



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 | \$33 |
| D0140 Limited oral evaluation - problem focused | \$56 |
| D0150 Comprehensive oral evaluation - new or established patient | \$58 |
| D0160 Detailed and extensive oral evaluation - problem focused, by report | \$146 |
| D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit) | \$41 |
| D0180 Comprehensive periodontal evaluation - new or established patient | \$45 |
| D0210 Intraoral - complete series of radiographic images | \$98 |
| D0220 Intraoral - periapical first radiographic image | \$19 |
| D0230 Intraoral - periapical each additional radiographic image | \$15 |
| D0240 Intraoral - occlusal radiographic image | \$27 |
| D0250 Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector | \$36 |
| D0270 Bitewing - single radiographic image | \$19 |
| D0272 Bitewings - two radiographic images | \$29 |
| D0273 Bitewings - three radiographic images | \$36 |
| D0274 Bitewings - four radiographic images | \$43 |
| D0277 Vertical bitewings - 7 to 8 radiographic images | \$57 |
| D0330 Panoramic radiographic image | \$78 |
| D0340 2d cephalometric radiographic image - acquisition, measurement and analysis | \$98 |
| D0350 2d oral/facial photographic image obtained intra-orally or extra-orally | \$45 |
| D0460 Pulp vitality tests | \$39 |
| D0470 Diagnostic casts | \$82 |

| Preventive Services | Member Pays |
|---|--------------|
| D1110 Prophylaxis - adult | \$63 |
| D1120 Prophylaxis - child | \$46 |
| D1208 Topical application of fluoride - excluding varnish | \$27 |
| D1330 Oral hygiene instructions | \$47 |
| D1351 Sealant - per tooth | \$36 |
| D1510 Space maintainer - fixed, unilateral | \$231 |
| D1516 Space maintainer - fixed - bilateral, maxillary | 20% Discount |
| D1520 Space maintainer - removable - unilateral | \$288 |
| D1526 Space maintainer - removable - bilateral, maxillary | 20% Discount |
| D1550 Re-cement or re-bond space maintainer | \$49 |
| D1555 Removal of fixed space maintainer | 20% Discount |

| Restorative Services | Member Pays |
|---|-------------|
| D2140 Amalgam - one surface, primary or permanent | \$86 |
| D2150 Amalgam - two surfaces, primary or permanent | \$111 |
| D2160 Amalgam - three surfaces, primary or permanent | \$134 |
| D2161 Amalgam - four or more surfaces, primary or permanent | \$164 |
| D2330 Resin-based composite - one surface, anterior | \$100 |
| D2331 Resin-based composite - two surfaces, anterior | \$129 |
| D2332 Resin-based composite - three surfaces, anterior | \$158 |
| D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior) | \$186 |
| D2390 Resin-based composite crown, anterior | \$264 |
| D2391 Resin-based composite - one surface, posterior | \$114 |
| D2392 Resin-based composite - two surfaces, posterior | \$157 |

| Restorative Services - continued | Member Pays |
|---|-------------|
| D2393 Resin-based composite - three surfaces, posterior | \$193 |
| D2394 Resin-based composite - four or more surfaces, posterior | \$204 |
| D2510 Inlay - metallic - one surface | \$473 |
| D2520 Inlay - metallic - two surfaces | \$538 |
| D2530 Inlay - metallic - three or more surfaces | \$620 |
| D2542 Onlay - metallic-two surfaces | \$569 |
| D2543 Onlay - metallic-three surfaces | \$637 |
| D2544 Onlay - metallic-four or more surfaces | \$663 |
| D2610 Inlay - porcelain/ceramic - one surface | \$558 |
| D2620 Inlay - porcelain/ceramic - two surfaces | \$589 |
| D2630 Inlay - porcelain/ceramic - three or more surfaces | \$627 |
| D2642 Onlay - porcelain/ceramic - two surfaces | \$609 |
| D2643 Onlay - porcelain/ceramic - three surfaces | \$657 |
| D2644 Onlay - porcelain/ceramic - four or more surfaces | \$698 |
| D2650 Inlay - resin-based composite - one surface | \$367 |
| D2651 Inlay - resin-based composite - two surfaces | \$436 |
| D2652 Inlay - resin-based composite - three or more surfaces | \$459 |
| D2662 Onlay - resin-based composite - two surfaces | \$582 |
| D2663 Onlay - resin-based composite - three surfaces | \$591 |
| D2664 Onlay - resin-based composite - four or more surfaces | \$620 |
| D2710 Crown - resin-based composite (indirect) | \$294 |
| D2720 Crown - resin with high noble metal | \$809 |
| D2721 Crown - resin with predominantly base metal | \$759 |
| D2722 Crown - resin with noble metal | \$774 |
| D2740 Crown - porcelain/ceramic | \$826 |
| D2750 Crown - porcelain fused to high noble metal | \$819 |
| D2751 Crown - porcelain fused to predominantly base metal | \$762 |
| D2752 Crown - porcelain fused to noble metal | \$779 |
| D2780 Crown - 3/4 cast high noble metal | \$800 |
| D2781 Crown - 3/4 cast predominantly base metal | \$768 |
| D2782 Crown - 3/4 cast noble metal | \$797 |
| D2783 Crown - 3/4 porcelain/ceramic | \$849 |
| D2790 Crown - full cast high noble metal | \$789 |
| D2791 Crown - full cast predominantly base metal | \$752 |
| D2792 Crown - full cast noble metal | \$763 |
| D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$69 |
| D2920 Re-cement or re-bond crown | \$71 |
| D2930 Prefabricated stainless steel crown - primary tooth | \$192 |
| D2931 Prefabricated stainless steel crown - permanent tooth | \$218 |
| D2932 Prefabricated resin crown | \$238 |
| D2933 Prefabricated stainless steel crown with resin window | \$266 |
| D2940 Protective restoration | \$73 |
| D2950 Core buildup, including any pins when required | \$183 |
| D2951 Pin retention - per tooth, in addition to restoration | \$39 |
| D2952 Post and core in addition to crown, indirectly fabricated | \$280 |
| D2953 Each additional indirectly fabricated post - same tooth | \$178 |
| D2954 Prefabricated post and core in addition to crown | \$233 |
| D2955 Post removal | \$175 |
| D2957 Each additional prefabricated post - same tooth | \$86 |
| D2960 Labial veneer (resin laminate) - chairside | \$569 |

| Endodontic Services | Member Pays |
|--|-------------|
| D3110 Pulp cap - direct (excluding final restoration) | \$50 |
| D3120 Pulp cap - indirect (excluding final restoration) | \$40 |
| D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and | \$119 |
| D3221 Pulpal debridement, primary and permanent teeth | \$118 |
| D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | \$124 |
| D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | \$134 |
| D3310 Endodontic therapy, anterior tooth (excluding final restoration) | \$501 |
| D3320 Endodontic therapy, premolar tooth (excluding final restorations) | \$613 |
| D3330 Endodontic therapy, molar tooth (excluding final restorations) | \$791 |
| D3331 Treatment of root canal obstruction; non-surgical access | \$274 |
| D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | \$255 |
| D3333 Internal root repair of perforation defects | \$134 |
| D3346 Retreatment of previous root canal therapy - anterior | \$676 |
| D3347 Retreatment of previous root canal therapy - premolar | \$797 |
| D3348 Retreatment of previous root canal therapy - molar | \$958 |
| D3351 Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.) | \$283 |
| D3352 Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.) | \$123 |
| D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.) | \$421 |
| D3410 Apicoectomy - anterior | \$574 |
| D3421 Apicoectomy - premolar (first root) | \$627 |
| D3425 Apicoectomy - molar (first root) | \$710 |
| D3426 Apicoectomy (each additional root) | \$237 |
| D3430 Retrograde filling - per root | \$174 |
| D3450 Root amputation - per root | \$353 |
| D3470 Intentional reimplantation (including necessary splinting) | \$703 |
| D3910 Surgical procedure for isolation of tooth with rubber dam | \$92 |
| D3920 Hemisection (including any root removal), not including root canal therapy | \$276 |
| D3950 Canal preparation and fitting of preformed dowel or post | \$124 |

| Periodontic Services | Member Pays |
|---|--------------|
| D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | \$491 |
| D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | \$164 |
| 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 | \$578 |
| D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | \$421 |
| D4245 Apically positioned flap | \$523 |
| D4249 Clinical crown lengthening - hard tissue | \$659 |
| D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | \$931 |
| D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | \$540 |
| D4263 Bone replacement graft - retained natural tooth - first site in quadrant | \$281 |
| D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant | \$191 |
| D4266 Guided tissue regeneration - resorbable barrier, per site | \$340 |

| Periodontic Services - continued | Member Pays |
|--|-------------|
| D4267 Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal) | \$436 |
| D4268 Surgical revision procedure, per tooth | \$529 |
| D4270 Pedicle soft tissue graft procedure | \$691 |
| D4320 Provisional splinting - intracoronal | \$311 |
| D4321 Provisional splinting - extracoronal | \$271 |
| D4341 Periodontal scaling and root planing - four or more teeth per quadrant | \$167 |
| D4342 Periodontal scaling and root planing - one to three teeth per quadrant | \$84 |
| D4355 Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit | \$113 |
| D4910 Periodontal maintenance | \$101 |
| D4920 Unscheduled dressing change (by someone other than treating dentist or their staff) | \$87 |

| Prosthodontic (removable) Services | Member Pays |
|---|--------------|
| D5110 Complete denture - maxillary | \$1,087 |
| D5120 Complete denture - mandibular | \$1,087 |
| D5130 Immediate denture - maxillary | \$1,184 |
| D5140 Immediate denture - mandibular | \$1,184 |
| D5211 Maxillary partial denture – resin base (including retentive/clasp materials, rests, and teeth) | \$1,064 |
| D5212 Mandibular partial denture – resin base (including retentive/clasp materials, rests, and teeth) | \$1,064 |
| D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$1,200 |
| D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$1,200 |
| D5281 Removable unilateral partial denture - one piece cast metal (including clasps and teeth) | \$700 |
| D5410 Adjust complete denture - maxillary | \$59 |
| D5411 Adjust complete denture - mandibular | \$59 |
| D5421 Adjust partial denture - maxillary | \$59 |
| D5422 Adjust partial denture - mandibular | \$59 |
| D5520 Replace missing or broken teeth - complete denture (each tooth) | \$100 |
| 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 | \$168 |
| D5640 Replace broken teeth - per tooth | \$108 |
| D5650 Add tooth to existing partial denture | \$148 |
| D5660 Add clasp to existing partial denture - per tooth | \$178 |
| D5710 Rebase complete maxillary denture | \$440 |
| D5711 Rebase complete mandibular denture | \$421 |
| D5720 Rebase maxillary partial denture | \$416 |
| D5721 Rebase mandibular partial denture | \$416 |
| D5730 Reline complete maxillary denture (chairside) | \$250 |
| D5731 Reline complete mandibular denture (chairside) | \$250 |
| D5740 Reline maxillary partial denture (chairside) | \$227 |
| D5741 Reline mandibular partial denture (chairside) | \$227 |
| D5750 Reline complete maxillary denture (laboratory) | \$330 |
| D5751 Reline complete mandibular denture (laboratory) | \$330 |
| D5760 Reline maxillary partial denture (laboratory) | \$327 |
| D5761 Reline mandibular partial denture (laboratory) | \$327 |
| D5810 Interim complete denture (maxillary) | \$536 |
| D5811 Interim complete denture (mandibular) | \$536 |
| D5820 Interim partial denture (maxillary) | \$431 |
| D5821 Interim partial denture (mandibular) | \$431 |
| D5850 Tissue conditioning, maxillary | \$104 |
| D5851 Tissue conditioning, mandibular | \$104 |

| Implant Services | Member Pays |
|---------------------|--------------|
| D6000 through D6096 | 20% Discount |

| Prosthetic (fixed) Services | Member Pays |
|--|-------------|
| D6210 Pontic - cast high noble metal | \$715 |
| D6211 Pontic - cast predominantly base metal | \$670 |
| D6212 Pontic - cast noble metal | \$697 |
| D6240 Pontic - porcelain fused to high noble metal | \$652 |
| D6241 Pontic - porcelain fused to predominantly base metal | \$688 |
| D6242 Pontic - porcelain fused to noble metal | \$702 |
| D6245 Pontic - porcelain/ceramic | \$702 |
| D6250 Pontic - resin with high noble metal | \$697 |
| D6251 Pontic - resin with predominantly base metal | \$643 |
| D6252 Pontic - resin with noble metal | \$664 |
| D6545 Retainer - cast metal for resin bonded fixed prosthesis | \$296 |
| D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis | \$488 |
| D6720 Retainer crown - resin with high noble metal | \$786 |
| D6721 Retainer crown - resin with predominantly base metal | \$747 |
| D6722 Retainer crown - resin with noble metal | \$760 |
| D6740 Retainer crown - porcelain/ceramic | \$711 |
| D6750 Retainer crown - porcelain fused to high noble metal | \$807 |
| D6751 Retainer crown - porcelain fused to predominantly base metal | \$752 |
| D6752 Retainer crown - porcelain fused to noble metal | \$770 |
| D6780 Retainer crown - 3/4 cast high noble metal | \$760 |
| D6781 Retainer crown - 3/4 cast predominantly base metal | \$671 |
| D6782 Retainer crown - 3/4 cast noble metal | \$678 |
| D6783 Retainer crown - 3/4 porcelain/ceramic | \$689 |
| D6790 Retainer crown - full cast high noble metal | \$778 |
| D6791 Retainer crown - full cast predominantly base metal | \$737 |
| D6792 Retainer crown - full cast noble metal | \$764 |
| D6930 Re-cement or re-bond fixed partial denture | \$94 |

| Oral Surgery Services | Member Pays |
|---|--------------|
| D7111 Extraction, coronal remnants - deciduous tooth | \$92 |
| D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$111 |
| D7210 Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$196 |
| D7220 Removal of impacted tooth - soft tissue | \$219 |
| D7230 Removal of impacted tooth - partially bony | \$293 |
| D7240 Removal of impacted tooth - completely bony | \$342 |
| D7241 Removal of impacted tooth - completely bony, with unusual surgical complications | \$431 |
| D7250 Removal of residual tooth roots (cutting procedure) | \$185 |
| D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$376 |
| D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | \$428 |
| D7280 Exposure of an unerupted tooth | \$413 |
| D7285 Incisional biopsy of oral tissue-hard (bone, tooth) | \$668 |
| D7286 Incisional biopsy of oral tissue-soft | \$299 |
| D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$204 |
| D7320 Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant | \$477 |
| D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | \$595 |
| D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$936 |
| D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm | \$595 |
| D7461 Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$936 |
| D7510 Incision and drainage of abscess - intraoral soft tissue | \$195 |
| D7910 Suture of recent small wounds up to 5 cm | \$274 |
| D7911 Complicated suture - up to 5 cm | \$680 |
| D7912 Complicated suture - greater than 5 cm | \$971 |
| 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 - | \$324 |
| D7970 Excision of hyperplastic tissue - per arch | \$441 |
| D7971 Excision of pericoronal gingiva | \$141 |

| 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 | \$70 |
| D9120 Fixed partial denture sectioning | 20% Discount |
| D9211 Regional block anesthesia | \$32 |
| D9215 Local anesthesia in conjunction with operative or surgical procedures | \$21 |
| D9230 Inhalation of nitrous oxide / anxiolysis, analgesia | \$39 |
| D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | \$147 |
| D9410 House/extended care facility call | \$194 |
| D9420 Hospital or ambulatory surgical center call | \$268 |
| D9430 Office visit for observation (during regularly scheduled hours) - | \$49 |
| D9440 Office visit - after regularly scheduled hours | \$89 |
| D9910 Application of desensitizing medicament | \$32 |
| D9911 Application of desensitizing resin for cervical and/or root surface, per tooth | \$45 |
| D9950 Occlusion analysis - mounted case | \$195 |
| D9951 Occlusal adjustment - limited | \$88 |
| D9952 Occlusal adjustment - complete | \$500 |
| D9970 Enamel microabrasion | \$61 |

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.