



Contact Us

Business Hours: 7 a.m. - 7 p.m. CST Monday - Friday

Customer Service: (800) 290-0523

Website: www.careington.com

Mail

Careington Corp

PO Box 2568 Frisco, TX 75034

Schedule of Services

- This schedule applies to services provided by a participating Careington General Dentist. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each listed procedure. Member is responsible for all applicable charges at the time of service. Fee schedules are subject to change without prior
- **Dental procedure codes not listed on this schedule will be discounted at 20% off the General Dentist's normal fee at the time of service.**
- Participating Specialists (Board Certified or Advanced Degree) do not charge according to a fee schedule. Participating Specialists will give a 20% discount off of their normal fees.
- **Discount plans are not insurance.**

Diagnostic Services	Member Pays
D0120 Periodic oral evaluation - established patient	\$25
D0140 Limited oral evaluation - problem focused	\$40
D0150 Comprehensive oral evaluation - new or established patient	\$41
D0160 Detailed and extensive oral evaluation - problem focused, by report	\$106
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$29
D0180 Comprehensive periodontal evaluation - new or established patient	\$32
D0210 Intraoral - complete series of radiographic images	\$71
D0220 Intraoral - periapical first radiographic image	\$14
D0230 Intraoral - periapical each additional radiographic image	\$12
D0240 Intraoral - occlusal radiographic image	\$20
D0250 Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector	\$27
D0270 Bitewing - single radiographic image	\$14
D0272 Bitewings - two radiographic images	\$21
D0273 Bitewings - three radiographic images	\$26
D0274 Bitewings - four radiographic images	\$32
D0277 Vertical bitewings - 7 to 8 radiographic images	\$41
D0330 Panoramic radiographic image	\$58
D0340 2d cephalometric radiographic image - acquisition, measurement and analysis	\$71
D0350 2d oral/facial photographic image obtained intra-orally or extra-orally	\$33
D0460 Pulp vitality tests	\$28
D0470 Diagnostic casts	\$60

Preventive Services	Member Pays
D1110 Prophylaxis - adult	\$46
D1120 Prophylaxis - child	\$34
D1208 Topical application of fluoride - excluding varnish	\$20
D1330 Oral hygiene instructions	\$34
D1351 Sealant - per tooth	\$26
D1510 Space maintainer - fixed, unilateral	\$168
D1516 Space maintainer - fixed - bilateral, maxillary	20% Discount
D1520 Space maintainer - removable - unilateral	\$209
D1526 Space maintainer - removable - bilateral, maxillary	20% Discount
D1550 Re-cement or re-bond space maintainer	\$36
D1555 Removal of fixed space maintainer	20% Discount

Restorative Services	Member Pays
D2140 Amalgam - one surface, primary or permanent	\$62
D2150 Amalgam - two surfaces, primary or permanent	\$82
D2160 Amalgam - three surfaces, primary or permanent	\$98
D2161 Amalgam - four or more surfaces, primary or permanent	\$119
D2330 Resin-based composite - one surface, anterior	\$73
D2331 Resin-based composite - two surfaces, anterior	\$93
D2332 Resin-based composite - three surfaces, anterior	\$114
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$134
D2390 Resin-based composite crown, anterior	\$191
D2391 Resin-based composite - one surface, posterior	\$82
D2392 Resin-based composite - two surfaces, posterior	\$114

Restorative Services - continued	Member Pays
D2393 Resin-based composite - three surfaces, posterior	\$143
D2394 Resin-based composite - four or more surfaces, posterior	\$147
D2510 Inlay - metallic - one surface	\$343
D2520 Inlay - metallic - two surfaces	\$391
D2530 Inlay - metallic - three or more surfaces	\$451
D2542 Onlay - metallic-two surfaces	\$414
D2543 Onlay - metallic-three surfaces	\$462
D2544 Onlay - metallic-four or more surfaces	\$481
D2610 Inlay - porcelain/ceramic - one surface	\$405
D2620 Inlay - porcelain/ceramic - two surfaces	\$428
D2630 Inlay - porcelain/ceramic - three or more surfaces	\$457
D2642 Onlay - porcelain/ceramic - two surfaces	\$443
D2643 Onlay - porcelain/ceramic - three surfaces	\$477
D2644 Onlay - porcelain/ceramic - four or more surfaces	\$507
D2650 Inlay - resin-based composite - one surface	\$267
D2651 Inlay - resin-based composite - two surfaces	\$317
D2652 Inlay - resin-based composite - three or more surfaces	\$335
D2662 Onlay - resin-based composite - two surfaces	\$424
D2663 Onlay - resin-based composite - three surfaces	\$429
D2664 Onlay - resin-based composite - four or more surfaces	\$451
D2710 Crown - resin-based composite (indirect)	\$213
D2720 Crown - resin with high noble metal	\$589
D2721 Crown - resin with predominantly base metal	\$550
D2722 Crown - resin with noble metal	\$562
D2740 Crown - porcelain/ceramic	\$602
D2750 Crown - porcelain fused to high noble metal	\$594
D2751 Crown - porcelain fused to predominantly base metal	\$554
D2752 Crown - porcelain fused to noble metal	\$568
D2780 Crown - 3/4 cast high noble metal	\$582
D2781 Crown - 3/4 cast predominantly base metal	\$559
D2782 Crown - 3/4 cast noble metal	\$579
D2783 Crown - 3/4 porcelain/ceramic	\$617
D2790 Crown - full cast high noble metal	\$574
D2791 Crown - full cast predominantly base metal	\$547
D2792 Crown - full cast noble metal	\$555
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$49
D2920 Re-cement or re-bond crown	\$53
D2930 Prefabricated stainless steel crown - primary tooth	\$141
D2931 Prefabricated stainless steel crown - permanent tooth	\$159
D2932 Prefabricated resin crown	\$173
D2933 Prefabricated stainless steel crown with resin window	\$193
D2940 Protective restoration	\$55
D2950 Core buildup, including any pins when required	\$133
D2951 Pin retention - per tooth, in addition to restoration	\$28
D2952 Post and core in addition to crown, indirectly fabricated	\$205
D2953 Each additional indirectly fabricated post - same tooth	\$130
D2954 Prefabricated post and core in addition to crown	\$170
D2955 Post removal	\$128
D2957 Each additional prefabricated post - same tooth	\$61
D2960 Labial veneer (resin laminate) - chairside	\$414

Endodontic Services	Member Pays
D3110 Pulp cap - direct (excluding final restoration)	\$35
D3120 Pulp cap - indirect (excluding final restoration)	\$29
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and	\$87
D3221 Pulpal debridement, primary and permanent teeth	\$86
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$90
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$99
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	\$365
D3320 Endodontic therapy, premolar tooth (excluding final restorations)	\$446
D3330 Endodontic therapy, molar tooth (excluding final restorations)	\$576
D3331 Treatment of root canal obstruction; non-surgical access	\$226
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$209
D3333 Internal root repair of perforation defects	\$99
D3346 Retreatment of previous root canal therapy - anterior	\$491
D3347 Retreatment of previous root canal therapy - premolar	\$579
D3348 Retreatment of previous root canal therapy - molar	\$697
D3351 Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.)	\$207
D3352 Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)	\$90
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	\$306
D3410 Apicoectomy - anterior	\$417
D3421 Apicoectomy - premolar (first root)	\$457
D3425 Apicoectomy - molar (first root)	\$517
D3426 Apicoectomy (each additional root)	\$173
D3430 Retrograde filling - per root	\$128
D3450 Root amputation - per root	\$255
D3470 Intentional reimplantation (including necessary splinting)	\$511
D3910 Surgical procedure for isolation of tooth with rubber dam	\$68
D3920 Hemisection (including any root removal), not including root canal therapy	\$202
D3950 Canal preparation and fitting of preformed dowel or post	\$90

Periodontic Services	Member Pays
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$356
D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$111
D4230 Anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant	20% Discount
D4231 Anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant	20% Discount
D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$421
D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$300
D4245 Apically positioned flap	\$380
D4249 Clinical crown lengthening - hard tissue	\$480
D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$678
D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$386
D4263 Bone replacement graft - retained natural tooth - first site in quadrant	\$205
D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant	\$138
D4266 Guided tissue regeneration - resorbable barrier, per site	\$247

Periodontic Services - continued	Member Pays
D4267 Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$317
D4268 Surgical revision procedure, per tooth	\$385
D4270 Pedicle soft tissue graft procedure	\$501
D4320 Provisional splinting - intracoronal	\$226
D4321 Provisional splinting - extracoronal	\$197
D4341 Periodontal scaling and root planing - four or more teeth per quadrant	\$122
D4342 Periodontal scaling and root planing - one to three teeth per quadrant	\$59
D4355 Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$82
D4910 Periodontal maintenance	\$73
D4920 Unscheduled dressing change (by someone other than treating dentist or their staff)	\$62

Prosthodontic (removable) Services	Member Pays
D5110 Complete denture - maxillary	\$790
D5120 Complete denture - mandibular	\$790
D5130 Immediate denture - maxillary	\$862
D5140 Immediate denture - mandibular	\$862
D5211 Maxillary partial denture – resin base (including retentive/clasp materials, rests, and teeth)	\$775
D5212 Mandibular partial denture – resin base (including retentive/clasp materials, rests, and teeth)	\$775
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$872
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$872
D5281 Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$510
D5410 Adjust complete denture - maxillary	\$44
D5411 Adjust complete denture - mandibular	\$44
D5421 Adjust partial denture - maxillary	\$44
D5422 Adjust partial denture - mandibular	\$44
D5520 Replace missing or broken teeth - complete denture (each tooth)	\$72
D5611 Repair resin partial denture base, mandibular	20% Discount
D5612 Repair resin partial denture base, maxillary	20% Discount
D5621 Repair cast partial framework, mandibular	20% Discount
D5630 Repair or replace broken retentive/clasp materials - per tooth	\$122
D5640 Replace broken teeth - per tooth	\$78
D5650 Add tooth to existing partial denture	\$107
D5660 Add clasp to existing partial denture - per tooth	\$130
D5710 Rebase complete maxillary denture	\$320
D5711 Rebase complete mandibular denture	\$305
D5720 Rebase maxillary partial denture	\$303
D5721 Rebase mandibular partial denture	\$303
D5730 Reline complete maxillary denture (chairside)	\$180
D5731 Reline complete mandibular denture (chairside)	\$180
D5740 Reline maxillary partial denture (chairside)	\$166
D5741 Reline mandibular partial denture (chairside)	\$166
D5750 Reline complete maxillary denture (laboratory)	\$241
D5751 Reline complete mandibular denture (laboratory)	\$241
D5760 Reline maxillary partial denture (laboratory)	\$238
D5761 Reline mandibular partial denture (laboratory)	\$238
D5810 Interim complete denture (maxillary)	\$391
D5811 Interim complete denture (mandibular)	\$391
D5820 Interim partial denture (maxillary)	\$314
D5821 Interim partial denture (mandibular)	\$314
D5850 Tissue conditioning, maxillary	\$75
D5851 Tissue conditioning, mandibular	\$75

Implant Services	Member Pays
D6000 through D6096	20% Discount

Prosthetic (fixed) Services	Member Pays
D6210 Pontic - cast high noble metal	\$519
D6211 Pontic - cast predominantly base metal	\$486
D6212 Pontic - cast noble metal	\$507
D6240 Pontic - porcelain fused to high noble metal	\$513
D6241 Pontic - porcelain fused to predominantly base metal	\$474
D6242 Pontic - porcelain fused to noble metal	\$500
D6245 Pontic - porcelain/ceramic	\$511
D6250 Pontic - resin with high noble metal	\$507
D6251 Pontic - resin with predominantly base metal	\$468
D6252 Pontic - resin with noble metal	\$483
D6545 Retainer - cast metal for resin bonded fixed prosthesis	\$216
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$419
D6720 Retainer crown - resin with high noble metal	\$572
D6721 Retainer crown - resin with predominantly base metal	\$543
D6722 Retainer crown - resin with noble metal	\$554
D6740 Retainer crown - porcelain/ceramic	\$517
D6750 Retainer crown - porcelain fused to high noble metal	\$586
D6751 Retainer crown - porcelain fused to predominantly base metal	\$546
D6752 Retainer crown - porcelain fused to noble metal	\$559
D6780 Retainer crown - 3/4 cast high noble metal	\$554
D6781 Retainer crown - 3/4 cast predominantly base metal	\$487
D6782 Retainer crown - 3/4 cast noble metal	\$494
D6783 Retainer crown - 3/4 porcelain/ceramic	\$500
D6790 Retainer crown - full cast high noble metal	\$565
D6791 Retainer crown - full cast predominantly base metal	\$535
D6792 Retainer crown - full cast noble metal	\$556
D6930 Re-cement or re-bond fixed partial denture	\$69

Oral Surgery Services	Member Pays
D7111 Extraction, coronal remnants - deciduous tooth	\$65
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$82
D7210 Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$143
D7220 Removal of impacted tooth - soft tissue	\$159
D7230 Removal of impacted tooth - partially bony	\$213
D7240 Removal of impacted tooth - completely bony	\$249
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications	\$313
D7250 Removal of residual tooth roots (cutting procedure)	\$134
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$274
D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$311
D7280 Exposure of an unerupted tooth	\$299
D7285 Incisional biopsy of oral tissue-hard (bone, tooth)	\$486
D7286 Incisional biopsy of oral tissue-soft	\$217
D7310 Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$148
D7320 Alveoplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	\$377
D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$433
D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$680
D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$433
D7461 Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$680
D7510 Incision and drainage of abscess - intraoral soft tissue	\$142
D7910 Suture of recent small wounds up to 5 cm	\$199
D7911 Complicated suture - up to 5 cm	\$496
D7912 Complicated suture - greater than 5 cm	\$706
D7951 Sinus augmentation with bone or bone substitutes via a lateral open approach	20% Discount

Oral Surgery Services - cont.	Member Pays
D7960 Frenulectomy - also known as frenectomy or frenotomy -	\$254
D7970 Excision of hyperplastic tissue - per arch	\$323
D7971 Excision of pericoronal gingiva	\$102

Orthodontic Services	Member Pays
D8010 Limited orthodontic treatment of the primary dentition	20% Discount
D8020 Limited orthodontic treatment of the transitional dentition	20% Discount
D8030 Limited orthodontic treatment of the adolescent dentition	20% Discount
D8040 Limited orthodontic treatment of the adult dentition	20% Discount
D8050 Interceptive orthodontic treatment of the primary dentition	20% Discount
D8060 Interceptive orthodontic treatment of the transitional dentition	20% Discount
D8070 Comprehensive orthodontic treatment of the transitional dentition	20% Discount
D8080 Comprehensive orthodontic treatment of the adolescent dentition	20% Discount
D8090 Comprehensive orthodontic treatment of the adult dentition	20% Discount
D8210 Removable appliance therapy	20% Discount
D8660 Pre-orthodontic treatment examination to monitor growth	20% Discount

Adjunctive Services	Member Pays
D9110 Palliative (emergency) treatment of dental pain - minor	\$50
D9120 Fixed partial denture sectioning	20% Discount
D9211 Regional block anesthesia	\$23
D9215 Local anesthesia in conjunction with operative or surgical procedures	\$16
D9230 Inhalation of nitrous oxide / anxiolysis, analgesia	\$27
D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$107
D9410 House/extended care facility call	\$143
D9420 Hospital or ambulatory surgical center call	\$194
D9430 Office visit for observation (during regularly scheduled hours) -	\$36
D9440 Office visit - after regularly scheduled hours	\$64
D9910 Application of desensitizing medicament	\$23
D9911 Application of desensitizing resin for cervical and/or root surface, per tooth	\$33
D9950 Occlusion analysis - mounted case	\$143
D9951 Occlusal adjustment - limited	\$64
D9952 Occlusal adjustment - complete	\$365
D9970 Enamel microabrasion	\$47

Exclusions and Limitations

1. If the General Dentist's normal fee for any dental procedure is less than the fee listed on this schedule, the dentist will charge 20% off of their normal fee for that dental procedure.
2. Any procedure involving lab and OSHA fees will incur additional costs. All applicable lab and OSHA fees are the full responsibility of the member and are subject to no discount.
3. Fees subject to change.
4. **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 Corporation, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.**
5. It is the Member's responsibility to verify that the dentist is a participating Provider before seeking any treatment. Any dental procedures performed by a non-participating dentist are not discounted and are charged at the dentist's normal fees.
6. 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.
7. Careington can not 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.
8. Fee schedules are determined by the zip code of the participating provider.