SCHEDULE OF SERVICES PLAN 503-500 SERIES (CDT 2007-2008 COMPLIANT) **EFFECTIVE JANUARY 1, 2007** THIS IS NOT AN INSURANCE PLAN

CAREINGTON Please Call 800-290-0523 500 Series

for Member Verification

| | | | | 300 Series | |
|--|---|--|--|--|--|
| ADA CODE | DIAGNOSTIC AND PREVENTIVE | MEMBER PAYS | ADA CODE | THE DENTAL NETWORK | MEMBER PAYS |
| 0120 | | \$15.00 | 5520 | REPLACE MISSING OR BROKEN TEETH | \$58.00 |
| | PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT | | | | \$69.00 |
| 0140 | LIMITED ORAL EVALUATION-PROBLEM FOCUS | \$17.00 | 5630 | REPAIR OR REPLACE BROKEN CLASP | |
| 0150 | COMPREHENSIVE ORAL EVALUATION-NEW OR ESTABLISHED PATIENT | \$17.00 | 5650 | ADD TOOTH TO EXISTING PARTIAL DENTURE | \$60.00 |
| 0210 | X-RAYS-INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS) | \$45.00 | 5660 | ADD CLASP TO EXISTING PARTIAL DENTURE | \$76.00 |
| 0220 | X-RAYS-INTRAORAL-PERIAPICAL-1ST FILM | \$10.00 | 5730 | RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) | \$143.00 |
| 0230 | X-RAYS-INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM | \$5.00 | 5731 | RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) | \$143.00 |
| 0270 | BITEWING X-RAY-SINGLE FILM | \$10.00 | 5740 | RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) | \$135.00 |
| 0272 | BITEWINGS-TWO FILMS | \$14.00 | 5741 | RELINE MANDIBULAR PARTIAL DENT (CHAIRSIDE) | \$135.00 |
| 0273 | BITEWINGS-THREE FILMS | \$19.00 | 5750 | RELINE COMPLETE MAXILLARY DENTURE (LAB) | \$186.00 |
| 0274 | BITEWINGS-FOUR FILMS | \$23.00 | 5751 | RELINE COMPLETE MANDIBULAR DENTURE (LAB) | \$186.00 |
| 0330 | PANORAMIC FILM | \$45.00 | 0.0. | PROSTHODONTICS (FIXED) | 4.00.00 |
| 1110 | | \$33.00 | 6240 | PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL | \$463.00 |
| | PROPHYLAXIS-ADULT CLEANING | | | | |
| 1120 | PROPHYLAXIS-CHILD CLEANING | \$27.00 | 6241 | PONTIC-PORCELAIN FUSED TO PREDOM BASE METAL | \$428.00 |
| 1201 | TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS)-CHILD | \$38.00 | 6242 | PONTIC-PORCELAIN FUSED TO NOBLE METAL | \$449.00 |
| 1351 | SEALANT-PER TOOTH | \$23.00 | 6750 | CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL | \$507.00 |
| 1510 | SPACE MAINTAINER-FIXED-UNILATERAL | \$98.00 | 6751 | CROWN-PORCELAIN FUSED TO PREDOM BASE METAL | \$461.00 |
| 1515 | SPACE MAINTAINER-FIXED-BILATERAL | \$144.00 | 6752 | CROWN-PORCELAIN FUSED TO NOBLE METAL | \$480.00 |
| 1520 | SPACE MAINTAINER-REMOVEABLE-UNILATERAL | \$128.00 | | ORAL SURGERY | |
| 1525 | | \$164.00 | 7140 | EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION | \$58.00 |
| 1323 | SPACE MAINTAINER-REMOVEABLE-BILATERAL | \$104.00 | | AND/OR FORCEPTS REMOVAL) | |
| 0440 | RESTORATIVE | *45.00 | 7220 | REMOVAL OF IMPACTED TOOTH-SOFT TISSUE | \$118.00 |
| 2140 | AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT | \$45.00 | 7230 7240 | REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY | \$153.00 |
| 2150 2160 | AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT | \$58.00 \$68.00 | 7240 7250 | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS | \$215.00 \$111.00 |
| 2161 | AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT | \$83.00 | 7310 | ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTION PER QUAD | \$98.00 |
| 2330 | RESIN-BASED COMPOSITE-ONE SURFACE, ANTERIOR | \$58.00 | 7320 | ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTION PER QUAD | \$142.00 |
| 2331 | RESIN-BASED COMPOSITE-TWO SURFACES, ANTERIOR | \$69.00 | 7510 | INCISION/DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE | \$73.00 |
| 2332 | RESIN-BASED COMPOSITE-THREE SURFACES, ANTERIOR | \$88.00 | | ORTHODONTICS | , |
| 2335 | RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, ANTERIOR | \$110.00 | 8070 | COMPLETE ORTHODONTIC TREATMENT-TRANSITIONAL DENTITION | 20% Discount |
| 2391 | RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR | \$75.00 | 8080 | COMPLETE ORTHODONTIC TREATMENT-ADOLESCENT DENTITION | 20% Discount |
| 2392 | RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR | \$108.00 | 8090 | COMPLETE ORHTODONTIC TREATMENT-ADULT DENTITION | 20% Discount |
| 2393 | RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR | \$136.00 | | MISCELLANEOUS SERVICES | |
| 2394 | RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, POSTERIOR | \$157.00 | 9110 | PALLIATIVE TREATMENT DENTAL PAIN-MINOR PROCEDURE | \$38.00 |
| 2750 | CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL | \$540.00 | 9215 | LOCAL ANESTHESIA | \$14.00 |
| 2751 2752 | CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL CROWN-PORCELAIN FUSED TO NOBLE METAL | \$491.00 | 9230 9951 | ANALGESIA OCCLUSAL ADJUSTMENT LIMITED | \$25.00 |
| 2790 | CROWN-FULL CAST HIGH NOBLE METAL | \$526.00 \$528.00 | 9952 | OCCLUSAL ADJUSTMENT COMPLETE | \$52.00 \$211.00 |
| 2791 | CROWN-FULL CAST PREDOMINANTLY BASE METAL | \$491.00 | | dule applies to services provided by a participating CARE | , |
| 2930 | | \$106.00 | | e purpose of this schedule is to establish the maximum fe | |
| | PREFABRICATED STAINLESS STEEL CROWN-PRIMARY | | | charge for each procedure. Member is responsible for all ch | |
| 2931 | PREFABRICATED STAINLESS STEEL CROWN-PERMANENT | \$120.00 | | | |
| 2950 | | | | • | _ |
| | CORE BUILDUP-INCLUDING ANY PINS | \$106.00 | of service. | Participating Specialists (Board Certified or Advanced Degre to a fee schedule. Participating Specialists will give up to a | ee) do not charge |
| 2951 | CORE BUILDUP-INCLUDING ANY PINS PIN RETENTION PER TOOTH IN ADDITION TO RESTORATION | \$106.00 \$25.00 | of service. | Participating Specialists (Board Certified or Advanced Degree | ee) do not charge 20% discount off |
| 2951 2952 | | \$106.00 | of service. | Participating Specialists (Board Certified or Advanced Degree to a fee schedule. Participating Specialists will give up to a | ee) do not charge 20% discount off |
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| 2952 | PIN RETENTION PER TOOTH IN ADDITION TO RESTORATION POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED | \$106.00 \$25.00 \$166.00 | of service. according to f their not members. *It is the N | Participating Specialists (Board Certified or Advanced Degree to a fee schedule. Participating Specialists will give up to a rmal fees. Fee schedules are subject to change without primers of the property of the property of the second | ee) do not charge 20% discount off or notification to cipating Provider |
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