

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

Code	Description	Fee	Code	Description	Fee
Diagnostic			Restorative (continued)		
0120	Periodic Oral Evaluation - Established Patient	\$28.00	2751	Crown-Porcelain Fused to Predominantly Base Metal	\$679.00
0140	Limited Oral Evaluation-Problem Focused	\$48.00	2752	Crown-Porcelain Fused to Noble Metal	\$694.00
0150	Comprehensive Oral Evaluation-New or Established Patient	\$49.00	2780	Crown-3/4 Cast to High Noble Metal	\$713.00
0160	Detailed and Extensive Oral Evaluation-Problem Focused-By Report	\$128.00	2781	Crown-3/4 Cast to Predominantly Base Metal	\$686.00
0170	Re-Evaluation-Limited-Problem Focused	\$35.00	2782	Crown-3/4 Cast Noble Metal	\$711.00
0180	Comprehensive Periodontal Evaluation-New or Established Patient	\$39.00	2783	Crown-3/4 Porcelain/Ceramic (Does not include facial veneers)	\$756.00
0210	Intraoral-Complete Series Including Bitewings	\$86.00	2790	Crown-Full Cast High Noble Metal	\$702.00
0220	Intraoral-Periapical-First Film	\$16.00	2791	Crown-Full Cast Predominantly Base Metal	\$669.00
0230	Intraoral-Periapical-Each Additional Film	\$13.00	2792	Crown-Full Cast Noble Metal	\$680.00
0240	Intraoral-Occlusal Film	\$24.00	2910	Recement Inlay, Onlay, or Partial Coverage Restoration	\$60.00
0250	Extraoral-First Film	\$33.00	2920	Recement Crown	\$63.00
0260	Extraoral-Each Additional Film	\$32.00	2930	Prefabricated Stainless Steel Crown-Primary	\$172.00
0270	Bitewing-Single Film	\$17.00	2931	Prefabricated Stainless Steel Crown-Permanent	\$194.00
0272	Bitewings-Two Films	\$26.00	2932	Prefabricated Resin Crown	\$211.00
0273	Bitewings-Three Films	\$31.00	2933	Prefabricated Stainless Steel Crown with Resin Window	\$238.00
0274	Bitewings-Four Films	\$37.00	2940	Sedative Filling	\$65.00
0277	Vertical Bitewings-7 to 8 Films	\$48.00	2950	Core Build-Up, Including Any Pins	\$164.00
0330	Panoramic Film	\$69.00	2951	Pin Retention/Tooth, In Addition to Restoration	\$35.00
0340	Cephalometric Film	\$85.00	2952	Post and Core In Addition to Crown, Indirectly Fabricated	\$251.00
0350	Oral/Facial Photographic Images	\$39.00	2953	Each Additional Indirectly Fabricated Post-Same Tooth	\$158.00
0460	Pulp Vitality Tests	\$34.00	2954	Prefabricated Post and Core in Addition to Crown	\$207.00
0470	Diagnostic Casts	\$72.00	2955	Post Removal Not in Conjunction with Endodontic Therapy	\$155.00
Preventive			2957	Each Additional Prefabricated Post-Same Tooth	\$76.00
1110	Prophylaxis-Adult	\$57.00	2960	Labial Veneer (Laminate)-Chairside	\$507.00
1120	Prophylaxis-Child	\$40.00	Endodontics		
1203	Topical Application of Fluoride Not Including Prophylaxis-Child	\$23.00	3110	Pulp Cap-Direct (Excluding Final Restoration)	\$45.00
1204	Topical Application of Fluoride Not Including Prophylaxis-Adult	\$24.00	3120	Pulp Cap-Indirect (Excluding Final Restoration)	\$35.00
1330	Oral Hygiene Instructions	\$41.00	3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$106.00
1351	Sealant-Per Tooth	\$32.00	3221	Pulpal Debridement- Primary and Permanent Teeth	\$105.00
1510	Space Maintainer-Fixed-Unilateral	\$203.00	3230	Pulpal Therapy-Resorbable Filling-Anterior Primary Tooth	\$111.00
1515	Space Maintainer-Fixed-Bilateral	\$267.00	3240	Pulpal Therapy Resorbable Filling-Posterior Primary Tooth	\$120.00
1520	Space Maintainer-Removable-Unilateral	\$251.00	3310	Root Canal-Anterior (Excluding Final Restoration)	\$447.00
1525	Space Maintainer-Removable-Bilateral	\$344.00	3320	Root Canal-Bicuspid (Excluding Final Restoration)	\$546.00
1550	Recementation of Space Maintainer	\$44.00	3330	Root Canal-Molar (Excluding Final Restoration)	\$705.00
1555	Removal of Fixed Space Maintainer	20% Disc.	3331	Treatment of Root Canal Obstruction-Non-Surgical Access	\$238.00
Restorative			3332	Incomplete Endodontic Therapy-Inoperable, Unrestorable or Fractured Tooth	\$197.00
2140	Amalgam-One Surface, Primary or Permanent	\$76.00	3333	Internal Root Repair of Perforation Defects	\$120.00
2150	Amalgam-Two Surfaces, Primary or Permanent	\$99.00	3346	Retreatment Previous Root Canal Therapy-Anterior	\$602.00
2160	Amalgam-Three Surfaces, Primary or Permanent	\$120.00	3347	Retreatment Previous Root Canal Therapy-Bicuspid	\$710.00
2161	Amalgam-Four or More Surfaces, Primary or Permanent	\$146.00	3348	Retreatment Previous Root Canal Therapy-Molar	\$853.00
2330	Resin-Based Composite-One Surface, Anterior	\$89.00	3351	Apexification/Recalcification-Initial Visit	\$254.00
2331	Resin-Based Composite-Two Surfaces, Anterior	\$114.00	3352	Apexification/Recalcification-Interim Medication Replacement	\$111.00
2332	Resin-Based Composite-Three Surfaces, Anterior	\$140.00	3353	Apexification/Recalcification-Final Visit	\$374.00
2335	Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior	\$166.00	3410	Apicoectomy/Periradicular Surgery-Anterior	\$511.00
2390	Resin-Based Composite Crown, Anterior	\$234.00	3421	Apicoectomy/Periradicular Surgery-Bicuspid (First Root)	\$559.00
2391	Resin-Based Composite-One Surface, Posterior	\$100.00	3425	Apicoectomy/Periradicular Surgery-Molar (First Root)	\$632.00
2392	Resin-Based Composite-Two Surfaces, Posterior	\$140.00	3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$210.00
2393	Resin-Based Composite-Three Surfaces, Posterior	\$173.00	3430	Retrograde Filling-Per Root	\$155.00
2394	Resin-Based Composite-Four or More Surfaces, Posterior	\$181.00	3450	Root Amputation-Per Root	\$314.00
2510	Inlay-Metallic-One Surface	\$423.00	3470	Intentional Reimplantation (Including Necessary Splinting)	\$627.00
2520	Inlay-Metallic-Two Surfaces	\$480.00	3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$82.00
2530	Inlay-Metallic-Three or More Surfaces	\$553.00	3920	Hemisection-Including Root Removal, Not Including Root Canal	\$245.00
2542	Onlay-Metallic-Two Surfaces	\$506.00	3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$111.00
2543	Onlay-Metallic-Three Surfaces	\$567.00	Periodontics		
2544	Onlay-Metallic-Four or More Surfaces	\$590.00	4210	Gingivectomy or Gingivoplasty-Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$437.00
2610	Inlay-Porcelain/Ceramic-One Surface	\$497.00	4211	Gingivectomy or Gingivoplasty-One to Three Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$117.00
2620	Inlay-Porcelain/Ceramic-Two Surfaces	\$524.00	4230	Anatomical Crown Exposure-Four or More Contiguous Teeth Per Quadrant	20% Disc.
2630	Inlay-Porcelain/Ceramic-Three or More Surfaces	\$559.00	4231	Anatomical Crown Exposure-One to Three Teeth Per Quadrant	20% Disc.
2642	Onlay-Porcelain/Ceramic-Two Surfaces	\$543.00	4240	Gingival Flap Procedure, Including Root Planing-Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$516.00
2643	Onlay-Porcelain/Ceramic-Three Surfaces	\$585.00	4241	Gingival Flap Procedure, Including Root Planing-One to Three Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$376.00
2644	Onlay-Porcelain/Ceramic-Four or More Surfaces	\$621.00	4245	Apically Positioned Flap	\$465.00
2650	Inlay-Composite/Resin-One Surface	\$327.00	4249	Clinical Crown Lengthening-Hard Tissue	\$588.00
2651	Inlay-Composite/Resin-Two Surfaces	\$389.00	4260	Osseous Surgery (Including Flap Entry and Closure)-Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$831.00
2652	Inlay-Composite/Resin-Three or More Surfaces	\$409.00	4261	Osseous Surgery (Including Flap Entry and Closure)-One to Three Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$483.00
2662	Onlay-Composite/Resin-Two Surfaces	\$518.00	4263	Bone Replacement Graft-First Site in Quadrant	\$251.00
2663	Onlay-Composite/Resin-Three Surfaces	\$528.00	4264	Bone Replacement Graft-Each Additional Site in Quadrant	\$125.00
2664	Onlay-Composite/Resin-Four or More Surfaces	\$554.00	4266	Guided Tissue Regeneration-Resorbable Barrier per Site	\$303.00
2710	Crown-Resin-Based Composite (Indirect)	\$262.00	4267	Guided Tissue Regeneration-Nonresorbable Barrier per Site (Includes Membrane Removal)	\$389.00
2720	Crown-Resin with High Noble Metal	\$720.00	4268	Surgical Revision Procedure, per Tooth	\$471.00
2721	Crown-Resin with Predominantly Base Metal	\$675.00	4270	Pedicle Soft Tissue Graft Procedure	\$615.00
2722	Crown-Resin with Noble Metal	\$689.00	4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$632.00
2740	Crown-Porcelain/Ceramic Substrate	\$737.00	4320	Provisional Splinting-Intracoronaral	\$278.00
2750	Crown-Porcelain Fused to High Noble Metal	\$728.00	4321	Provisional Splinting-Extracoronaral	\$243.00
			4341	Periodontal Scaling and Root Planing-Four or More Teeth Per Quadrant	\$150.00
			4342	Periodontal Scaling and Root Planing-One to Three Teeth Per Quadrant	\$74.00

Code	Description	Fee
Periodontics (continued)		
4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$100.00
4910	Periodontal Maintenance	\$90.00
4920	Unscheduled Dressing Change (Not by Treating Dentist)	\$77.00
Prosthodontics (removable)		
5110	Complete Denture-Maxillary	\$958.00
5120	Complete Denture-Mandibular	\$958.00
5130	Immediate Denture-Maxillary	\$1,044.00
5140	Immediate Denture-Mandibular	\$1,044.00
5211	Maxillary Partial Denture-Resin Base (Clasp/Rests)	\$940.00
5212	Mandibular Partial Denture-Resin Base (Clasp/Rests)	\$940.00
5213	Maxillary Partial Denture-Metal Frame with Resin Base	\$1,058.00
5214	Mandibular Partial Denture-Metal Frame with Resin Base	\$1,058.00
5281	Removable Unilateral Partial Denture-One Piece Cast Metal	\$617.00
5410	Adjust Complete Denture-Maxillary	\$52.00
5411	Adjust Complete Denture-Mandibular	\$52.00
5421	Adjust Partial Denture-Maxillary	\$52.00
5422	Adjust Partial Denture-Mandibular	\$52.00
5510	Repair Broken Complete Denture Base	\$105.00
5520	Replace Missing or Broken Teeth-Complete Denture (Each Tooth)	\$87.00
5610	Repair Resin Denture Base	\$113.00
5620	Repair Cast Framework, Partial Denture	\$122.00
5630	Repair or Replace Broken Clasp, Partial Denture	\$148.00
5640	Replace Broken Teeth-Per Tooth, Partial Denture	\$96.00
5650	Add Tooth to Existing Partial Denture	\$131.00
5660	Add Clasp to Existing Partial Denture	\$157.00
5710	Rebase Complete Maxillary Denture	\$389.00
5711	Rebase Complete Mandibular Denture	\$372.00
5720	Rebase Maxillary Partial Denture	\$367.00
5721	Rebase Mandibular Partial Denture	\$367.00
5730	Reline Complete Maxillary Denture (Chairside)	\$219.00
5731	Reline Complete Mandibular Denture (Chairside)	\$219.00
5740	Reline Maxillary Partial Denture (Chairside)	\$201.00
5741	Reline Mandibular Partial Denture (Chairside)	\$201.00
5750	Reline Complete Maxillary Denture (Laboratory)	\$293.00
5751	Reline Complete Mandibular Denture (Laboratory)	\$293.00
5760	Reline Maxillary Partial Denture (Laboratory)	\$289.00
5761	Reline Mandibular Partial Denture (Laboratory)	\$289.00
5810	Interim Complete Denture-Maxillary	\$473.00
5811	Interim Complete Denture-Mandibular	\$473.00
5820	Interim Partial Denture-Maxillary	\$380.00
5821	Interim Partial Denture-Mandibular	\$380.00
5850	Tissue Conditioning-Maxillary	\$92.00
5851	Tissue Conditioning-Mandibular	\$92.00
Prosthodontics (fixed)		
6210	Pontic-Cast High Noble Metal	\$608.00
6211	Pontic-Cast Predominantly Base Metal	\$570.00
6212	Pontic-Cast Noble Metal	\$593.00
6240	Pontic-Porcelain Fused to High Noble Metal	\$600.00
6241	Pontic-Porcelain Fused to Predominantly Base Metal	\$555.00
6242	Pontic-Porcelain Fused to Noble Metal	\$585.00
6245	Pontic-Porcelain/Ceramic	\$596.00
6250	Pontic-Resin with High Noble Metal	\$593.00
6251	Pontic-Resin with Predominantly Base Metal	\$546.00
6252	Pontic-Resin with Noble Metal	\$565.00
6545	Retainer-Cast Metal for Resin Bonded Fixed Prosthesis	\$252.00
6548	Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$535.00
6720	Crown-Bridge Retainer-Resin with High Noble Metal	\$669.00
6721	Crown-Bridge Retainer-Resin Predominantly Base Metal	\$634.00
6722	Crown-Resin with Noble Metal	\$646.00
6740	Crown-Porcelain/Ceramic	\$604.00
6750	Crown-Retainer-Porcelain Fused to High Noble Metal	\$685.00
6751	Crown-Retainer-Porcelain Fused to Predominantly Base Metal	\$639.00
6752	Crown-Retainer-Porcelain Fused to Noble Metal	\$654.00
6780	Crown-Retainer 3/4 Cast High Noble Metal	\$646.00
6781	Crown-Retainer 3/4 Predominantly Base Metal	\$570.00
6782	Crown-Retainer 3/4 Cast Noble Metal	\$576.00
6783	Crown-Retainer 3/4 Porcelain/Ceramic	\$586.00
6790	Crown-Retainer-Full Cast High Noble Metal	\$662.00
6791	Crown-Retainer-Full Cast Predominantly Base Metal	\$627.00
6792	Crown-Retainer-Full Cast Noble Metal	\$650.00
6930	Recement Fixed Partial Denture	\$81.00
6970	Post and Core in Addition to Fixed Partial Denture Retainer, Indirectly Fabricated	\$221.00
6972	Prefabricated Post and Core in Addition to Bridge Retainer	\$180.00
6973	Core Buildup for Retainer, Including Any Pins	\$145.00
6975	Coping-Metal	\$398.00
6976	Each Additional Indirectly Fabricated Post-Same Tooth	\$144.00
6977	Each Additional Prefabricated Post-Same Tooth	\$87.00
Oral Surgery		
7111	Extraction, Coronal Remnants - Deciduous Tooth	\$78.00
7140	Extraction-Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$94.00
7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	\$166.00
7220	Removal of Impacted Tooth-Soft Tissue	\$186.00
7230	Removal of Impacted Tooth-Partially Bony	\$249.00
7240	Removal of Impacted Tooth-Completely Bony	\$291.00
7241	Removal of Impacted Tooth-Completely Bony with Unusual Complications	\$366.00
7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$157.00
7270	Reimplantation or Stabilization of Accidentally Evulsed or Displaced Tooth	\$319.00
7272	Tooth Transplantation	\$364.00

Code	Description	Fee
Oral Surgery (continued)		
7280	Surgical Access of an Unerrupted Tooth	\$350.00
7285	Biopsy of Oral Tissue-Hard (Bone, Tooth)	\$569.00
7286	Biopsy of Oral Tissue-Soft	\$254.00
7310	Alveoloplasty in Conjunction with Extractions-Four or More Teeth or Tooth Spaces, Per Quadrant	\$173.00
7320	Alveoloplasty Not in Conjunction with Extractions-Four or More Teeth or Tooth Spaces, Per Quadrant	\$710.00
7450	Removal of Benign Odontogenic Cyst or Tumor < 1.25 CM	\$507.00
7451	Removal of Benign Odontogenic Cyst or Tumor > 1.25 CM	\$796.00
7460	Removal of Benign Nonodontogenic Cyst or Tumor < 1.25 CM	\$507.00
7461	Removal of Benign Nonodontogenic Cyst or Tumor > 1.25 CM	\$796.00
7510	Incision and Drainage Abscess-Intraoral Soft Tissue	\$166.00
7910	Suture of Recent Small Wounds up to 5 CM	\$232.00
7911	Complicated Suture up to 5 CM, Meticulous Closure	\$579.00
7912	Complicated Suture Greater Than 5 CM, Meticulous Closure	\$600.00
7951	Sinus Augmentation With Bone or Bone Substitutes	20% Disc.
7960	Frenulectomy (Frenotomy/Frenotomy) Separate Procedure	\$364.00
7970	Excision of Hyperplastic Tissue/Per Arch	\$376.00
7971	Excision of Pericoronal Gingiva	\$120.00
Orthodontics		
8010	Limited Orthodontic Treatment of the Primary Dentition	20% Disc.
8020	Limited Orthodontic Treatment of the Transitional Dentition	20% Disc.
8030	Limited Orthodontic Treatment of the Adolescent Dentition	20% Disc.
8040	Limited Orthodontic Treatment of the Adult Dentition	20% Disc.
8050	Interceptive Orthodontic Treatment of the Primary Dentition	20% Disc.
8060	Interceptive Orthodontic Treatment of the Transitional Dentition	20% Disc.
8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	20% Disc.
8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	20% Disc.
8090	Comprehensive Orthodontic Treatment of the Adult Dentition	20% Disc.
8210	Removable Appliance Therapy	20% Disc.
8660	Pre-Orthodontic Treatment Visit	20% Disc.
Adjunctive Services		
9110	Palliative (Emergency) Treatment-Dental Pain-Minor Procedure	\$61.00
9120	Fixed Partial Denture Sectioning	20% Disc.
9211	Regional Block Anesthesia	\$28.00
9215	Local Anesthesia	\$19.00
9230	Analgesia	\$33.00
9310	Consultation - Diagnostic Service by Dentist or Physician Other Than Requesting Dentist or Physician	\$129.00
9410	Professional Visit-House Call	\$170.00
9420	Professional Visit-Hospital Call	\$234.00
9430	Office Visit for Observation (Regular Hours) No Other Services Performed	\$44.00
9440	Office Visit-After Regular Hours	\$78.00
9910	Application-Desensitizing Medicament	\$28.00
9911	Application-Desensitizing Resin for Cervical and/or Root Surface	\$40.00
9941	Fabrication of Athletic Mouthguard	\$97.00
9950	Occlusion Analysis-Mounted Case	\$171.00
9951	Occlusal Adjustment-Limited	\$78.00
9952	Occlusal Adjustment-Complete	\$437.00
9970	Enamel Microabrasion	\$130.00

*It is the Member's responsibility to verify that the dentist is a participating CAREINGTON provider before seeking any treatment. Member is responsible for full payment for all charges at the time of service. Any dental procedures performed by a non-participating dentist are not discounted and are charged to the member at the dentist's normal fees.

*The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment - many treatments may require more than one dental procedure. Please consult your CAREINGTON provider for a detailed treatment plan prior to beginning any work.

*Procedures not listed on this schedule will be discounted at 20% off of the General Dentist's normal fee.

*Specialists will give a 20% discount off of their normal fees.

*Implants and some whitening procedures will not be discounted by all participating CAREINGTON providers. Implants and some whitening procedures will only be discounted if the participating CAREINGTON provider has agreed to discount these procedures as part of their contract. These services will be offered, when applicable, at a 15% discount off of the provider's normal fee. Please call 800-290-0523 for assistance.

*If the General Dentist's normal fee for any procedure is less than the fee listed on this schedule, the dentist will charge 20% off of his normal fee.

*Work in progress prior to enrollment on the dental plan must be completed by the dentist who started the work and is not subject to discount.

*CAREINGTON cannot guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating CAREINGTON provider. Not all types of dentists may be available in your area.

*Any procedure involving lab fees will incur additional costs. All applicable lab fees are the full responsibility of the member and are subject to no discount.

*Some providers may charge for missed or broken appointments if no prior notice is given.

*CAREINGTON or its vendors may periodically adjust this fee schedule with 30 days notice to Client.

*While all participating CAREINGTON providers are professionally licensed in the state in which they practice, CAREINGTON does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating CAREINGTON provider should be directed in writing to: CAREINGTON International, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.