

CAREINGTON International, The Dental Network

CARE PPO/POS Dental Plans

Schedule MMCI-4—VA (230-231, 233-238), GA (314), AZ (855xx-865xx)

This schedule is an extensive list of most common procedures. Due to plan variations, however, **not every procedure is a covered benefit. Lab fees are not included and are to be paid in full by the member.** The purpose of this schedule is to establish the maximum fee that you will charge the members of the various administered plans. **Note:** Unless otherwise noted, fee schedule is determined by zip code of *doctor's office*.

Code	Description	Fee Schedule	Code	Description	Fee Schedule
Diagnostic					
0120	Periodic Oral Evaluation	\$ 15.00	2643	Porcelain/Ceramic-Onlay 3 Surfaces	\$ 417.00
0140	Limited Oral Evaluation-Problem Focused	\$ 24.00	2644	Porcelain/Ceramic-Onlay 4 or More Surfaces	\$ 437.00
0150	Comprehensive Oral Evaluation	\$ 24.00	2650	Composite/Resin-Inlay One Surface Lab Processed	\$ 282.00
0160	Detailed Exten Oral Eval-Problem Focus (By Report)	\$ 41.00	2651	Inlay-Composite/Resin-Two Surfaces (Lab Proc.)	\$ 319.00
0210	Intraoral-Complete Series Incl Bitewings	\$ 47.00	2652	Inlay-Composite/Resin-Three or > Surf (Lab Proc.)	\$ 352.00
0220	Intraoral-Periapical-First Film	\$ 9.00	2710	Crown-Resin-Laboratory	\$ 258.00
0230	Intraoral-Periapical-Each Additional Film	\$ 7.00	2720	Crown-Resin with High Noble Metal	\$ 423.00
0240	Intraoral-Occlusal Film	\$ 13.00	2721	Crown-Resin with Pred Base Metal	\$ 376.00
0250	Extraoral-First Film	\$ 17.00	2722	Crown-Resin with Noble Metal	\$ 406.00
0260	Extraoral-Each Additional Film	\$ 16.00	2740	Crown-Porcelain/Ceramic Substrate	\$ 445.00
0270	Bitewings-Single Film	\$ 10.00	2750	Crown-Porcelain Fused to High Noble Metal	\$ 435.00
0272	Bitewings-Two Films	\$ 14.00	2751	Crown-Porcelain Fused to Pred. Base Metal	\$ 391.00
0274	Bitewings-Four Films	\$ 21.00	2752	Crown-Porcelain Fused to Noble Metal	\$ 410.00
0330	Panoramic Film	\$ 41.00	2790	Crown-Full Cast High Noble Metal	\$ 424.00
0340	Cephalometric Film	\$ 52.00	2791	Crown-Full Cast Predominately Base Metal	\$ 370.00
0460	Pulp Vitality Tests	\$ 21.00	2792	Crown-Full Cast Noble Metal	\$ 406.00
0470	Diagnostic Casts	\$ 33.00	2810	Crown-3/4 Cast Metallic	\$ 409.00
0471	Diagnostic Photographs	\$ 24.00	2910	Recement Inlay	\$ 32.00
Preventive					
1110	Prophylaxis-Adult	\$ 32.00	2920	Recement Crown	\$ 33.00
1120	Prophylaxis-Child	\$ 22.00	2930	Prefabricated Stainless Steel Crown-Primary	\$ 97.00
1201	Topical Appl. of Fluoride Incl/PXS Child	\$ 34.00	2931	Prefabricated Stainless Steel Crown-Perm.	\$ 112.00
1203	Topical Appl of Fluoride PXS not Incl-Child	\$ 12.00	2932	Prefabricated Resin Crown	\$ 116.00
1204	Topical Appl of Fluoride PXS not Incl-Adult	\$ 14.00	2933	Prefab. Stainless Steel Crown with Resin Window	\$ 135.00
1205	Topical Appl of Fluoride Incl/PXS Adult	\$ 45.00	2940	Sedative Filling	\$ 35.00
1330	Oral Hygiene Instructions	\$ 19.00	2950	Core Build-Up, Including Any Pins	\$ 98.00
1351	Sealant-Per Tooth	\$ 17.00	2951	Pin Retention/Tooth, In Addition to Restoration	\$ 19.00
1510	Space Maintainer-Fixed-Unilateral	\$ 129.00	2952	Cast Post and Core in Addition to Crown	\$ 158.00
1515	Space Maintainer-Fixed-Bilateral	\$ 181.00	2954	Prefabricated Post & Core in Add. to Crown	\$ 122.00
1520	Space Maintainer-Removable-Unilateral	\$ 153.00	2955	Post Removal Not in Conjunction w/ End. Therapy	\$ 96.00
1525	Space Maintainer-Removable-Bilateral	\$ 191.00	2960	Labial Veneer (Laminate)-Chairside	\$ 193.00
1550	Recementation of Space Maintainer	\$ 31.00	2970	Temporary Crown (Fractured Tooth)	\$ 110.00
Restorative					
2110	Amalgam-One Surface, Primary	\$ 35.00	Endodontics		
2120	Amalgam-Two Surfaces, Primary	\$ 49.00	3110	Pulp Cap-Direct (Excl Final Restoration)	\$ 27.00
2130	Amalgam-Three Surfaces, Primary	\$ 59.00	3120	Pulp Cap-Indirect (Excl Final Restoration)	\$ 26.00
2131	Amalgam-Four or More Surfaces, Primary	\$ 70.00	3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$ 61.00
2140	Amalgam-One Surface, Permanent	\$ 42.00	3230	Pulpal Therapy-Resorbable Fill -ant Primary Tooth	\$ 80.00
2150	Amalgam-Two Surfaces, Permanent	\$ 53.00	3240	Pulpal Therapy Resorbable Fill -post Primary Tooth	\$ 85.00
2160	Amalgam-Three Surfaces, Permanent	\$ 66.00	3310	Root Canal-Anterior, Excl Final Restoration	\$ 246.00
2161	Amalgam-Four or More Surfaces, Permanent	\$ 82.00	3320	Root Canal-Bicuspid, Excl Final Restoration	\$ 298.00
2210	Silicate Cement-Per Restoration	\$ 34.00	3330	Root Canal-Molar, Excl Final Restoration	\$ 374.00
2330	Resin, One Surface, Anterior	\$ 50.00	3346	Retreatment Previous Root Canal Therapy- Anterior	\$ 278.00
2331	Resin-Two Surfaces, Anterior	\$ 58.00	3347	Retreatment Previous Root Canal Therapy-Bicuspid	\$ 322.00
2332	Resin-Three Surfaces, Anterior	\$ 80.00	3348	Retreatment Previous Root Canal Therapy-Molar	\$ 406.00
2335	Resin-Four +Surfaces or Invl Incisal Angle (Anterior)	\$ 105.00	3351	Apex./Recal.Initial Visit (Ap. Clos./Cal.Rep.Etc)	\$ 123.00
2336	Composite Resin Crown-Anterior-Primary	\$ 109.00	3352	Apex/Recal-Int. Medication Replacement	\$ 84.00
2380	Resin-One Surface, Posterior-Primary	\$ 53.00	3353	Apexification/Recalcification-Final Visit	\$ 148.00
2381	Resin-Two Surfaces, Posterior-Primary	\$ 66.00	3410	Apicoectomy/Periradicular Surgery-Ant.	\$ 228.00
2382	Resin-Three or More Surfaces, Posterior-Primary	\$ 78.00	3421	Apicoectomy/Periradicular Surgery-Biscuspi (1 st Root)	\$ 259.00
2385	Resin-One Surface, Posterior-Permanent	\$ 58.00	3425	Apicoectomy/Periradicular Surgery-Molar (1 st Root)	\$ 296.00
2386	Resin-Two Surfaces, Posterior-Permanent	\$ 80.00	3426	Apicoectomy/Periradicular Surgery (Ea. Add'l Root)	\$ 105.00
2387	Resin-Three or More Surfaces, Posterior-Permanent	\$ 103.00	3430	Retrograde Filling-Per Root	\$ 84.00
2510	Inlay-Metallic-One Surface	\$ 281.00	3450	Root Amputation-Per Root	\$ 158.00
2520	Inlay-Metallic-Two Surfaces	\$ 330.00	3470	Intentional Replantation Include Nec. Splinting	\$ 240.00
2530	Inlay-Metallic-Three or More Surfaces	\$ 365.00	3910	Surg Proc. for Isolation Tooth with R Dam	\$ 60.00
2543	Metallic-Onlay 3 Surfaces	\$ 403.00	3920	Hemisection (Incl Root Rem.) Not Incl Endo	\$ 151.00
2544	Metallic-Onlay 4 or More Surfaces	\$ 418.00	3950	Canal Prep and Fitting of Preformed Dowel/Post	\$ 85.00
2610	Inlay-Porcelain/Ceramic-One Surface	\$ 313.00	3960	Bleaching of Discolored Tooth	\$ 108.00
2620	Inlay-Porcelain/Ceramic-Two Surfaces	\$ 350.00	Periodontics		
2630	Inlay-Porcelain/Ceramic-Three or More Surfaces	\$ 388.00	4210	Gingivectomy or Gingivoplasty-Per Quad.	\$ 239.00
2642	Porcelain/Ceramic-Onlay 2 Surfaces	\$ 413.00	4211	Gingivectomy or Gingivoplasty-Per Tooth	\$ 71.00
			4220	Gingival Curettage, Surgical, Per Quad, By Report	\$ 103.00
			4240	Gingival Flap Proc. Incl Root Planing/Quad	\$ 270.00
			4249	Clinical Crown Lengthening-Hard Tissue	\$ 247.00

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4250	Mucogingival Surgery-Per Quadrant	\$ 339.00	6721	Crown-Bridge Retainer-Resin Predom. Base Metal	\$ 384.00
4260	Osseous Surg Incl Flap Entry/Closure/Quad	\$ 393.00	6722	Crown (Resin with Noble Metal)	\$ 404.00
4263	Bone Replacement Graft First Site in Quad	\$ 249.00	6722	Crown (Resin with Noble Metal)	\$ 459.00
4264	Bone Replacement Graft-Ea. Add'l Site in Quadrant	\$ 203.00	6750	Crown-Retainer-Porcelain Fused High Noble Metal	\$ 437.00
4266	Guided Tissue Regen-Resorb Barrier/Site/Tooth	\$ 358.00	6751	Crown-Retainer-Porcelain Fused Predom. Base Metal	\$ 394.00
4267	Guided Tissue Regen-Non Resorb Per Site/Tooth	\$ 410.00	6752	Crown-Retainer-Porc. Fused to Noble Metal	\$ 408.00
4270	Pedicle Soft Tissue Graft Procedure	\$ 296.00	6780	Crown-Retainer 3/4 Cast High Noble Metal	\$ 519.00
4271	Free Soft Tissue Graft Proc. (Include Donor Site Surg)	\$ 317.00	6790	Crown-Retainer-Full Cast High Noble Metal	\$ 422.00
4320	Provisional Splinting Intracoronal	\$ 161.00	6791	Crown-Retainer-Full Cast Predom Base Met	\$ 382.00
4321	Provisional Splinting-Extracoronal	\$ 139.00	6792	Crown-Retainer-Full Cast Noble Metal	\$ 402.00
4341	Perio Scaling and Root Planing-Per Quad.	\$ 89.00	6930	Recement Fixed Partial Denture	\$ 51.00
4355	Full Mouth Debride-Enable Periodontal Eval & DX	\$ 59.00	6970	Cast Post and Core/Addition to Bridge Ret.	\$ 157.00
4910	Perio Maintenance Proc Following Active Therapy	\$ 47.00	6971	Cast Post Part of Bridge Retainer	\$ 141.00
4920	Unschd. Drsg Chng, Not by Treating Dent.	\$ 32.00	6972	Prefab Post & Core in Add'n to Bridge Ret	\$ 122.00
Prostodontics (removable)			6973	Core Buildup for Retainer, Incl. Any Pins	\$ 104.00
5110	Complete Denture-Maxillary	\$ 563.00	6975	Coping-Metal	\$ 247.00
5120	Complete Denture-Mandibular	\$ 563.00	Oral Surgery		
5130	Immediate Denture-Maxillary	\$ 593.00	7110	Extraction-Single Tooth	\$ 50.00
5140	Immediate Denture-Mandibular	\$ 597.00	7120	Extraction-Each Additional Tooth	\$ 49.00
5211	Maxillary Part Denture-Resin Base (Clasp/Rests)	\$ 420.00	7130	Root Removal-Exposed Root	\$ 65.00
5212	Mandibular Part Denture-Resin Base (Clasp/Rests)	\$ 422.00	7210	Surg Rem Erup Tooth Req. Flap/Bone Rem/Sec Tooth	\$ 97.00
5213	Maxillary Part Dent-Metal Frame/res base	\$ 602.00	7220	Removal of Impacted Tooth-Soft Tissue	\$ 115.00
5214	Mandibular Part Denture-Metal Frame with Resin Base	\$ 604.00	7230	Removal of Impacted Tooth-Partial Bony	\$ 145.00
5281	Remov Unilat Part Denture-1 Piece Metal (w/Teeth)	\$ 351.00	7240	Removal of Impacted Tooth-Complete Bony	\$ 180.00
5410	Adjust Complete Denture-Maxillary	\$ 31.00	7241	Rem Impac. Tooth-Comp Bony/ Unusual Complica.	\$ 209.00
5411	Adjust Complete Denture-Mandibular	\$ 31.00	7250	Surg. Rem or Residual Tooth Roots (Cutting Proc.)	\$ 106.00
5421	Adjust Partial Denture-Maxillary	\$ 31.00	7260	Oral Antral Fistula Closure	\$ 229.00
5422	Adjust Partial Denture-Mandibular	\$ 31.00	7270	Reimplant or Stab Acid Evul Tooth and/or Alveol	\$ 180.00
5510	Repair Broken Complete Denture Base	\$ 66.00	7280	Surg Exp-Imp/Unerup Tooth for Ortho Include Attach.	\$ 172.00
5520	Replace Miss/Brkn Teeth-Complete Denture/Tooth	\$ 61.00	7281	Surg. Exp-Imp/Unerup Tooth to Aid Erup.	\$ 123.00
5610	Repair Resin Denture Base	\$ 66.00	7285	Biopsy of Oral Tissue-Hard	\$ 135.00
5620	Repair Cast Framework, Partial Denture	\$ 99.00	7286	Biopsy of Oral Tissue-Soft	\$ 105.00
5630	Repair/Replace Broken Clasp, Part. Denture	\$ 89.00	7310	Alveoplasty in Conjun with Exts/ Quad	\$ 105.00
5640	Replace Broken Teeth-Per Tooth, Partial Denture	\$ 62.00	7320	Alveoplasty Not in Conj with Exts/Quad	\$ 145.00
5650	Add Tooth to Existing Partial Denture	\$ 76.00	7430	Excision of Benign Tumor Lesion <1.25 CM	\$ 170.00
5660	Add Clasp to Existing Partial Denture	\$ 99.00	7431	Excision of Benign Tumor Lesion >1.25 CM	\$ 218.00
5710	Rebase Complete Maxillary Denture	\$ 209.00	7450	Removal of Odontogenic Cyst/Tumor/ Lesion<1.25CM	\$ 171.00
5711	Rebase Complete Mandibular Denture	\$ 209.00	7451	Removal of Odontogenic Cyst/Tumor/ Lesion>1.25CM	\$ 233.00
5720	Rebase Maxillary Partial Denture	\$ 207.00	7460	Rem of Nonodontogenic Cyst/Tumor/ Lesion< 1.25CM	\$ 171.00
5721	Rebase Mandibular Partial Denture	\$ 207.00	7470	Removal of Exostosis-Maxilla or Mandible	\$ 215.00
5730	Reline Compl. Maxillary Dent. (Chairside)	\$ 124.00	7510	Inc. & Drainage Abscess Intraoral-Soft Tiss	\$ 62.00
5731	Reline Compl Mandibular Dent. (Chairside)	\$ 124.00	7910	Suture of Recent Small Wounds up to 5 CM	\$ 86.00
5740	Reline Maxillary Partial Denture (Chairside)	\$ 127.00	7911	Com. Suture up to 5 CM, Meticulous Clos.	\$ 135.00
5741	Reline Mandibular Partial Dent. (Chairside)	\$ 127.00	7960	Frenulectomy (Frenectomy/Frenotomy) Sep. Procedure	\$ 151.00
5750	Reline Complete Maxillary Denture (Lab)	\$ 175.00	7970	Excision of Hyperplastic Tissue/Per Arch	\$ 166.00
5751	Reline Complete Mandibular Denture (Lab)	\$ 175.00	7971	Excision of Pericoronal Gingiva	\$ 77.00
5760	Reline Maxillary Partial Denture (Lab)	\$ 171.00	Orthodontics		
5761	Reline Mandibular Partial Denture (Lab)	\$ 172.00	8070	Comp Ortho Treatment /Trans. Dentition	\$ 2375.00
5810	Interim Complete Denture (Maxillary)	\$ 281.00	8080	Comp Ortho Treatment / Adoles. Dentition	\$ 2470.00
5820	Interim Partial Denture (Maxillary)	\$ 246.00	8090	Comp Ortho Treatment / Adult Dentition	\$ 2565.00
5821	Interim Partial Denture (Mandibular)	\$ 246.00	8210	Removable Appliance Therapy	\$ 299.00
5850	Tissue Conditioning Maxillary	\$ 62.00	8660	Pre-Orthodontic Treatment Visit	\$ 97.00
5851	Tissue Conditioning Mandibular	\$ 62.00	9110	Palliative (Emer) Tx-Dent. Pain-Min. Proc	\$ 39.00
Prostodontics (fixed)			9210	Local Anest. Not in Conjun with Operative	\$ 22.00
6210	Pontic-Cast High Noble Metal	\$ 416.00	9211	Regional Block Anesthesia	\$ 29.00
6211	Pontic-Cast Predominately Base Metal	\$ 384.00	9215	Local Anesthesia	\$ 22.00
6212	Pontic-Cast Noble Metal	\$ 398.00	9230	Analgesia	\$ 22.00
6240	Pontic-Porcelain Fused to High Noble Metal	\$ 419.00	9310	Prof Consult /Diag Serv by Oth Dentist/Phys	\$ 41.00
6241	Pontic-Porc. Fused to Predom. Base Metal	\$ 389.00	9410	Professional Visit-House Call	\$ 61.00
6242	Pontic-Porcelain Fused to Noble Metal	\$ 404.00	9420	Professional Visit-Hospital Call	\$ 67.00
6250	Pontic-Resin with High Noble Metal	\$ 419.00	9430	Off Vis./ Obser (Reg. Hours) No Other Serv	\$ 25.00
6251	Pontic-Resin with Pred. Base Metal	\$ 385.00	9440	Office Visit-After Regular Hours	\$ 54.00
6252	Pontic-Resin with Noble Metal	\$ 418.00	9910	Application-Desensitizing Medicament	\$ 23.00
6520	Retainer-Inlay-Metallic-Two Surfaces	\$ 328.00	9941	Fabrication of Athletic Mouthguard	\$ 74.00
6530	Inlay Metallic 3 Surfaces	\$ 362.00	9950	Occlusion Analysis-Mounted Case	\$ 111.00
6543	Onlay Metallic 3 Surfaces	\$ 403.00	9951	Occlusion Adjustment-Limited	\$ 61.00
6544	Onlay-Metallic 4 or More Surfaces	\$ 428.00	9952	Occlusion Adjustment-Complete	\$ 249.00
6545	Retainer-Cast Metal-Resin Bonded Fixed Prosthes.	\$ 239.00	9970	Enamel Microabrasion	\$ 70.00
6720	Crown-Bridge Retainer-Resin/High Nob Met	\$ 437.00			

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