

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.**

Diagnostic Procedures

CDT Code	Procedure	Member Pays
D0120	periodic oral evaluation - established patient	26.00
D0140	limited oral evaluation - problem focused	43.00
D0150	comprehensive oral evaluation - new or established patient	44.00
D0160	detailed and extensive oral evaluation - problem focused. by report	112.00
D0170	re-evaluation - limited. problem focused (established patient; not post-operative visit)	32.00
D0180	comprehensive periodontal evaluation - new or established patient	34.00
D0210	intraoral - comprehensive series of radiographic images	76.00
D0220	intraoral - periapical first radiographic image	15.00
D0230	intraoral - periapical each additional radiographic image	12.00
D0240	intraoral - occlusal radiographic image	21.00
D0250	extra-oral - 2D projection radiographic image created using a stationary radiation source. and detector	28.00
D0270	bitewing - single radiographic image	15.00
D0272	bitewings - two radiographic images	24.00
D0273	bitewings - three radiographic images	27.00
D0274	bitewings - four radiographic images	33.00
D0277	vertical bitewings - 7 to 8 radiographic images	43.00
D0330	panoramic radiographic image	61.00
D0340	2D cephalometric radiographic image - acquisition. measurement and analysis	75.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	35.00
D0460	pulp vitality tests	29.00
D0470	diagnostic casts	63.00

Preventive Services

CDT Code	Procedure	Member Pays
D1110	prophylaxis - adult	49.00
D1120	prophylaxis - child	35.00
D1208	topical application of fluoride - excluding varnish	21.00
D1330	oral hygiene instructions	36.00
D1351	sealant - per tooth	28.00
D1510	space maintainer - fixed. unilateral - per quadrant	179.00
D1516	space maintainer - fixed - bilateral. maxillary	20% Discount
D1520	space maintainer - removable. unilateral - per quadrant	222.00

- ✓ 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.**

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	68.00
D2150	amalgam - two surfaces. primary or permanent	86.00
D2160	amalgam - three surfaces. primary or permanent	104.00
D2161	amalgam - four or more surfaces. primary or permanent	128.00
D2330	resin-based composite - one surface. anterior	77.00
D2331	resin-based composite - two surfaces. anterior	99.00
D2332	resin-based composite - three surfaces. anterior	121.00
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	144.00
D2390	resin-based composite crown. anterior	204.00
D2391	resin-based composite - one surface. posterior	87.00
D2392	resin-based composite - two surfaces. posterior	120.00
D2393	resin-based composite - three surfaces. posterior	149.00
D2394	resin-based composite - four or more surfaces. posterior	157.00
D2510	inlay - metallic - one surface	367.00
D2520	inlay - metallic - two surfaces	415.00
D2530	inlay - metallic - three or more surfaces	480.00
D2542	onlay - metallic - two surfaces	439.00
D2543	onlay - metallic - three surfaces	491.00
D2544	onlay - metallic - four or more surfaces	511.00
D2610	inlay - porcelain/ceramic - one surface	431.00
D2620	inlay - porcelain/ceramic - two surfaces	456.00
D2630	inlay - porcelain/ceramic - three or more surfaces	485.00
D2642	onlay - porcelain/ceramic - two surfaces	471.00
D2643	onlay - porcelain/ceramic - three surfaces	509.00
D2644	onlay - porcelain/ceramic - four or more surfaces	540.00
D2650	inlay - resin-based composite - one surface	282.00
D2651	inlay - resin-based composite - two surfaces	338.00
D2652	inlay - resin-based composite - three or more surfaces	355.00
D2662	onlay - resin-based composite - two surfaces	450.00
D2663	onlay - resin-based composite - three surfaces	481.00

D2664	onlay - resin-based composite - four or more surfaces	481.00
D2710	crown - resin-based composite (indirect)	226.00
D2720	crown - resin with high noble metal	623.00
D2721	crown - resin with predominantly base metal	586.00
D2722	crown - resin with noble metal	598.00
D2740	crown - porcelain/ceramic	639.00
D2750	crown - porcelain fused to high noble metal	632.00
D2751	crown - porcelain fused to predominantly base metal	589.00
D2752	crown - porcelain fused to noble metal	603.00
D2780	crown - 3/4 cast high noble metal	618.00
D2781	crown - 3/4 cast predominantly base metal	593.00
D2782	crown - 3/4 cast noble metal	617.00
D2783	crown - 3/4 porcelain/ceramic	654.00
D2790	crown - full cast high noble metal	608.00
D2791	crown - full cast predominantly base metal	580.00
D2792	crown - full cast noble metal	590.00
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	53.00
D2920	re-cement or re-bond crown	56.00
D2930	prefabricated stainless steel crown - primary tooth	149.00
D2931	prefabricated stainless steel crown - permanent tooth	167.00
D2932	prefabricated resin crown	182.00
D2933	prefabricated stainless steel crown with resin window	206.00
D2940	protective restoration	58.00
D2950	core buildup, including any pins when required	143.00
D2951	pin retention - per tooth, in addition to restoration	29.00
D2952	post and core in addition to crown, indirectly fabricated	218.00
D2953	each additional indirectly fabricated post - same tooth	136.00
D2954	prefabricated post and core in addition to crown	180.00
D2955	post removal	134.00
D2957	each additional prefabricated post - same tooth	64.00
D2960	labial veneer (resin laminate) - direct	439.00

Endodontic Services

CDT Code	Procedure	Member Pays
D3110	pulp cap - direct (excluding final restoration)	39.00
D3120	pulp cap - indirect (excluding final restoration)	31.00
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	92.00
D3221	pulpal debridement, primary and permanent teeth	90.00
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	98.00
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	104.00
D3310	endodontic therapy, anterior tooth (excluding final restoration)	388.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	473.00

D3330	endodontic therapy, molar tooth (excluding final restoration)	611.00
D3331	treatment of root canal obstruction; non-surgical access	226.00
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	222.00
D3333	internal root repair of perforation defects	104.00
D3346	retreatment of previous root canal therapy - anterior	521.00
D3347	retreatment of previous root canal therapy - premolar	615.00
D3348	retreatment of previous root canal therapy - molar	739.00
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	220.00
D3352	apexification/recalcification - interim medication replacement	95.00
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	325.00
D3410	apicoectomy - anterior	445.00
D3421	apicoectomy - premolar (first root)	485.00
D3425	apicoectomy - molar (first root)	548.00
D3426	apicoectomy (each additional root)	182.00
D3430	retrograde filling - per root	134.00
D3450	root amputation - per root	271.00
D3470	intentional reimplantation (including necessary splinting)	544.00
D3910	surgical procedure for isolation of tooth with rubber dam	71.00
D3920	hemisection (including any root removal), not including root canal therapy	211.00
D3950	canal preparation and fitting of preformed dowel or post	98.00

Periodontic Services

CDT Code	Procedure	Member Pays
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	379.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	118.00
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	447.00
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	320.00
D4245	apically positioned flap	403.00
D4249	clinical crown lengthening - hard tissue	510.00
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	722.00
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	411.00
D4263	bone replacement graft - retained natural tooth - first site in quadrant	218.00
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	147.00

D4266	guided tissue regeneration. natural teeth - resorbable barrier. per site	264.00
D4267	guided tissue regeneration. natural teeth - non-resorbable barrier. per site	338.00
D4268	surgical revision procedure. per tooth	409.00
D4270	pedicle soft tissue graft procedure	532.00
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	131.00
D4342	periodontal scaling and root planing - one to three teeth per quadrant	62.00
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	87.00
D4910	periodontal maintenance	78.00
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	68.00

Prosthodontic Services (removable)

CDT Code	Procedure	Member Pays
D5110	complete denture - maxillary	839.00
D5120	complete denture - mandibular	839.00
D5130	immediate denture - maxillary	915.00
D5140	immediate denture - mandibular	915.00
D5211	maxillary partial denture - resin base (including. retentive/ clasping materials. rests. and teeth)	823.00
D5212	mandibular partial denture - resin base (including. retentive/ clasping materials. rests. and teeth)	823.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials. rests and teeth)	928.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials. rests and teeth)	928.00
D5282	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials. rests. and teeth). maxillary	20% Discount
D5410	adjust complete denture - maxillary	46.00
D5411	adjust complete denture - mandibular	46.00
D5421	adjust partial denture - maxillary	46.00
D5422	adjust partial denture - mandibular	46.00
D5520	replace missing or broken teeth - complete denture (each tooth)	76.00
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	131.00

D5640	replace broken teeth - per tooth	84.00
D5650	add tooth to existing partial denture	116.00
D5660	add clasp to existing partial denture - per tooth	137.00
D5710	rebase complete maxillary denture	341.00
D5711	rebase complete mandibular denture	325.00
D5720	rebase maxillary partial denture	323.00
D5721	rebase mandibular partial denture	323.00
D5730	reline complete maxillary denture (direct)	193.00
D5731	reline complete mandibular denture (direct)	193.00
D5740	reline maxillary partial denture (direct)	177.00
D5741	reline mandibular partial denture (direct)	177.00
D5750	reline complete maxillary denture (indirect)	255.00
D5751	reline complete mandibular denture (indirect)	255.00
D5760	reline maxillary partial denture (indirect)	252.00
D5761	reline mandibular partial denture (indirect)	252.00
D5810	interim complete denture (maxillary)	415.00
D5811	interim complete denture (mandibular)	415.00
D5820	interim partial denture (including retentive/clasping materials. rests. and teeth). maxillary	332.00
D5821	interim partial denture (including retentive/clasping materials. rests. and teeth). mandibular	20% Discount
D5850	tissue conditioning. maxillary	80.00
D5851	tissue conditioning. mandibular	80.00

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	554.00
D6211	pontic - cast predominantly base metal	517.00
D6212	pontic - cast noble metal	540.00
D6240	pontic - porcelain fused to high noble metal	545.00
D6241	pontic - porcelain fused to predominantly base metal	502.00
D6242	pontic - porcelain fused to noble metal	531.00
D6245	pontic - porcelain/ceramic	543.00
D6250	pontic - resin with high noble metal	540.00
D6251	pontic - resin with predominantly base metal	497.00
D6252	pontic - resin with noble metal	513.00
D6545	retainer - cast metal for resin bonded fixed prosthesis	230.00
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	425.00
D6720	retainer crown - resin with high noble metal	608.00
D6721	retainer crown - resin with predominantly base metal	576.00
D6722	retainer crown - resin with noble metal	588.00
D6740	retainer crown - porcelain/ceramic	549.00

D6750	retainer crown - porcelain fused to high noble metal	622.00
D6751	retainer crown - porcelain fused to predominantly base metal	580.00
D6752	retainer crown - porcelain fused to noble metal	594.00
D6780	retainer crown - 3/4 cast high noble metal	588.00
D6781	retainer crown - 3/4 cast predominantly base metal	518.00
D6782	retainer crown - 3/4 cast noble metal	524.00
D6783	retainer crown - 3/4 porcelain/ceramic	532.00
D6790	retainer crown - full cast high noble metal	602.00
D6791	retainer crown - full cast predominantly base metal	570.00
D6792	retainer crown - full cast noble metal	590.00
D6930	re-cement or re-bond fixed partial denture	73.00

Oral Surgery Services

CDT Code	Procedure	Member Pays
D7111	extraction. coronal remnants - primary tooth	71.00
D7140	extraction. erupted tooth or exposed root (elevation and/or forceps removal)	85.00
D7210	extraction. erupted tooth requiring removal of bone and/or sectioning of tooth. and including elevation of mucoperiosteal flap if indicated	152.00
D7220	removal of impacted tooth - soft tissue	170.00
D7230	removal of impacted tooth - partially bony	225.00
D7240	removal of impacted tooth - completely bony	265.00
D7241	removal of impacted tooth - completely bony. with unusual surgical complications	332.00
D7250	removal of residual tooth roots (cutting procedure)	143.00
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	291.00
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	329.00
D7280	exposure of an unerupted tooth	319.00
D7285	incisional biopsy of oral tissue-hard (bone. tooth)	517.00
D7286	incisional biopsy of oral tissue-soft	231.00
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces. per quadrant	158.00
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces. per quadrant	384.00
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	460.00
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	724.00
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	460.00

D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	724.00
D7510	incision and drainage of abscess - intraoral soft tissue	152.00
D7910	suture of recent small wounds up to 5 cm	210.00
D7911	complicated suture - up to 5 cm	526.00
D7912	complicated suture - greater than 5 cm	751.00
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	20% Discount
D7970	excision of hyperplastic tissue - per arch	341.00
D7971	excision of pericoronal gingiva	109.00

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	55.00
D9120	fixed partial denture sectioning	20% Discount
D9211	regional block anesthesia	25.00
D9215	local anesthesia in conjunction with operative or surgical procedures	16.00
D9230	inhalation of nitrous oxide/analgesia. anxiolysis	29.00
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	113.00
D9410	house/extended care facility call	150.00
D9420	hospital or ambulatory surgical center call	207.00
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	39.00
D9440	office visit - after regularly scheduled hours	70.00
D9910	application of desensitizing medicament	25.00
D9911	application of desensitizing resin for cervical and/or root surface. per tooth	35.00
D9950	occlusion analysis - mounted case	150.00
D9951	occlusal adjustment - limited	69.00
D9952	occlusal adjustment - complete	387.00
D9970	enamel microabrasion	49.00

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.