Resin-Based Composite-Three Surfaces, Posterior Resin-Based Composite-Three Surfaces, Posterior Resin-Based Composite-Four or More Surfaces, Posterior Resin-Based Composite-Three Surfaces, Posterior Resin-Based Composite-Three Surfaces, Posterior Resin-Based Composite-Tour or More Surfaces, Posterior Resin-Based Composite-Tour or More Surfaces, Posterior Resin-Based Composite-Four or More Surfaces, Posterior Resin-Based Composite-Tour or More Surfaces, Posterior Resin-Based Composite-Four or More Surfaces, Poste	\$711.00
Resin-Based Composite-Two Surfaces, Anterior System Based Composite-Three Surfaces, Anterior System Based Composite-Three Surfaces or Involving Incisal Angle, Anterior Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior Resin-Based Composite-Four or More Surface, Posterior Resin-Based Composite-Four or More Surface, Posterior Resin-Based Composite-Two Surfaces, Posterior Resin-Based Composite-Three Surfaces, Posterior Resin-Based Composite-Three Surfaces, Posterior Resin-Based Composite-Three Surfaces, Posterior Resin-Based Composite-Three Surfaces, Posterior Resin-Based Composite-Tour or More Surfaces, Posterior Resin-Based Composite-Tour, Anterior Recalcification-Interim Medication Final Visit Apicocactomy/Periradicular Surgery-Molar (First Root) Recin-Material Surgery-Molar (First Root) Resin-Based Composite-Tour Surgery-Molar (First Root) Resin-Based Composite	\$211.00
Resin-Based Composite-Three Surfaces, Anterior 2332 Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior 2393 Resin-Based Composite-Come or More Surfaces or Involving Incisal Angle, Anterior 2394 Resin-Based Composite-Come Surface, Posterior 2395 Resin-Based Composite-One Surface, Posterior 2396 Resin-Based Composite-Two Surfaces, Posterior 2397 Resin-Based Composite-Ture Surfaces, Posterior 2398 Resin-Based Composite-Ture Surfaces, Posterior 2399 Resin-Based Composite-Ture or More Surfaces, Posterior 2390 Resin-Based Composite-Ture or More Surfaces, Posterior 2391 Resin-Based Composite-Ture or More Surfaces, Posterior 2392 Resin-Based Composite-Ture or More Surfaces, Posterior 2393 Resin-Based Composite-Ture or More Surfaces, Posterior 2394 Resin-Based Composite-Ture or More Surfaces, Posterior 2395 Inlay-Metallic-Ture Surfaces 2396 Inlay-Metallic-Ture or More Surfaces 2397 Inlay-Metallic-Ture or More Surfaces 2398 Inlay-Metallic-Ture or More Surfaces 2399.00 2500 Inlay-Metallic-Ture or More Surfaces 2501 Inlay-Metallic-Ture or More Surfaces 2502 Onlay-Metallic-Ture Surfaces 2503 Onlay-Metallic-Four or More Surfaces 2504 Onlay-Metallic-Four or More Surfaces 2505 Onlay-Metallic-Four or More Surfaces 2506 Inlay-Porcelain/Ceramic-One Surfaces 2507 Onlay-Metallic-Four or More Surfaces 2508 Onlay-Metallic-Four or More Surfaces 2509 Onlay-Metallic-Four or More Surfaces 2500 Inlay-Porcelain/Ceramic-One Surface 2500 Inlay-Porcelain/Ceramic-One Surface 2500 Inlay-Porcelain/Ceramic-One Surface 2500 Inlay-Porcelain/Ceramic-Ture Surfaces 2500 Inlay-Porcelain/Ceramic-Ture S	\$93.00
Resin-Based Composite Crown, Anterior Resin-Based Composite-One Surface, Posterior Resin-Based Composite-Tow Surfaces, Posterior Resin-Based Composite-Town Surfaces, Posterior Resin-Based Composite-Town Surfaces, Posterior Resin-Based Composite-Town Surfaces, Posterior Resin-Based Composite-Town or More Contiguous Teeth or Bounded Town Exposure-Four or More Contiguous Teeth Per Quadrant Resin-Based Composite-Town Exposure-Four or More Contiguous Teeth Per Quadrant Resin-Based Composite-Town Exposure-Four or More Contiguous Teeth Per Quadrant Resin-Based Composite-Town Exposure-Four or More Contiguous Teeth Per Quadrant Resin-Based Composite-Town Exposure-Four or More Contiguous Teeth Per Quadrant Resin-Based Composit	\$312.00
Resin-Based Composite-One Surface, Posterior Resin-Based Composite-Two Surfaces, Posterior Resin-Based Composite-Tour or More Surfaces, Posterior Resin-Based Composite-Four or More Surfaces, Posterior Resin-Based Composite-Tour or More Surfaces, Posterior Resin-Based Composite-Tour or More Surfaces, Posterior Resin-Based Composite-Two Surfaces, Posterior Retrograde Filling-Per Root Retrograde Fillin	\$426.00
2392 Resin-Based Composite-Two Surfaces, Posterior 2393 Resin-Based Composite-Three Surfaces, Posterior 2394 Resin-Based Composite-Tour or More Surfaces, Posterior 2395 Resin-Based Composite-Four or More Surfaces, Posterior 2396 Resin-Based Composite-Four or More Surfaces, Posterior 2397 Resin-Based Composite-Four or More Surfaces, Posterior 2398 Resin-Based Composite-Four or More Surfaces, Posterior 2399 Resin-Based Composite-Four or More Surfaces, Posterior 2390 Resin-Based Composite-Four or More Surfaces, Posterior 2391 Resin-Based Composite-Four or More Surfaces, Posterior 2392 Resin-Based Composite-Four or More Surfaces, Posterior 2393 Resin-Based Composite-Four or More Surfaces, Posterior 2394 Resin-Based Composite-Four or More Surfaces, Posterior 2394 Resin-Based Composite-Four or More Surfaces, Posterior 2395 Resin-Based Composite-Four or More Surfaces, Posterior 2394 Resin-Based Composite-Four or More Surfaces, Posterior 2395 Resin-Based Composite-Four or More Surfaces, Posterior 2394 Resin-Based Composite-Four or More Surfaces, Posterior 2394 Resin-Based Composite-Four or More Surfaces, Posterior 2395 Restorage Fill Filling-Per Root 2395 Restorage Filling-Per Root 2396 Root Amputation-Per Root 2397 Root Amp	\$465.00
2392 Resin-Based Composite-Two Surfaces, Posterior 2393 Resin-Based Composite-Three Surfaces, Posterior 2394 Resin-Based Composite-Three Surfaces, Posterior 2394 Resin-Based Composite-Four or More Surfaces, Posterior 2510 Inlay-Metallic-One Surface 2520 Inlay-Metallic-Two Surfaces 2520 Inlay-Metallic-Two Surfaces 2520 Inlay-Metallic-Three or More Surfaces 2521 Inlay-Metallic-Three or More Surfaces 2522 Onlay-Metallic-Tree or More Surfaces 2523 Onlay-Metallic-Tree Surfaces 2524 Onlay-Metallic-Four or More Surfaces 2525 Onlay-Metallic-Tree Surfaces 2526 Onlay-Metallic-Tree Surfaces 2527 Onlay-Metallic-Tree Surfaces 2528 Onlay-Metallic-Four or More Surfaces 2529 Onlay-Metallic-Four or More Surfaces 2529 Onlay-Metallic-Four or More Surfaces 2520 Onlay-Metallic-Tree Surfaces 2520 Onlay-Metallic-Four or More Surfaces 2520 Onlay-Metallic-Tree Surfaces 2520 Onlay-Metallic-Tree Surfaces 2520 Onlay-Metallic-Tree or More Surfaces 2520 Onlay-Metallic-T	\$526.00
2393 Resin-Based Composite-Three Surfaces, Posterior 2394 Resin-Based Composite-Four or More Surfaces, Posterior 2510 Inlay-Metallic-One Surface 2520 Inlay-Metallic-Troe or More Surfaces 2530 Inlay-Metallic-Three or More Surfaces 2540 Onlay-Metallic-Troe Surfaces 2540 Onlay-Metallic-Troe Surfaces 2541 Onlay-Metallic-Tore or More Surfaces 2542 Onlay-Metallic-Tore Surfaces 2543 Onlay-Metallic-Tore Surfaces 2544 Onlay-Metallic-Tore Surfaces 2545 Onlay-Metallic-Tore Surfaces 2546 Onlay-Metallic-Four or More Surfaces 2547 Onlay-Metallic-Four or More Surfaces 2548 Onlay-Metallic-Four or More Surfaces 2549 Onlay-Metallic-Four or More Surfaces 2540 Inlay-Porcelain/Ceramic-One Surface 2541 Onlay-Porcelain/Ceramic-One Surface 2542 Onlay-Porcelain/Ceramic-One Surface 2543 Onlay-Porcelain/Ceramic-One Surface 2544 Onlay-Porcelain/Ceramic-One Surface 2555 Inlay-Porcelain/Ceramic-Tore Surface 2560 Inlay-Porcelain/Ceramic-Tore Surfaces 257 Onlay-Porcelain/Ceramic-One Surface 258 Onlay-Porcelain/Ceramic-One Surface 259 Inlay-Porcelain/Ceramic-Tore Surface 250 Inlay-Porcelain/Ceramic-Tore Surfaces 250 Inlay-Porcelain/Ceramic-Tore Surface 250 In	\$175.00
2394 Resin-Based Composite-Four or More Surfaces, Posterior 2510 Inlay-Metallic-One Surface 2520 Inlay-Metallic-Two Surfaces 2530 Inlay-Metallic-Trone or More Surfaces 2530 Inlay-Metallic-Trone or More Surfaces 2530 Inlay-Metallic-Trone or More Surfaces 2542 Onlay-Metallic-Trone or More Surfaces 2543 Onlay-Metallic-Trone Surfaces 2544 Onlay-Metallic-Trone Surfaces 2545 Onlay-Metallic-Trone Surfaces 2546 Onlay-Metallic-Trone Surfaces 2547 Onlay-Metallic-Trone Surfaces 2548 Onlay-Metallic-Trone Surfaces 2549 Onlay-Metallic-Four or More Surfaces 2540 Inlay-Porcelain/Ceramic-One Surface 2541 Onlay-Metallic-Trone Surfaces 2542 Onlay-Metallic-Trone Surfaces 2543 Onlay-Metallic-Trone Surfaces 2544 Onlay-Metallic-Four or More Surfaces 2545 Onlay-Metallic-Trone Surfaces 2546 Onlay-Metallic-Trone Surfaces 2547 Onlay-Metallic-Trone Surfaces 2548 Onlay-Metallic-Trone Surfaces 2549 Onlay-Metallic-Trone Surfaces 2540 Inlay-Porcelain/Ceramic-One Surface 2541 Onlay-Porcelain/Ceramic-One Surface 2542 Onlay-Porcelain/Ceramic-Trone Surface 2543 Onlay-Porcelain/Ceramic-Trone Surface 2544 Onlay-Porcelain/Ceramic-One Surface 2555 Saces Per Quadrant 2650 Inlay-Porcelain/Ceramic-Trone Surfaces 2550 Inlay-Porcelain/	\$129.00
2520 Inlay-Metallic-Two Surfaces \$399.00 2530 Inlay-Metallic-Three or More Surfaces \$440.00 2542 Onlay-Metallic-Three Surfaces \$422.00 2543 Onlay-Metallic-Four or More Surfaces \$472.00 2544 Onlay-Metallic-Four or More Surfaces \$492.00 2540 Inlay-Porcelain/Ceramic-One Surface \$414.00 250 Inlay-Porcelain/Ceramic-Two Surfaces \$414.00 250 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 250 Inlay-Porcelain/Ceramic-Two Surfaces \$43	\$262.00
2530 Inlay-Metallic-Three or More Surfaces \$460.00 3920 Hemisection-Including Root Removal, Not Including Root Canal 3950 Canal Preparation and Fitting of Preformed Dowel or Post Periodontics	\$522.00
2542 Onlay-Metallic-Two Surfaces \$422.00 2543 Onlay-Metallic-Three Surfaces \$472.00 2544 Onlay-Metallic-Four or More Surfaces \$492.00 2610 Inlay-Porcelain/Ceramic-One Surface \$414.00 2620 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 2620 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 2630 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 2640 Inlay-Porcelain/Ceramic-Two Surface \$437.00 2650 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 2650 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 2650 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 2660 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00	\$68.00
2542 Onlay-Metallic-Two Surfaces \$422.00 2543 Onlay-Metallic-Three Surfaces \$472.00 2544 Onlay-Metallic-Four or More Surfaces \$492.00 2610 Inlay-Porcelain/Ceramic-One Surface \$414.00 2620 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 2620 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 2630 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 2640 Inlay-Porcelain/Ceramic-Two Surface \$437.00 2650 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 2650 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 2650 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 2660 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00	\$204.00
2543 Onlay-Metallic-Three Surfaces \$472.00 2544 Onlay-Metallic-Four or More Surfaces \$492.00 2610 Inlay-Porcelain/Ceramic-One Surface \$414.00 2620 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 2630 Inlay-Porcelain/Ceramic-Two Surface \$437.00 2640 Inlay-Porcelain/Ceramic-Two Surface \$437.00 2650 Inlay-Porcelain/Ceramic-Two Surface \$437.00 2650 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00	\$93.00
2544 Onlay-Metallic-Four or More Surfaces \$492.00 Inlay-Porcelain/Ceramic-One Surface \$414.00 Inlay-Porcelain/Ceramic-Two Surface \$414.00 Inlay-Porcelain/Ceramic-Two Surface \$437.00 4210 Gingivectomy or Gingivoplasty-Four or More Contiguous Teeth or Bounded To Spaces Per Quadrant 4211 Gingivectomy or Gingivoplasty-One to Three Contiguous Teeth or Bounded To Spaces Per Quadrant 4230 Anatomical Crown Exposure-Four or More Contiguous Teeth Per Quadrant	
Spaces Per Quadrant 2610 Inlay-Porcelain/Ceramic-One Surface \$414.00 Spaces Per Quadrant 4211 Gingivectomy or Gingivoplasty-One to Three Contiguous Teeth or Bounded To Spaces Per Quadrant 2620 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 4230 Anatomical Crown Exposure-Four or More Contiguous Teeth Per Quadrant	eth \$364.00
2610 Inlay-Porcelain/Ceramic-One Surface \$414.00 Inlay-Porcelain/Ceramic-One Surface \$414.00 Spaces Per Quadrant \$2620 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 \$430 Anatomical Crown Exposure-Four or More Contiguous Teeth Per Quadrant	
Spaces Per Quadrant 2620 Inlay-Porcelain/Ceramic-Two Surfaces \$437.00 4230 Anatomical Crown Exposure-Four or More Contiguous Teeth Per Quadrant	eth \$97.00
1 and 1 1 m 1 1 m 1 m 1 m 2 m 1 m 2 m 1 m 1 m	20% Disc
2630 Inlay-Porcelain/Ceramic-Three or More Surfaces \$465.00 4231 Anatomical Crown Exposure-One to Three Teeth Per Quadrant	20% Disc
2642 Onlay-Porcelain/Ceramic-Two Surfaces \$452.00 4240 Gingival Flap Procedure, Including Root Planing-Four or More Contiguous Te	th or \$429.00
Bounded Teeth Spaces Per Quadrant	
2643 Onlay-Porcelain/Ceramic-Three Surfaces \$488.00 4241 Gingival Flap Procedure, Including Root Planing-One to Three Contiguous Te	th or \$311.00
Bounded Teeth Spaces Per Quadrant	
2644 Onlay-Porcelain/Ceramic-Four or More Surfaces \$518.00 4245 Apically Positioned Flap	\$388.00
2650 Inlay-Composite/Resin-One Surface \$273.00 4249 Clinical Crown Lengthening-Hard Tissue	\$489.00
2651 Inlay-Composite/Resin-Two Surfaces \$324.00 description of the Surface Surgery (Including Flap Entry and Closure)-Four or More Contiguous	Teeth \$692.00
or Bounded Teeth Spaces Per Quadrant	Tooth #200.00
2652 Inlay-Composite/Resin-Three or More Surfaces \$341.00 4261 Osseous Surgery (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry and Closure)-One to Three Contiguous Paper (Including Flap Entry And Closure)-One to Three Contiguous Paper (Including Flap E	Teeth \$399.00
or Bounded Teeth Spaces Per Quadrant	¢200.00
2662 Onlay-Composite/Resin-Two Surfaces \$432.00 4263 Bone Replacement Graft-First Site in Quadrant	\$209.00
2663 Onlay-Composite/Resin-Three Surfaces \$439.00 4264 Bone Replacement Graft-Each Additional Site in Quadrant \$439.00 4264 Bone Replacement Graft-Each Additional Site in Quadrant \$439.00 4264 Bone Replacement Graft-Each Additional Site in Quadrant	\$105.00
2664 Onlay-Composite/Resin-Four or More Surfaces \$461.00 4266 Guided Tissue Regeneration-Resorbable Barrier per Site (Includes Month 2719 Organ Peerla Resorbable Barrier per Site (Includ	\$253.00 \$335.00
2710 Crown-Resin-Based Composite (Indirect) \$218.00 4267 Guided Tissue Regeneration-Nonresorbable Barrier per Site (Includes Memb	nce \$325.00
Removal) 2720 Crown-Resin with High Noble Metal \$601.00 4268 Surgical Revision Procedure, per Tooth	\$392.00
2720 Grown-Resin with Predominantly Base Metal \$562.00 4270 Pedicle Soft Tissue Graft Procedure	\$512.00
2722 Crown-Resin with Noble Metal \$502.00 4270 Feducies Graft Procedure (Including Donor Site Surgery)	\$512.00 \$526.00
2740 Crown-Porcelain/Ceramic Substrate \$614.00 4320 Provisional Splinting-Intracoronal	\$231.00
2750 Crown-Porcelain Fused to High Noble Metal \$607.00 4321 Provisional Splinting-Extracoronal	\$203.00
4341 Periodontal Scaling and Root Planing-Four or More Teeth Per Quadrant	
4342 Periodontal Scaling and Root Planing-One to Three Teeth Per Quadrant	\$125.00

Fee \$292.00 \$474.00 \$211.00

\$144.00

\$592.00 \$422.00 \$663.00 \$422.00 \$663.00 \$138.00 \$193.00 \$482.00 \$500.00 20% Disc \$303.00 \$313.00 \$99.00 20% Disc. 20% Disc. 20% Disc 20% Disc 20% Disc. 20% Disc. 20% Disc. 20% Disc 20% Disc 20% Disc. 20% Disc.

\$51.00 20% Disc. \$23.00 \$16.00 \$28.00

\$108.00 \$142.00 \$195.00

\$36.00 \$65.00 \$23.00 \$33.00 \$81.00 \$142.00 \$65.00 \$364.00 \$125.00

Codo	Description	Foo	Codo	Description	
Code	Description Periodontics (continued)	Fee	Code	Description Oral Surgery (continued)	
4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$83.00	7280	Surgical Access of an Unerupted Tooth	
	Periodontal Maintenance	\$75.00		Biopsy of Oral Tissue-Hard (Bone, Tooth)	
	Unscheduled Dressing Change (Not by Treating Dentist)	\$64.00		Biopsy of Oral Tissue-Soft	
4920	Offscheduled Diessing Change (Not by Treating Dentist)	φ04.00		···	
	Prosthodontics (removable)		/310	Alveoloplasty in Conjunction with Extractions-Four or More Teeth or Tooth Spaces,	
5110	• • • • • • • • • • • • • • • • • • • •	\$798.00	7220	Per Quadrant Alveoloplasty Not in Conjunction with Extractions-Four or More Teeth or Tooth	
3110	Complete Denture-Maxillary	ψ190.00	7320	Spaces, Per Quadrant	
5120	Complete Denture-Mandibular	\$798.00	7450		
	Immediate Denture-Maxillary	\$871.00		Removal of Benigh Odontogenic Cyst of Tumor > 1.25 CM	
	Immediate Denture-Mandibular	\$871.00	7460		
	Maxillary Partial Denture-Resin Base (Clasp/Rests)	\$784.00		Removal of Benign Nonodontogenic Cyst or Tumor > 1.25 CM	
	Mandibular Partial Denture-Resin Base (Clasp/Rests)	\$784.00		Incision and Drainage Abscess-Intraoral Soft Tissue	
	Maxillary Partial Denture-Metal Frame with Resin Base	\$882.00		Suture of Recent Small Wounds up to 5 CM	
5214	Mandibular Partial Denture-Metal Frame with Resin Base	\$882.00	7911	Complicated Suture up to 5 CM, Meticulous Closure	
5281	Removable Unilateral Partial Denture-One Piece Cast Metal	\$514.00	7912	Complicated Suture Greater Than 5 CM, Meticulous Closure	
5410	Adjust Complete Denture-Maxillary	\$44.00	7951	Sinus Augmentation With Bone or Bone Substitutes	
5411	Adjust Complete Denture-Mandibular	\$44.00	7960	Frenulectomy (Frenectomy/Frenotomy) Separate Procedure	
	Adjust Partial Denture-Maxillary	\$44.00		Excision of Hyperplastic Tissue/Per Arch	
	Adjust Partial Denture-Mandibular	\$44.00	7971	Excision of Pericoronal Gingiva	
	Repair Broken Complete Denture Base	\$87.00		Orthodontics	
	Replace Missing or Broken Teeth-Complete Denture (Each Tooth)	\$73.00		Limited Orthodontic Treatment of the Primary Dentition	-
	Repair Resin Denture Base	\$95.00		Limited Orthodontic Treatment of the Transitional Dentition	
	Repair Cast Framework, Partial Denture	\$102.00		Limited Orthodontic Treatment of the Adolescent Dentition	
	Repair or Replace Broken Clasp, Partial Denture	\$124.00		Limited Orthodontic Treatment of the Adult Dentition	:
	Replace Broken Teeth-Per Tooth, Partial Denture Add Tooth to Existing Partial Denture	\$80.00 \$109.00		Interceptive Orthodontic Treatment of the Primary Dentition Interceptive Orthodontic Treatment of the Transitional Dentition	
		\$109.00		Comprehensive Orthodontic Treatment of the Transitional Dentition	:
	Add Clasp to Existing Partial Denture Rebase Complete Maxillary Denture	\$324.00		Comprehensive Orthodontic Treatment of the Transitional Dentition Comprehensive Orthodontic Treatment of the Adolescent Dentition	
	Rebase Complete Maxillary Defiture Rebase Complete Mandibular Denture	\$310.00	8090		:
	Rebase Maxillary Partial Denture	\$306.00		Removable Appliance Therapy	
	Rebase Mandibular Partial Denture	\$306.00		Pre-Orthodontic Treatment Visit	
	Reline Complete Maxillary Denture (Chairside)	\$183.00		Adjunctive Services	
	Reline Complete Mandibular Denture (Chairside)	\$183.00	9110	Palliative (Emergency) Treatment-Dental Pain-Minor Procedure	
	Reline Maxillary Partial Denture (Chairside)	\$168.00		Fixed Partial Denture Sectioning	:
	Reline Mandibular Partial Denture (Chairside)	\$168.00		Regional Block Anesthesia	
5750	Reline Complete Maxillary Denture (Laboratory)	\$244.00	9215	Local Anesthesia	
5751	Reline Compete Mandibular Denture (Laboratory)	\$244.00	9230	Analgesia	
5760	Reline Maxillary Partial Denture (Laboratory)	\$241.00	9310	Consultation - Diagnostic Service by Dentist or Physician Other Than Requesting	
				Denist or Physician	
5761	Reline Mandibular Partial Denture (Laboratory)	\$241.00	9410	Professional Visit-House Call	
5810	Interim Complete Denture-Maxillary	\$395.00	9420	Professional Visit-Hospital Call	
	Interim Complete Denture-Mandibular	\$395.00		Office Visit for Observation (Regular Hours) No Other Services Performed	
	Interim Partial Denture-Maxillary	\$317.00		Office Visit-After Regular Hours	
	Interim Partial Denture-Mandibular	\$317.00		Application-Desensitizing Medicament	
	Tissue Conditioning-Maxillary	\$76.00		Application-Desensitizing Resin for Cervical and/or Root Surface	
5851	Tissue Conditioning-Mandibular	\$76.00		Fabrication of Athletic Mouthguard	
2040	Prosthodontics (fixed)	2507.00		Occlusion Analysis-Mounted Case	
	Pontic-Cast High Noble Metal	\$507.00		Occlusal Adjustment-Limited	
	Pontic-Cast Predominantly Base Metal	\$474.00		Occlusal Adjustment-Complete	
	Pontic-Cast Noble Metal Pontic-Porcelain Fused to High Noble Metal	\$494.00 \$500.00	9970	Enamel Microabrasion	
	Pontic-Porcelain Fused to Predominantly Base Metal	\$462.00			
	Pontic-Porcelain Fused to Noble Metal	\$487.00			
	Pontic-Porcelain/Ceramic	\$497.00			
	Pontic-Resin with High Noble Metal	\$494.00	*It is	the Member's responsibility to verify that the dentist is a participa	tina
	Pontic-Resin with Predominantly Base Metal	\$456.00		INGTON provider before seeking any treatment. Member is responsible for	
	Pontic-Resin with Noble Metal	\$470.00		ent for all charges at the time of service. Any dental procedures performed I	
	Retainer-Cast Metal for Resin Bonded Fixed Prosthesis	\$210.00		articipating dentist are not discounted and are charged to the member at	
				at to paring definist are not discounted and are charged to the member at	LIIC
	Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$446.00			4
	Crown-Bridge Retainer-Resin with High Noble Metal	\$557.00		dollar amount specified adjacent to each procedure may not be the only of	
	Crown-Bridge Retainer-Resin Predominantly Base Metal	\$529.00		red for a given treatment - many treatments may require more than one de	
	Crown-Resin with Noble Metal	\$538.00	-	dure. Please consult your CAREINGTON provider for a detailed treatment	pian
	Crown-Porcelain/Ceramic	\$504.00		to beginning any work.	
	Crown-Retainer-Porcelain Fused to High Noble Metal	\$571.00		edures not listed on this schedule will be discounted at 20% off of the Gen	erai
	Crown-Retainer-Porcelain Fused to Predominantly Base Metal	\$533.00		st's normal fee.	
	Crown-Retainer-Porcelain Fused to Noble Metal	\$545.00	*Spec	ialists will give a 20% discount off of their normal fees.	
6780	Crown-Retainer 3/4 Cast High Noble Metal	\$538.00	*Impla	ants and some whitening procedures will not be discounted by all participa	ting
	Crown-Retainer 3/4 Predominantly Base Metal	\$475.00	-	INGTON providers. Implants and some whitening procedures will only	_
	Crown-Retainer 3/4 Cast Noble Metal	\$480.00		unted if the participating CAREINGTON provider has agreed to discount the	
	Crown-Retainer 3/4 Porcelain/Ceramic	\$488.00		dures as part of their contract. These services will be offered, when applicable	
	Crown-Retainer-Full Cast High Noble Metal	\$552.00	-	discount off of the provider's normal fee. Please call 800-290-0523 for assistar	
	Crown-Retainer-Full Cast Predominantly Base Metal	\$522.00			
6/92	Crown-Retainer-Full Cast Noble Metal	\$542.00		General Dentist's normal fee for any procedure is less than the fee listed on	this
6930	Recement Fixed Partial Denture	\$66.00	sched	lule, the dentist will charge 20% off of his normal fee.	
	Post and Core in Addition to Fixed Partial Denture Retainer, Indirectly Fabricated	\$184.00	*Work	in progress prior to enrollment on the dental plan must be completed by	the
	Prefabricated Post and Core in Addition to Bridge Retainer	\$150.00		st who started the work and is not subject to discount.	
	Core Buildup for Retainer, Including Any Pins	\$121.00		EINGTON cannot guarantee the continued participation of any dentist. If	the
	Coping-Metal	\$331.00		et leaves the plan, you will need to select another participating CAREING	
	Each Additional Indirectly Fabricated Post-Same Tooth	\$120.00		der. Not all types of dentists may be available in your area.	
	Each Additional Prefabricated Post-Same Tooth	\$73.00	-	procedure involving lab fees will incur additional costs. All applicable lab fees	are
3377		φ10.00		Il responsibility of the member and are subject to no discount.	
7111	Oral Surgery Extraction, Coronal Remnants, Deciduous Tooth	CCE 00		· · · · · · · · · · · · · · · · · · ·	o lo
	Extraction, Coronal Remnants - Deciduous Tooth	\$65.00		e providers may charge for missed or broken appointments if no prior notic	e 15
	Extraction-Erupted Tooth or Exposed Root (Elevation and/or Forcepts Removal)	\$78.00	given.		dava
7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and	\$138.00		EINGTON or its vendors may periodically adjust this fee schedule with 30 c	iays
	Removal of Bone and/or Section of Tooth	0.155.55	notice	to Client.	
7220	Removal of Impacted Tooth-Soft Tissue	\$155.00			
7230	Removal of Impacted Tooth-Partially Bony	\$207.00	*While	all participating CAREINGTON providers are professionally licensed in the s	tato
	Removal of Impacted Tooth-Completely Bony	\$243.00		ich they practice, CAREINGTON does not guarantee the quality of service of	
	Removal of Impacted Tooth-Completely Bony with Unusual Complications	\$305.00		· · · · · · · · · · · · · · · · · · ·	
	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$131.00		ders. Any quality of care concerns involving any participating CAREING	
				der should be directed in writing to: CAREINGTON International, Attn. Prov	
	Reimplantation or Stabilization of Accidentally Evulsed or Displaced Tooth	\$266.00		ons, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have	any
7272	Tooth Transplantation	\$303.00	Turthe	r questions.	