

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 | \$27.00 | 2751 | Crown-Porcelain Fused to Predominantly Base Metal | \$651.00 |
| 0140 | Limited Oral Evaluation-Problem Focused | \$46.00 | 2752 | Crown-Porcelain Fused to Noble Metal | \$666.00 |
| 0150 | Comprehensive Oral Evaluation-New or Established Patient | \$47.00 | 2780 | Crown-3/4 Cast to High Noble Metal | \$683.00 |
| 0160 | Detailed and Extensive Oral Evaluation-Problem Focused-By Report | \$122.00 | 2781 | Crown-3/4 Cast to Predominantly Base Metal | \$657.00 |
| 0170 | Re-Evaluation-Limited-Problem Focused | \$34.00 | 2782 | Crown-3/4 Cast Noble Metal | \$680.00 |
| 0180 | Comprehensive Periodontal Evaluation-New or Established Patient | \$37.00 | 2783 | Crown-3/4 Porcelain/Ceramic (Does not include facial veneers) | \$725.00 |
| 0210 | Intraoral-Complete Series Including Bitewings | \$82.00 | 2790 | Crown-Full Cast High Noble Metal | \$674.00 |
| 0220 | Intraoral-Periapical-First Film | \$15.00 | 2791 | Crown-Full Cast Predominantly Base Metal | \$642.00 |
| 0230 | Intraoral-Periapical-Each Additional Film | \$12.00 | 2792 | Crown-Full Cast Noble Metal | \$652.00 |
| 0240 | Intraoral-Occlusal Film | \$23.00 | 2910 | Recement Inlay, Onlay, or Partial Coverage Restoration | \$58.00 |
| 0250 | Extraoral-First Film | \$32.00 | 2920 | Recement Crown | \$60.00 |
| 0260 | Extraoral-Each Additional Film | \$31.00 | 2930 | Prefabricated Stainless Steel Crown-Primary | \$165.00 |
| 0270 | Bitewing-Single Film | \$16.00 | 2931 | Prefabricated Stainless Steel Crown-Permanent | \$185.00 |
| 0272 | Bitewings-Two Films | \$25.00 | 2932 | Prefabricated Resin Crown | \$203.00 |
| 0273 | Bitewings-Three Films | \$30.00 | 2933 | Prefabricated Stainless Steel Crown with Resin Window | \$228.00 |
| 0274 | Bitewings-Four Films | \$36.00 | 2940 | Sedative Filling | \$63.00 |
| 0277 | Vertical Bitewings-7 to 8 Films | \$47.00 | 2950 | Core Build-Up, Including Any Pins | \$157.00 |
| 0330 | Panoramic Film | \$66.00 | 2951 | Pin Retention/Tooth, In Addition to Restoration | \$33.00 |
| 0340 | Cephalometric Film | \$82.00 | 2952 | Post and Core In Addition to Crown, Indirectly Fabricated | \$240.00 |
| 0350 | Oral/Facial Photographic Images | \$38.00 | 2953 | Each Additional Indirectly Fabricated Post-Same Tooth | \$152.00 |
| 0460 | Pulp Vitality Tests | \$33.00 | 2954 | Prefabricated Post and Core in Addition to Crown | \$198.00 |
| 0470 | Diagnostic Casts | \$69.00 | 2955 | Post Removal Not in Conjunction with Endodontic Therapy | \$148.00 |
| Preventive | | | 2957 | Each Additional Prefabricated Post-Same Tooth | \$73.00 |
| 1110 | Prophylaxis-Adult | \$53.00 | 2960 | Labial Veneer (Laminate)-Chairside | \$486.00 |
| 1120 | Prophylaxis-Child | \$39.00 | Endodontics | | |
| 1203 | Topical Application of Fluoride Not Including Prophylaxis-Child | \$23.00 | 3110 | Pulp Cap-Direct (Excluding Final Restoration) | \$43.00 |
| 1204 | Topical Application of Fluoride Not Including Prophylaxis-Adult | \$23.00 | 3120 | Pulp Cap-Indirect (Excluding Final Restoration) | \$34.00 |
| 1330 | Oral Hygiene Instructions | \$39.00 | 3220 | Therapeutic Pulpotomy (Excluding Final Restoration) | \$101.00 |
| 1351 | Sealant-Per Tooth | \$31.00 | 3221 | Pulpal Debridement- Primary and Permanent Teeth | \$100.00 |
| 1510 | Space Maintainer-Fixed-Unilateral | \$194.00 | 3230 | Pulpal Therapy-Resorbable Filling-Anterior Primary Tooth | \$107.00 |
| 1515 | Space Maintainer-Fixed-Bilateral | \$256.00 | 3240 | Pulpal Therapy Resorbable Filling-Posterior Primary Tooth | \$116.00 |
| 1520 | Space Maintainer-Removable-Unilateral | \$241.00 | 3310 | Root Canal-Anterior (Excluding Final Restoration) | \$428.00 |
| 1525 | Space Maintainer-Removable-Bilateral | \$329.00 | 3320 | Root Canal-Bicuspid (Excluding Final Restoration) | \$523.00 |
| 1550 | Recementation of Space Maintainer | \$41.00 | 3330 | Root Canal-Molar (Excluding Final Restoration) | \$676.00 |
| 1555 | Removal of Fixed Space Maintainer | 20% Disc. | 3331 | Treatment of Root Canal Obstruction-Non-Surgical Access | \$228.00 |
| Restorative | | | 3332 | Incomplete Endodontic Therapy-Inoperable, Unrestorable or Fractured Tooth | \$190.00 |
| 2140 | Amalgam-One Surface, Primary or Permanent | \$73.00 | 3333 | Internal Root Repair of Perforation Defects | \$116.00 |
| 2150 | Amalgam-Two Surfaces, Primary or Permanent | \$95.00 | 3346 | Retreatment Previous Root Canal Therapy-Anterior | \$577.00 |
| 2160 | Amalgam-Three Surfaces, Primary or Permanent | \$114.00 | 3347 | Retreatment Previous Root Canal Therapy-Bicuspid | \$680.00 |
| 2161 | Amalgam-Four or More Surfaces, Primary or Permanent | \$140.00 | 3348 | Retreatment Previous Root Canal Therapy-Molar | \$818.00 |
| 2330 | Resin-Based Composite-One Surface, Anterior | \$86.00 | 3351 | Apexification/Recalcification-Initial Visit | \$243.00 |
| 2331 | Resin-Based Composite-Two Surfaces, Anterior | \$109.00 | 3352 | Apexification/Recalcification-Interim Medication Replacement | \$107.00 |
| 2332 | Resin-Based Composite-Three Surfaces, Anterior | \$134.00 | 3353 | Apexification/Recalcification-Final Visit | \$359.00 |
| 2335 | Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior | \$158.00 | 3410 | Apicoectomy/Periradicular Surgery-Anterior | \$491.00 |
| 2390 | Resin-Based Composite Crown, Anterior | \$225.00 | 3421 | Apicoectomy/Periradicular Surgery-Bicuspid (First Root) | \$535.00 |
| 2391 | Resin-Based Composite-One Surface, Posterior | \$96.00 | 3425 | Apicoectomy/Periradicular Surgery-Molar (First Root) | \$606.00 |
| 2392 | Resin-Based Composite-Two Surfaces, Posterior | \$133.00 | 3426 | Apicoectomy/Periradicular Surgery (Each Additional Root) | \$202.00 |
| 2393 | Resin-Based Composite-Three Surfaces, Posterior | \$166.00 | 3430 | Retrograde Filling-Per Root | \$148.00 |
| 2394 | Resin-Based Composite-Four or More Surfaces, Posterior | \$173.00 | 3450 | Root Amputation-Per Root | \$301.00 |
| 2510 | Inlay-Metallic-One Surface | \$404.00 | 3470 | Intentional Reimplantation (Including Necessary Splinting) | \$601.00 |
| 2520 | Inlay-Metallic-Two Surfaces | \$459.00 | 3910 | Surgical Procedure for Isolation of Tooth with Rubber Dam | \$78.00 |
| 2530 | Inlay-Metallic-Three or More Surfaces | \$530.00 | 3920 | Hemisection-Including Root Removal, Not Including Root Canal | \$235.00 |
| 2542 | Onlay-Metallic-Two Surfaces | \$485.00 | 3950 | Canal Preparation and Fitting of Preformed Dowel or Post | \$107.00 |
| 2543 | Onlay-Metallic-Three Surfaces | \$543.00 | Periodontics | | |
| 2544 | Onlay-Metallic-Four or More Surfaces | \$565.00 | 4210 | Gingivectomy or Gingivoplasty-Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | \$419.00 |
| 2610 | Inlay-Porcelain/Ceramic-One Surface | \$476.00 | 4211 | Gingivectomy or Gingivoplasty-One to Three Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | \$112.00 |
| 2620 | Inlay-Porcelain/Ceramic-Two Surfaces | \$502.00 | 4230 | Anatomical Crown Exposure-Four or More Contiguous Teeth Per Quadrant | 20% Disc. |
| 2630 | Inlay-Porcelain/Ceramic-Three or More Surfaces | \$535.00 | 4231 | Anatomical Crown Exposure-One to Three Teeth Per Quadrant | 20% Disc. |
| 2642 | Onlay-Porcelain/Ceramic-Two Surfaces | \$521.00 | 4240 | Gingival Flap Procedure, Including Root Planing-Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | \$494.00 |
| 2643 | Onlay-Porcelain/Ceramic-Three Surfaces | \$561.00 | 4241 | Gingival Flap Procedure, Including Root Planing-One to Three Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | \$360.00 |
| 2644 | Onlay-Porcelain/Ceramic-Four or More Surfaces | \$595.00 | 4245 | Apically Positioned Flap | \$446.00 |
| 2650 | Inlay-Composite/Resin-One Surface | \$313.00 | 4249 | Clinical Crown Lengthening-Hard Tissue | \$564.00 |
| 2651 | Inlay-Composite/Resin-Two Surfaces | \$373.00 | 4260 | Osseous Surgery (Including Flap Entry and Closure)-Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | \$796.00 |
| 2652 | Inlay-Composite/Resin-Three or More Surfaces | \$392.00 | 4261 | Osseous Surgery (Including Flap Entry and Closure)-One to Three Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | \$462.00 |
| 2662 | Onlay-Composite/Resin-Two Surfaces | \$496.00 | 4263 | Bone Replacement Graft-First Site in Quadrant | \$241.00 |
| 2663 | Onlay-Composite/Resin-Three Surfaces | \$505.00 | 4264 | Bone Replacement Graft-Each Additional Site in Quadrant | \$120.00 |
| 2664 | Onlay-Composite/Resin-Four or More Surfaces | \$530.00 | 4266 | Guided Tissue Regeneration-Resorbable Barrier per Site | \$290.00 |
| 2710 | Crown-Resin-Based Composite (Indirect) | \$251.00 | 4267 | Guided Tissue Regeneration-Nonresorbable Barrier per Site (Includes Membrane Removal) | \$373.00 |
| 2720 | Crown-Resin with High Noble Metal | \$691.00 | 4268 | Surgical Revision Procedure, per Tooth | \$451.00 |
| 2721 | Crown-Resin with Predominantly Base Metal | \$646.00 | 4270 | Pedicle Soft Tissue Graft Procedure | \$589.00 |
| 2722 | Crown-Resin with Noble Metal | \$661.00 | 4271 | Free Soft Tissue Graft Procedure (Including Donor Site Surgery) | \$605.00 |
| 2740 | Crown-Porcelain/Ceramic Substrate | \$705.00 | 4320 | Provisional Splinting-Intracoronaral | \$266.00 |
| 2750 | Crown-Porcelain Fused to High Noble Metal | \$699.00 | 4321 | Provisional Splinting-Extracoronaral | \$232.00 |
| | | | 4341 | Periodontal Scaling and Root Planing-Four or More Teeth Per Quadrant | \$144.00 |
| | | | 4342 | Periodontal Scaling and Root Planing-One to Three Teeth Per Quadrant | \$71.00 |

| Code | Description | Fee | Code | Description | Fee |
|-----------------------------------|--|------------|--|--|-----------|
| Periodontics (continued) | | | Oral Surgery (continued) | | |
| 4355 | Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis | \$96.00 | 7280 | Surgical Access of an Unerrupted Tooth | \$336.00 |
| 4910 | Periodontal Maintenance | \$86.00 | 7285 | Biopsy of Oral Tissue-Hard (Bone, Tooth) | \$545.00 |
| 4920 | Unscheduled Dressing Change (Not by Treating Dentist) | \$74.00 | 7286 | Biopsy of Oral Tissue-Soft | \$243.00 |
| Prosthodontics (removable) | | | 7310 | Alveoloplasty in Conjunction with Extractions-Four or More Teeth or Tooth Spaces, Per Quadrant | \$166.00 |
| 5110 | Complete Denture-Maxillary | \$918.00 | 7320 | Alveoloplasty Not in Conjunction with Extractions-Four or More Teeth or Tooth Spaces, Per Quadrant | \$680.00 |
| 5120 | Complete Denture-Mandibular | \$918.00 | 7450 | Removal of Benign Odontogenic Cyst or Tumor < 1.25 CM | \$486.00 |
| 5130 | Immediate Denture-Maxillary | \$1,002.00 | 7451 | Removal of Benign Odontogenic Cyst or Tumor > 1.25 CM | \$762.00 |
| 5140 | Immediate Denture-Mandibular | \$1,002.00 | 7460 | Removal of Benign Nonodontogenic Cyst or Tumor < 1.25 CM | \$486.00 |
| 5211 | Maxillary Partial Denture-Resin Base (Clasp/Rest) | \$900.00 | 7461 | Removal of Benign Nonodontogenic Cyst or Tumor > 1.25 CM | \$762.00 |
| 5212 | Mandibular Partial Denture-Resin Base (Clasp/Rest) | \$900.00 | 7510 | Incision and Drainage Abscess-Intraoral Soft Tissue | \$159.00 |
| 5213 | Maxillary Partial Denture-Metal Frame with Resin Base | \$1,015.00 | 7910 | Suture of Recent Small Wounds up to 5 CM | \$222.00 |
| 5214 | Mandibular Partial Denture-Metal Frame with Resin Base | \$1,015.00 | 7911 | Complicated Suture up to 5 CM, Meticulous Closure | \$555.00 |
| 5281 | Removable Unilateral Partial Denture-One Piece Cast Metal | \$592.00 | 7912 | Complicated Suture Greater Than 5 CM, Meticulous Closure | \$575.00 |
| 5410 | Adjust Complete Denture-Maxillary | \$50.00 | 7951 | Sinus Augmentation With Bone or Bone Substitutes | 20% Disc. |
| 5411 | Adjust Complete Denture-Mandibular | \$50.00 | 7960 | Frenulectomy (Frenotomy/Frenotomy) Separate Procedure | \$349.00 |
| 5421 | Adjust Partial Denture-Maxillary | \$50.00 | 7970 | Excision of Hyperplastic Tissue/Per Arch | \$360.00 |
| 5422 | Adjust Partial Denture-Mandibular | \$50.00 | 7971 | Excision of Pericoronal Gingiva | \$114.00 |
| 5510 | Repair Broken Complete Denture Base | \$100.00 | Orthodontics | | |
| 5520 | Replace Missing or Broken Teeth-Complete Denture (Each Tooth) | \$84.00 | 8010 | Limited Orthodontic Treatment of the Primary Dentition | 20% Disc. |
| 5610 | Repair Resin Denture Base | \$109.00 | 8020 | Limited Orthodontic Treatment of the Transitional Dentition | 20% Disc. |
| 5620 | Repair Cast Framework, Partial Denture | \$118.00 | 8030 | Limited Orthodontic Treatment of the Adolescent Dentition | 20% Disc. |
| 5630 | Repair or Replace Broken Clasp, Partial Denture | \$143.00 | 8040 | Limited Orthodontic Treatment of the Adult Dentition | 20% Disc. |
| 5640 | Replace Broken Teeth-Per Tooth, Partial Denture | \$92.00 | 8050 | Interceptive Orthodontic Treatment of the Primary Dentition | 20% Disc. |
| 5650 | Add Tooth to Existing Partial Denture | \$125.00 | 8060 | Interceptive Orthodontic Treatment of the Transitional Dentition | 20% Disc. |
| 5660 | Add Clasp to Existing Partial Denture | \$150.00 | 8070 | Comprehensive Orthodontic Treatment of the Transitional Dentition | 20% Disc. |
| 5710 | Rebase Complete Maxillary Denture | \$373.00 | 8080 | Comprehensive Orthodontic Treatment of the Adolescent Dentition | 20% Disc. |
| 5711 | Rebase Complete Mandibular Denture | \$356.00 | 8090 | Comprehensive Orthodontic Treatment of the Adult Dentition | 20% Disc. |
| 5720 | Rebase Maxillary Partial Denture | \$352.00 | 8210 | Removable Appliance Therapy | 20% Disc. |
| 5721 | Rebase Mandibular Partial Denture | \$352.00 | 8660 | Pre-Orthodontic Treatment Visit | 20% Disc. |
| 5730 | Reline Complete Maxillary Denture (Chairside) | \$210.00 | Adjunctive Services | | |
| 5731 | Reline Complete Mandibular Denture (Chairside) | \$210.00 | 9110 | Palliative (Emergency) Treatment-Dental Pain-Minor Procedure | \$59.00 |
| 5740 | Reline Maxillary Partial Denture (Chairside) | \$193.00 | 9120 | Fixed Partial Denture Sectioning | 20% Disc. |
| 5741 | Reline Mandibular Partial Denture (Chairside) | \$193.00 | 9211 | Regional Block Anesthesia | \$27.00 |
| 5750 | Reline Complete Maxillary Denture (Laboratory) | \$281.00 | 9215 | Local Anesthesia | \$18.00 |
| 5751 | Reline Complete Mandibular Denture (Laboratory) | \$281.00 | 9230 | Analgesia | \$32.00 |
| 5760 | Reline Maxillary Partial Denture (Laboratory) | \$277.00 | 9310 | Consultation - Diagnostic Service by Dentist or Physician Other Than Requesting Dentist or Physician | \$124.00 |
| 5761 | Reline Mandibular Partial Denture (Laboratory) | \$277.00 | 9410 | Professional Visit-House Call | \$163.00 |
| 5810 | Interim Complete Denture-Maxillary | \$453.00 | 9420 | Professional Visit-Hospital Call | \$225.00 |
| 5811 | Interim Complete Denture-Mandibular | \$453.00 | 9430 | Office Visit for Observation (Regular Hours) No Other Services Performed | \$42.00 |
| 5820 | Interim Partial Denture-Maxillary | \$364.00 | 9440 | Office Visit-After Regular Hours | \$75.00 |
| 5821 | Interim Partial Denture-Mandibular | \$364.00 | 9910 | Application-Desensitizing Medicament | \$27.00 |
| 5850 | Tissue Conditioning-Maxillary | \$88.00 | 9911 | Application-Desensitizing Resin for Cervical and/or Root Surface | \$38.00 |
| 5851 | Tissue Conditioning-Mandibular | \$88.00 | 9941 | Fabrication of Athletic Mouthguard | \$93.00 |
| Prosthodontics (fixed) | | | 9950 | Occlusion Analysis-Mounted Case | \$164.00 |
| 6210 | Pontic-Cast High Noble Metal | \$582.00 | 9951 | Occlusal Adjustment-Limited | \$74.00 |
| 6211 | Pontic-Cast Predominantly Base Metal | \$546.00 | 9952 | Occlusal Adjustment-Complete | \$419.00 |
| 6212 | Pontic-Cast Noble Metal | \$568.00 | 9970 | Enamel Microabrasion | \$129.00 |
| 6240 | Pontic-Porcelain Fused to High Noble Metal | \$576.00 | <p>*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.</p> <p>*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.</p> <p>*Procedures not listed on this schedule will be discounted at 20% off of the General Dentist's normal fee.</p> <p>*Specialists will give a 20% discount off of their normal fees.</p> <p>*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.</p> <p>*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.</p> <p>*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.</p> <p>*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.</p> <p>*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.</p> <p>*Some providers may charge for missed or broken appointments if no prior notice is given.</p> <p>*CAREINGTON or its vendors may periodically adjust this fee schedule with 30 days notice to Client.</p> <p>*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.</p> | | |
| 6241 | Pontic-Porcelain Fused to Predominantly Base Metal | \$531.00 | | | |
| 6242 | Pontic-Porcelain Fused to Noble Metal | \$560.00 | | | |
| 6245 | Pontic-Porcelain/Ceramic | \$571.00 | | | |
| 6250 | Pontic-Resin with High Noble Metal | \$568.00 | | | |
| 6251 | Pontic-Resin with Predominantly Base Metal | \$524.00 | | | |
| 6252 | Pontic-Resin with Noble Metal | \$541.00 | | | |
| 6545 | Retainer-Cast Metal for Resin Bonded Fixed Prosthesis | \$242.00 | | | |
| 6548 | Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis | \$512.00 | | | |
| 6720 | Crown-Bridge Retainer-Resin with High Noble Metal | \$641.00 | | | |
| 6721 | Crown-Bridge Retainer-Resin Predominantly Base Metal | \$608.00 | | | |
| 6722 | Crown-Resin with Noble Metal | \$619.00 | | | |
| 6740 | Crown-Porcelain/Ceramic | \$579.00 | | | |
| 6750 | Crown-Retainer-Porcelain Fused to High Noble Metal | \$656.00 | | | |
| 6751 | Crown-Retainer-Porcelain Fused to Predominantly Base Metal | \$613.00 | | | |
| 6752 | Crown-Retainer-Porcelain Fused to Noble Metal | \$627.00 | | | |
| 6780 | Crown-Retainer 3/4 Cast High Noble Metal | \$619.00 | | | |
| 6781 | Crown-Retainer 3/4 Predominantly Base Metal | \$546.00 | | | |
| 6782 | Crown-Retainer 3/4 Cast Noble Metal | \$552.00 | | | |
| 6783 | Crown-Retainer 3/4 Porcelain/Ceramic | \$561.00 | | | |
| 6790 | Crown-Retainer-Full Cast High Noble Metal | \$633.00 | | | |
| 6791 | Crown-Retainer-Full Cast Predominantly Base Metal | \$601.00 | | | |
| 6792 | Crown-Retainer-Full Cast Noble Metal | \$622.00 | | | |
| 6930 | Recement Fixed Partial Denture | \$77.00 | | | |
| 6970 | Post and Core in Addition to Fixed Partial Denture Retainer, Indirectly Fabricated | \$213.00 | | | |
| 6972 | Prefabricated Post and Core in Addition to Bridge Retainer | \$172.00 | | | |
| 6973 | Core Buildup for Retainer, Including Any Pins | \$140.00 | | | |
| 6975 | Coping-Metal | \$380.00 | | | |
| 6976 | Each Additional Indirectly Fabricated Post-Same Tooth | \$138.00 | | | |
| 6977 | Each Additional Prefabricated Post-Same Tooth | \$84.00 | | | |
| Oral Surgery | | | | | |
| 7111 | Extraction, Coronal Remnants - Deciduous Tooth | \$75.00 | | | |
| 7140 | Extraction-Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal) | \$90.00 | | | |
| 7210 | Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth | \$159.00 | | | |
| 7220 | Removal of Impacted Tooth-Soft Tissue | \$179.00 | | | |
| 7230 | Removal of Impacted Tooth-Partially Bony | \$238.00 | | | |
| 7240 | Removal of Impacted Tooth-Completely Bony | \$279.00 | | | |
| 7241 | Removal of Impacted Tooth-Completely Bony with Unusual Complications | \$351.00 | | | |
| 7250 | Surgical Removal of Residual Tooth Roots (Cutting Procedure) | \$150.00 | | | |
| 7270 | Reimplantation or Stabilization of Accidentally Evulsed or Displaced Tooth | \$306.00 | | | |
| 7272 | Tooth Transplantation | \$349.00 | | | |