

Important Please Read

- ✓ 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 notification to members.
- ✓ **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 Procedures

| CDT Code | Procedure | Member Pays |
|----------|---|-------------|
| D0120 | periodic oral evaluation - established patient | 40.00 |
| D0140 | limited oral evaluation - problem focused | 64.00 |
| D0150 | comprehensive oral evaluation - new or established patient | 65.00 |
| D0160 | detailed and extensive oral evaluation - problem focused. by report | 172.00 |
| D0170 | re-evaluation - limited. problem focused (established patient; not post-operative visit) | 47.00 |
| D0180 | comprehensive periodontal evaluation - new or established patient | 55.00 |
| D0210 | intraoral - comprehensive series of radiographic images | 117.00 |
| D0220 | intraoral - periapical first radiographic image | 21.00 |
| D0230 | intraoral - periapical each additional radiographic image | 17.00 |
| D0240 | intraoral - occlusal radiographic image | 33.00 |
| D0250 | extra-oral - 2D projection radiographic image created using a stationary radiation source. and detector | 44.00 |
| D0270 | bitewing - single radiographic image | 24.00 |
| D0272 | bitewings - two radiographic images | 35.00 |
| D0273 | bitewings - three radiographic images | 43.00 |
| D0274 | bitewings - four radiographic images | 49.00 |
| D0277 | vertical bitewings - 7 to 8 radiographic images | 64.00 |
| D0330 | panoramic radiographic image | 94.00 |
| D0340 | 2D cephalometric radiographic image - acquisition. measurement and analysis | 117.00 |
| D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally | 55.00 |
| D0460 | pulp vitality tests | 46.00 |
| D0470 | diagnostic casts | 97.00 |

Preventive Services

| CDT Code | Procedure | Member Pays |
|----------|---|--------------|
| D1110 | prophylaxis - adult | 76.00 |
| D1120 | prophylaxis - child | 56.00 |
| D1208 | topical application of fluoride - excluding varnish | 33.00 |
| D1330 | oral hygiene instructions | 57.00 |
| D1351 | sealant - per tooth | 43.00 |
| D1510 | space maintainer - fixed. unilateral - per quadrant | 274.00 |
| D1516 | space maintainer - fixed - bilateral. maxillary | 20% Discount |
| D1520 | space maintainer - removable. unilateral - per quadrant | 340.00 |

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| D1526 | space maintainer - removable - bilateral. maxillary | 20% Discount |
| D1551 | re-cement or re-bond bilateral space maintainer - maxillary | 20% Discount |
| D1552 | re-cement or re-bond bilateral space maintainer - mandibular | 20% Discount |

Restorative Services

| CDT Code | Procedure | Member Pays |
|----------|---|-------------|
| D2140 | amalgam - one surface. primary or permanent | 101.00 |
| D2150 | amalgam - two surfaces. primary or permanent | 131.00 |
| D2160 | amalgam - three surfaces. primary or permanent | 159.00 |
| D2161 | amalgam - four or more surfaces. primary or permanent | 193.00 |
| D2330 | resin-based composite - one surface. anterior | 119.00 |
| D2331 | resin-based composite - two surfaces. anterior | 152.00 |
| D2332 | resin-based composite - three surfaces. anterior | 186.00 |
| D2335 | resin-based composite - four or more surfaces or involving incisal angle (anterior) | 219.00 |
| D2390 | resin-based composite crown. anterior | 311.00 |
| D2391 | resin-based composite - one surface. posterior | 133.00 |
| D2392 | resin-based composite - two surfaces. posterior | 183.00 |
| D2393 | resin-based composite - three surfaces. posterior | 229.00 |
| D2394 | resin-based composite - four or more surfaces. posterior | 239.00 |
| D2510 | inlay - metallic - one surface | 560.00 |
| D2520 | inlay - metallic - two surfaces | 635.00 |
| D2530 | inlay - metallic - three or more surfaces | 732.00 |
| D2542 | onlay - metallic - two surfaces | 671.00 |
| D2543 | onlay - metallic - three surfaces | 752.00 |
| D2544 | onlay - metallic - four or more surfaces | 783.00 |
| D2610 | inlay - porcelain/ceramic - one surface | 659.00 |
| D2620 | inlay - porcelain/ceramic - two surfaces | 697.00 |
| D2630 | inlay - porcelain/ceramic - three or more surfaces | 740.00 |
| D2642 | onlay - porcelain/ceramic - two surfaces | 722.00 |
| D2643 | onlay - porcelain/ceramic - three surfaces | 776.00 |
| D2644 | onlay - porcelain/ceramic - four or more surfaces | 825.00 |
| D2650 | inlay - resin-based composite - one surface | 433.00 |
| D2651 | inlay - resin-based composite - two surfaces | 517.00 |
| D2652 | inlay - resin-based composite - three or more surfaces | 544.00 |
| D2662 | onlay - resin-based composite - two surfaces | 687.00 |
| D2663 | onlay - resin-based composite - three surfaces | 700.00 |

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|-------|---|----------|
| D2664 | onlay - resin-based composite - four or more surfaces | 735.00 |
| D2710 | crown - resin-based composite (indirect) | 347.00 |
| D2720 | crown - resin with high noble metal | 955.00 |
| D2721 | crown - resin with predominantly base metal | 895.00 |
| D2722 | crown - resin with noble metal | 915.00 |
| D2740 | crown - porcelain/ceramic | 977.00 |
| D2750 | crown - porcelain fused to high noble metal | 967.00 |
| D2751 | crown - porcelain fused to predominantly base metal | 900.00 |
| D2752 | crown - porcelain fused to noble metal | 921.00 |
| D2780 | crown - 3/4 cast high noble metal | 946.00 |
| D2781 | crown - 3/4 cast predominantly base metal | 909.00 |
| D2782 | crown - 3/4 cast noble metal | 943.00 |
| D2783 | crown - 3/4 porcelain/ceramic | 1,003.00 |
| D2790 | crown - full cast high noble metal | 931.00 |
| D2791 | crown - full cast predominantly base metal | 888.00 |
| D2792 | crown - full cast noble metal | 901.00 |
| D2910 | re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | 80.00 |
| D2920 | re-cement or re-bond crown | 85.00 |
| D2930 | prefabricated stainless steel crown - primary tooth | 227.00 |
| D2931 | prefabricated stainless steel crown - permanent tooth | 256.00 |
| D2932 | prefabricated resin crown | 280.00 |
| D2933 | prefabricated stainless steel crown with resin window | 314.00 |
| D2940 | protective restoration | 87.00 |
| D2950 | core buildup, including any pins when required | 218.00 |
| D2951 | pin retention - per tooth, in addition to restoration | 45.00 |
| D2952 | post and core in addition to crown, indirectly fabricated | 332.00 |
| D2953 | each additional indirectly fabricated post - same tooth | 209.00 |
| D2954 | prefabricated post and core in addition to crown | 276.00 |
| D2955 | post removal | 206.00 |
| D2957 | each additional prefabricated post - same tooth | 100.00 |
| D2960 | labial veneer (resin laminate) - direct | 673.00 |

Endodontic Services

| CDT Code | Procedure | Member Pays |
|----------|---|-------------|
| D3110 | pulp cap - direct (excluding final restoration) | 60.00 |
| D3120 | pulp cap - indirect (excluding final restoration) | 47.00 |
| D3220 | therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | 141.00 |
| D3221 | pulpal debridement, primary and permanent teeth | 138.00 |
| D3230 | pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | 148.00 |
| D3240 | pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | 160.00 |
| D3310 | endodontic therapy, anterior tooth (excluding final restoration) | 592.00 |
| D3320 | endodontic therapy, premolar tooth (excluding final restoration) | 725.00 |

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| D3330 | endodontic therapy, molar tooth (excluding final restoration) | 936.00 |
| D3331 | treatment of root canal obstruction; non-surgical access | 279.00 |
| D3332 | incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | 263.00 |
| D3333 | internal root repair of perforation defects | 160.00 |
| D3346 | retreatment of previous root canal therapy - anterior | 798.00 |
| D3347 | retreatment of previous root canal therapy - premolar | 941.00 |
| D3348 | retreatment of previous root canal therapy - molar | 1,131.00 |
| D3351 | apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.) | 337.00 |
| D3352 | apexification/recalcification - interim medication replacement | 147.00 |
| D3353 | apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | 496.00 |
| D3410 | apicoectomy - anterior | 679.00 |
| D3421 | apicoectomy - premolar (first root) | 741.00 |
| D3425 | apicoectomy - molar (first root) | 838.00 |
| D3426 | apicoectomy (each additional root) | 279.00 |
| D3430 | retrograde filling - per root | 206.00 |
| D3450 | root amputation - per root | 416.00 |
| D3470 | intentional reimplantation (including necessary splinting) | 829.00 |
| D3910 | surgical procedure for isolation of tooth with rubber dam | 108.00 |
| D3920 | hemisection (including any root removal), not including root canal therapy | 326.00 |
| D3950 | canal preparation and fitting of preformed dowel or post | 148.00 |

Periodontic Services

| CDT Code | Procedure | Member Pays |
|----------|---|--------------|
| D4210 | gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | 579.00 |
| D4211 | gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | 207.00 |
| 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 | 682.00 |
| D4241 | gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | 500.00 |
| D4245 | apically positioned flap | 618.00 |
| D4249 | clinical crown lengthening - hard tissue | 779.00 |
| D4260 | osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | 1,101.00 |
| D4261 | osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | 642.00 |
| D4263 | bone replacement graft - retained natural tooth - first site in quadrant | 332.00 |
| D4264 | bone replacement graft - retained natural tooth - each additional site in quadrant | 223.00 |

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|-------|---|--------------|
| D4266 | guided tissue regeneration. natural teeth - resorbable barrier. per site | 401.00 |
| D4267 | guided tissue regeneration. natural teeth - non-resorbable barrier. per site | 517.00 |
| D4268 | surgical revision procedure. per tooth | 623.00 |
| D4270 | pedicle soft tissue graft procedure | 815.00 |
| D4322 | splint - intra-coronal; natural teeth or prosthetic crowns | 20% Discount |
| D4323 | splint - extra-coronal; natural teeth or prosthetic crowns | 20% Discount |
| D4341 | periodontal scaling and root planing - four or more teeth per quadrant | 197.00 |
| D4342 | periodontal scaling and root planing - one to three teeth per quadrant | 99.00 |
| D4355 | full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit | 132.00 |
| D4910 | periodontal maintenance | 120.00 |
| D4920 | unscheduled dressing change (by someone other than treating dentist or their staff) | 102.00 |

Prosthodontic Services (removable)

| CDT Code | Procedure | Member Pays |
|----------|--|--------------|
| D5110 | complete denture - maxillary | 1,283.00 |
| D5120 | complete denture - mandibular | 1,283.00 |
| D5130 | immediate denture - maxillary | 1,398.00 |
| D5140 | immediate denture - mandibular | 1,398.00 |
| D5211 | maxillary partial denture - resin base (including. retentive/ clasping materials. rests. and teeth) | 1,259.00 |
| D5212 | mandibular partial denture - resin base (including. retentive/ clasping materials. rests. and teeth) | 1,259.00 |
| D5213 | maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials. rests and teeth) | 1,417.00 |
| D5214 | mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials. rests and teeth) | 1,417.00 |
| D5282 | removable unilateral partial denture - one piece cast metal (including retentive/clasping materials. rests. and teeth). maxillary | 20% Discount |
| D5410 | adjust complete denture - maxillary | 71.00 |
| D5411 | adjust complete denture - mandibular | 71.00 |
| D5421 | adjust partial denture - maxillary | 71.00 |
| D5422 | adjust partial denture - mandibular | 71.00 |
| D5520 | replace missing or broken teeth - complete denture (each tooth) | 118.00 |
| 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 clasping materials - per tooth | 199.00 |

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| D5640 | replace broken teeth - per tooth | 129.00 |
| D5650 | add tooth to existing partial denture | 175.00 |
| D5660 | add clasp to existing partial denture - per tooth | 210.00 |
| D5710 | rebase complete maxillary denture | 521.00 |
| D5711 | rebase complete mandibular denture | 497.00 |
| D5720 | rebase maxillary partial denture | 492.00 |
| D5721 | rebase mandibular partial denture | 492.00 |
| D5730 | reline complete maxillary denture (direct) | 294.00 |
| D5731 | reline complete mandibular denture (direct) | 294.00 |
| D5740 | reline maxillary partial denture (direct) | 269.00 |
| D5741 | reline mandibular partial denture (direct) | 269.00 |
| D5750 | reline complete maxillary denture (indirect) | 392.00 |
| D5751 | reline complete mandibular denture (indirect) | 392.00 |
| D5760 | reline maxillary partial denture (indirect) | 387.00 |
| D5761 | reline mandibular partial denture (indirect) | 387.00 |
| D5810 | interim complete denture (maxillary) | 634.00 |
| D5811 | interim complete denture (mandibular) | 634.00 |
| D5820 | interim partial denture (including retentive/clasping materials. rests. and teeth). maxillary | 510.00 |
| D5821 | interim partial denture (including retentive/clasping materials. rests. and teeth). mandibular | 20% Discount |
| D5850 | tissue conditioning. maxillary | 122.00 |
| D5851 | tissue conditioning. mandibular | 122.00 |

Implant Services

| CDT Code | Procedure | Member Pays |
|---------------|---|--------------|
| D6000 - D6199 | All procedures in the implant services section D6000 to D6199 | 20% Discount |

Prosthodontic Services (fixed)

| CDT Code | Procedure | Member Pays |
|----------|--|-------------|
| D6210 | pontic - cast high noble metal | 844.00 |
| D6211 | pontic - cast predominantly base metal | 792.00 |
| D6212 | pontic - cast noble metal | 824.00 |
| D6240 | pontic - porcelain fused to high noble metal | 771.00 |
| D6241 | pontic - porcelain fused to predominantly base metal | 812.00 |
| D6242 | pontic - porcelain fused to noble metal | 828.00 |
| D6245 | pontic - porcelain/ceramic | 828.00 |
| D6250 | pontic - resin with high noble metal | 824.00 |
| D6251 | pontic - resin with predominantly base metal | 760.00 |
| D6252 | pontic - resin with noble metal | 784.00 |
| D6545 | retainer - cast metal for resin bonded fixed prosthesis | 352.00 |
| D6548 | retainer - porcelain/ceramic for resin bonded fixed prosthesis | 516.00 |
| D6720 | retainer crown - resin with high noble metal | 930.00 |
| D6721 | retainer crown - resin with predominantly base metal | 883.00 |
| D6722 | retainer crown - resin with noble metal | 898.00 |
| D6740 | retainer crown - porcelain/ceramic | 840.00 |

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| D6750 | retainer crown - porcelain fused to high noble metal | 953.00 |
| D6751 | retainer crown - porcelain fused to predominantly base metal | 887.00 |
| D6752 | retainer crown - porcelain fused to noble metal | 910.00 |
| D6780 | retainer crown - 3/4 cast high noble metal | 898.00 |
| D6781 | retainer crown - 3/4 cast predominantly base metal | 794.00 |
| D6782 | retainer crown - 3/4 cast noble metal | 799.00 |
| D6783 | retainer crown - 3/4 porcelain/ceramic | 813.00 |
| D6790 | retainer crown - full cast high noble metal | 918.00 |
| D6791 | retainer crown - full cast predominantly base metal | 871.00 |
| D6792 | retainer crown - full cast noble metal | 903.00 |
| D6930 | re-cement or re-bond fixed partial denture | 112.00 |

Oral Surgery Services

| CDT Code | Procedure | Member Pays |
|----------|---|-------------|
| D7111 | extraction. coronal remnants - primary tooth | 111.00 |
| D7140 | extraction. erupted tooth or exposed root (elevation and/or forceps removal) | 131.00 |
| D7210 | extraction. erupted tooth requiring removal of bone and/or sectioning of tooth. and including elevation of mucoperiosteal flap if indicated | 231.00 |
| D7220 | removal of impacted tooth - soft tissue | 259.00 |
| D7230 | removal of impacted tooth - partially bony | 343.00 |
| D7240 | removal of impacted tooth - completely bony | 403.00 |
| D7241 | removal of impacted tooth - completely bony. with unusual surgical complications | 510.00 |
| D7250 | removal of residual tooth roots (cutting procedure) | 218.00 |
| D7270 | tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | 445.00 |
| D7272 | tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | 504.00 |
| D7280 | exposure of an unerupted tooth | 486.00 |
| D7285 | incisional biopsy of oral tissue-hard (bone. tooth) | 790.00 |
| D7286 | incisional biopsy of oral tissue-soft | 354.00 |
| D7310 | alveoplasty in conjunction with extractions - four or more teeth or tooth spaces. per quadrant | 240.00 |
| D7320 | alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces. per quadrant | 498.00 |
| D7450 | removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | 704.00 |
| D7451 | removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | 1,106.00 |
| D7460 | removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm | 704.00 |

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| D7461 | removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm | 1,106.00 |
| D7510 | incision and drainage of abscess - intraoral soft tissue | 231.00 |
| D7910 | suture of recent small wounds up to 5 cm | 323.00 |
| D7911 | complicated suture - up to 5 cm | 804.00 |
| D7912 | complicated suture - greater than 5 cm | 1,071.00 |
| D7951 | sinus augmentation with bone or bone substitutes via a lateral open approach | 20% Discount |
| D7970 | excision of hyperplastic tissue - per arch | 523.00 |
| D7971 | excision of pericoronal gingiva | 167.00 |

Orthodontic Services

| CDT Code | Procedure | Member Pays |
|---------------|---|--------------|
| D8010 - D8999 | All procedures in the orthodontic services section D8010 to D8999 | 20% Discount |

Adjunctive Services

| CDT Code | Procedure | Member Pays |
|----------|---|--------------|
| D9110 | palliative treatment of dental pain - per visit | 83.00 |
| D9120 | fixed partial denture sectioning | 20% Discount |
| D9211 | regional block anesthesia | 38.00 |
| D9215 | local anesthesia in conjunction with operative or surgical procedures | 26.00 |
| D9230 | inhalation of nitrous oxide/analgesia. anxiolysis | 45.00 |
| D9310 | consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | 174.00 |
| D9410 | house/extended care facility call | 231.00 |
| D9420 | hospital or ambulatory surgical center call | 317.00 |
| D9430 | office visit for observation (during regularly scheduled hours) - no other services performed | 59.00 |
| D9440 | office visit - after regularly scheduled hours | 106.00 |
| D9910 | application of desensitizing medicament | 38.00 |
| D9911 | application of desensitizing resin for cervical and/or root surface. per tooth | 55.00 |
| D9950 | occlusion analysis - mounted case | 231.00 |
| D9951 | occlusal adjustment - limited | 105.00 |
| D9952 | occlusal adjustment - complete | 591.00 |
| D9970 | enamel microabrasion | 59.00 |

Disclaimer

- 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.
- 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.
- Fees subject to change.