

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	28.00
D0140	limited oral evaluation - problem focused	47.00
D0150	comprehensive oral evaluation - new or established patient	48.00
D0160	detailed and extensive oral evaluation - problem focused. by report	126.00
D0170	re-evaluation - limited. problem focused (established patient; not post-operative visit)	35.00
D0180	comprehensive periodontal evaluation - new or established patient	39.00
D0210	intraoral - comprehensive series of radiographic images	85.00
D0220	intraoral - periapical first radiographic image	16.00
D0230	intraoral - periapical each additional radiographic image	13.00
D0240	intraoral - occlusal radiographic image	24.00
D0250	extra-oral - 2D projection radiographic image created using a stationary radiation source. and detector	33.00
D0270	bitewing - single radiographic image	16.00
D0272	bitewings - two radiographic images	26.00
D0273	bitewings - three radiographic images	32.00
D0274	bitewings - four radiographic images	36.00
D0277	vertical bitewings - 7 to 8 radiographic images	47.00
D0330	panoramic radiographic image	69.00
D0340	2D cephalometric radiographic image - acquisition. measurement and analysis	85.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	40.00
D0460	pulp vitality tests	34.00
D0470	diagnostic casts	71.00

Preventive Services

CDT Code	Procedure	Member Pays
D1110	prophylaxis - adult	57.00
D1120	prophylaxis - child	40.00
D1208	topical application of fluoride - excluding varnish	25.00
D1330	oral hygiene instructions	41.00
D1351	sealant - per tooth	32.00
D1510	space maintainer - fixed. unilateral - per quadrant	201.00
D1516	space maintainer - fixed - bilateral. maxillary	20% Discount
D1520	space maintainer - removable. unilateral - per quadrant	247.00

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	74.00
D2150	amalgam - two surfaces. primary or permanent	95.00
D2160	amalgam - three surfaces. primary or permanent	117.00
D2161	amalgam - four or more surfaces. primary or permanent	143.00
D2330	resin-based composite - one surface. anterior	87.00
D2331	resin-based composite - two surfaces. anterior	111.00
D2332	resin-based composite - three surfaces. anterior	134.00
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	160.00
D2390	resin-based composite crown. anterior	226.00
D2391	resin-based composite - one surface. posterior	98.00
D2392	resin-based composite - two surfaces. posterior	134.00
D2393	resin-based composite - three surfaces. posterior	167.00
D2394	resin-based composite - four or more surfaces. posterior	175.00
D2510	inlay - metallic - one surface	410.00
D2520	inlay - metallic - two surfaces	464.00
D2530	inlay - metallic - three or more surfaces	534.00
D2542	onlay - metallic - two surfaces	491.00
D2543	onlay - metallic - three surfaces	549.00
D2544	onlay - metallic - four or more surfaces	572.00
D2610	inlay - porcelain/ceramic - one surface	482.00
D2620	inlay - porcelain/ceramic - two surfaces	509.00
D2630	inlay - porcelain/ceramic - three or more surfaces	543.00
D2642	onlay - porcelain/ceramic - two surfaces	525.00
D2643	onlay - porcelain/ceramic - three surfaces	568.00
D2644	onlay - porcelain/ceramic - four or more surfaces	603.00
D2650	inlay - resin-based composite - one surface	315.00
D2651	inlay - resin-based composite - two surfaces	377.00
D2652	inlay - resin-based composite - three or more surfaces	397.00
D2662	onlay - resin-based composite - two surfaces	501.00
D2663	onlay - resin-based composite - three surfaces	511.00

D2664	onlay - resin-based composite - four or more surfaces	536.00
D2710	crown - resin-based composite (indirect)	253.00
D2720	crown - resin with high noble metal	698.00
D2721	crown - resin with predominantly base metal	653.00
D2722	crown - resin with noble metal	668.00
D2740	crown - porcelain/ceramic	713.00
D2750	crown - porcelain fused to high noble metal	706.00
D2751	crown - porcelain fused to predominantly base metal	657.00
D2752	crown - porcelain fused to noble metal	673.00
D2780	crown - 3/4 cast high noble metal	692.00
D2781	crown - 3/4 cast predominantly base metal	665.00
D2782	crown - 3/4 cast noble metal	688.00
D2783	crown - 3/4 porcelain/ceramic	732.00
D2790	crown - full cast high noble metal	680.00
D2791	crown - full cast predominantly base metal	649.00
D2792	crown - full cast noble metal	659.00
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	59.00
D2920	re-cement or re-bond crown	61.00
D2930	prefabricated stainless steel crown - primary tooth	166.00
D2931	prefabricated stainless steel crown - permanent tooth	189.00
D2932	prefabricated resin crown	205.00
D2933	prefabricated stainless steel crown with resin window	229.00
D2940	protective restoration	63.00
D2950	core buildup, including any pins when required	159.00
D2951	pin retention - per tooth, in addition to restoration	33.00
D2952	post and core in addition to crown, indirectly fabricated	242.00
D2953	each additional indirectly fabricated post - same tooth	153.00
D2954	prefabricated post and core in addition to crown	202.00
D2955	post removal	150.00
D2957	each additional prefabricated post - same tooth	73.00
D2960	labial veneer (resin laminate) - direct	491.00

Endodontic Services

CDT Code	Procedure	Member Pays
D3110	pulp cap - direct (excluding final restoration)	44.00
D3120	pulp cap - indirect (excluding final restoration)	34.00
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	102.00
D3221	pulpal debridement, primary and permanent teeth	101.00
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	108.00
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	117.00
D3310	endodontic therapy, anterior tooth (excluding final restoration)	433.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	530.00

D3330	endodontic therapy, molar tooth (excluding final restoration)	682.00
D3331	treatment of root canal obstruction; non-surgical access	259.00
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	239.00
D3333	internal root repair of perforation defects	117.00
D3346	retreatment of previous root canal therapy - anterior	583.00
D3347	retreatment of previous root canal therapy - premolar	687.00
D3348	retreatment of previous root canal therapy - molar	827.00
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	246.00
D3352	apexification/recalcification - interim medication replacement	108.00
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	363.00
D3410	apicoectomy - anterior	496.00
D3421	apicoectomy - premolar (first root)	543.00
D3425	apicoectomy - molar (first root)	613.00
D3426	apicoectomy (each additional root)	205.00
D3430	retrograde filling - per root	149.00
D3450	root amputation - per root	305.00
D3470	intentional reimplantation (including necessary splinting)	607.00
D3910	surgical procedure for isolation of tooth with rubber dam	78.00
D3920	hemisection (including any root removal), not including root canal therapy	238.00
D3950	canal preparation and fitting of preformed dowel or post	108.00

Periodontic Services

CDT Code	Procedure	Member Pays
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	424.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	143.00
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	499.00
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	360.00
D4245	apically positioned flap	451.00
D4249	clinical crown lengthening - hard tissue	570.00
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	804.00
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	462.00
D4263	bone replacement graft - retained natural tooth - first site in quadrant	242.00
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	164.00

D4266	guided tissue regeneration. natural teeth - resorbable barrier. per site	294.00
D4267	guided tissue regeneration. natural teeth - non-resorbable barrier. per site	377.00
D4268	surgical revision procedure. per tooth	457.00
D4270	pedicle soft tissue graft procedure	594.00
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	146.00
D4342	periodontal scaling and root planing - one to three teeth per quadrant	71.00
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	98.00
D4910	periodontal maintenance	87.00
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	74.00

Prosthodontic Services (removable)

CDT Code	Procedure	Member Pays
D5110	complete denture - maxillary	938.00
D5120	complete denture - mandibular	938.00
D5130	immediate denture - maxillary	1,021.00
D5140	immediate denture - mandibular	1,021.00
D5211	maxillary partial denture - resin base (including. retentive/ clasping materials. rests. and teeth)	919.00
D5212	mandibular partial denture - resin base (including. retentive/ clasping materials. rests. and teeth)	919.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials. rests and teeth)	1,036.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials. rests and teeth)	1,036.00
D5282	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials. rests. and teeth). maxillary	20% Discount
D5410	adjust complete denture - maxillary	50.00
D5411	adjust complete denture - mandibular	50.00
D5421	adjust partial denture - maxillary	50.00
D5422	adjust partial denture - mandibular	50.00
D5520	replace missing or broken teeth - complete denture (each tooth)	85.00
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	146.00

D5640	replace broken teeth - per tooth	94.00
D5650	add tooth to existing partial denture	129.00
D5660	add clasp to existing partial denture - per tooth	153.00
D5710	rebase complete maxillary denture	380.00
D5711	rebase complete mandibular denture	364.00
D5720	rebase maxillary partial denture	360.00
D5721	rebase mandibular partial denture	360.00
D5730	reline complete maxillary denture (direct)	215.00
D5731	reline complete mandibular denture (direct)	215.00
D5740	reline maxillary partial denture (direct)	196.00
D5741	reline mandibular partial denture (direct)	196.00
D5750	reline complete maxillary denture (indirect)	288.00
D5751	reline complete mandibular denture (indirect)	288.00
D5760	reline maxillary partial denture (indirect)	282.00
D5761	reline mandibular partial denture (indirect)	282.00
D5810	interim complete denture (maxillary)	464.00
D5811	interim complete denture (mandibular)	464.00
D5820	interim partial denture (including retentive/clasping materials. rests. and teeth). maxillary	372.00
D5821	interim partial denture (including retentive/clasping materials. rests. and teeth). mandibular	20% Discount
D5850	tissue conditioning. maxillary	90.00
D5851	tissue conditioning. mandibular	90.00

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	617.00
D6211	pontic - cast predominantly base metal	579.00
D6212	pontic - cast noble metal	602.00
D6240	pontic - porcelain fused to high noble metal	608.00
D6241	pontic - porcelain fused to predominantly base metal	564.00
D6242	pontic - porcelain fused to noble metal	594.00
D6245	pontic - porcelain/ceramic	605.00
D6250	pontic - resin with high noble metal	602.00
D6251	pontic - resin with predominantly base metal	556.00
D6252	pontic - resin with noble metal	573.00
D6545	retainer - cast metal for resin bonded fixed prosthesis	255.00
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	473.00
D6720	retainer crown - resin with high noble metal	680.00
D6721	retainer crown - resin with predominantly base metal	644.00
D6722	retainer crown - resin with noble metal	656.00
D6740	retainer crown - porcelain/ceramic	615.00

D6750	retainer crown - porcelain fused to high noble metal	695.00
D6751	retainer crown - porcelain fused to predominantly base metal	650.00
D6752	retainer crown - porcelain fused to noble metal	665.00
D6780	retainer crown - 3/4 cast high noble metal	656.00
D6781	retainer crown - 3/4 cast predominantly base metal	579.00
D6782	retainer crown - 3/4 cast noble metal	585.00
D6783	retainer crown - 3/4 porcelain/ceramic	595.00
D6790	retainer crown - full cast high noble metal	671.00
D6791	retainer crown - full cast predominantly base metal	637.00
D6792	retainer crown - full cast noble metal	659.00
D6930	re-cement or re-bond fixed partial denture	82.00

Oral Surgery Services

CDT Code	Procedure	Member Pays
D7111	extraction. coronal remnants - primary tooth	80.00
D7140	extraction. erupted tooth or exposed root (elevation and/or forceps removal)	95.00
D7210	extraction. erupted tooth requiring removal of bone and/or sectioning of tooth. and including elevation of mucoperiosteal flap if indicated	170.00
D7220	removal of impacted tooth - soft tissue	189.00
D7230	removal of impacted tooth - partially bony	252.00
D7240	removal of impacted tooth - completely bony	295.00
D7241	removal of impacted tooth - completely bony. with unusual surgical complications	372.00
D7250	removal of residual tooth roots (cutting procedure)	159.00
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	325.00
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	370.00
D7280	exposure of an unerupted tooth	355.00
D7285	incisional biopsy of oral tissue-hard (bone. tooth)	578.00
D7286	incisional biopsy of oral tissue-soft	259.00
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces. per quadrant	175.00
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces. per quadrant	440.00
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	514.00
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	809.00
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	514.00

D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	809.00
D7510	incision and drainage of abscess - intraoral soft tissue	168.00
D7910	suture of recent small wounds up to 5 cm	237.00
D7911	complicated suture - up to 5 cm	588.00
D7912	complicated suture - greater than 5 cm	839.00
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	20% Discount
D7970	excision of hyperplastic tissue - per arch	383.00
D7971	excision of pericoronal gingiva	122.00

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	60.00
D9120	fixed partial denture sectioning	20% Discount
D9211	regional block anesthesia	27.00
D9215	local anesthesia in conjunction with operative or surgical procedures	19.00
D9230	inhalation of nitrous oxide/analgesia. anxiolysis	33.00
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	128.00
D9410	house/extended care facility call	168.00
D9420	hospital or ambulatory surgical center call	232.00
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	43.00
D9440	office visit - after regularly scheduled hours	77.00
D9910	application of desensitizing medicament	27.00
D9911	application of desensitizing resin for cervical and/or root surface. per tooth	39.00
D9950	occlusion analysis - mounted case	168.00
D9951	occlusal adjustment - limited	76.00
D9952	occlusal adjustment - complete	432.00
D9970	enamel microabrasion	57.00

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.