

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	29.00
D0140	limited oral evaluation - problem focused	49.00
D0150	comprehensive oral evaluation - new or established patient	50.00
D0160	detailed and extensive oral evaluation - problem focused. by report	132.00
D0170	re-evaluation - limited. problem focused (established patient; not post-operative visit)	36.00
D0180	comprehensive periodontal evaluation - new or established patient	40.00
D0210	intraoral - comprehensive series of radiographic images	88.00
D0220	intraoral - periapical first radiographic image	16.00
D0230	intraoral - periapical each additional radiographic image	14.00
D0240	intraoral - occlusal radiographic image	25.00
D0250	extra-oral - 2D projection radiographic image created using a stationary radiation source. and detector	34.00
D0270	bitewing - single radiographic image	17.00
D0272	bitewings - two radiographic images	27.00
D0273	bitewings - three radiographic images	33.00
D0274	bitewings - four radiographic images	39.00
D0277	vertical bitewings - 7 to 8 radiographic images	49.00
D0330	panoramic radiographic image	72.00
D0340	2D cephalometric radiographic image - acquisition. measurement and analysis	88.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	41.00
D0460	pulp vitality tests	35.00
D0470	diagnostic casts	75.00

Preventive Services

CDT Code	Procedure	Member Pays
D1110	prophylaxis - adult	59.00
D1120	prophylaxis - child	43.00
D1208	topical application of fluoride - excluding varnish	26.00
D1330	oral hygiene instructions	44.00
D1351	sealant - per tooth	33.00
D1510	space maintainer - fixed. unilateral - per quadrant	210.00
D1516	space maintainer - fixed - bilateral. maxillary	20% Discount
D1520	space maintainer - removable. unilateral - per quadrant	262.00

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	77.00
D2150	amalgam - two surfaces. primary or permanent	101.00
D2160	amalgam - three surfaces. primary or permanent	121.00
D2161	amalgam - four or more surfaces. primary or permanent	148.00
D2330	resin-based composite - one surface. anterior	90.00
D2331	resin-based composite - two surfaces. anterior	117.00
D2332	resin-based composite - three surfaces. anterior	144.00
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	167.00
D2390	resin-based composite crown. anterior	239.00
D2391	resin-based composite - one surface. posterior	102.00
D2392	resin-based composite - two surfaces. posterior	143.00
D2393	resin-based composite - three surfaces. posterior	177.00
D2394	resin-based composite - four or more surfaces. posterior	183.00
D2510	inlay - metallic - one surface	431.00
D2520	inlay - metallic - two surfaces	488.00
D2530	inlay - metallic - three or more surfaces	562.00
D2542	onlay - metallic - two surfaces	517.00
D2543	onlay - metallic - three surfaces	578.00
D2544	onlay - metallic - four or more surfaces	603.00
D2610	inlay - porcelain/ceramic - one surface	507.00
D2620	inlay - porcelain/ceramic - two surfaces	534.00
D2630	inlay - porcelain/ceramic - three or more surfaces	570.00
D2642	onlay - porcelain/ceramic - two surfaces	554.00
D2643	onlay - porcelain/ceramic - three surfaces	598.00
D2644	onlay - porcelain/ceramic - four or more surfaces	634.00
D2650	inlay - resin-based composite - one surface	335.00
D2651	inlay - resin-based composite - two surfaces	397.00
D2652	inlay - resin-based composite - three or more surfaces	417.00
D2662	onlay - resin-based composite - two surfaces	529.00
D2663	onlay - resin-based composite - three surfaces	538.00

D2664	onlay - resin-based composite - four or more surfaces	564.00
D2710	crown - resin-based composite (indirect)	267.00
D2720	crown - resin with high noble metal	736.00
D2721	crown - resin with predominantly base metal	688.00
D2722	crown - resin with noble metal	703.00
D2740	crown - porcelain/ceramic	752.00
D2750	crown - porcelain fused to high noble metal	742.00
D2751	crown - porcelain fused to predominantly base metal	693.00
D2752	crown - porcelain fused to noble metal	709.00
D2780	crown - 3/4 cast high noble metal	727.00
D2781	crown - 3/4 cast predominantly base metal	700.00
D2782	crown - 3/4 cast noble metal	725.00
D2783	crown - 3/4 porcelain/ceramic	771.00
D2790	crown - full cast high noble metal	716.00
D2791	crown - full cast predominantly base metal	682.00
D2792	crown - full cast noble metal	694.00
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	61.00
D2920	re-cement or re-bond crown	63.00
D2930	prefabricated stainless steel crown - primary tooth	175.00
D2931	prefabricated stainless steel crown - permanent tooth	196.00
D2932	prefabricated resin crown	217.00
D2933	prefabricated stainless steel crown with resin window	241.00
D2940	protective restoration	68.00
D2950	core buildup, including any pins when required	166.00
D2951	pin retention - per tooth, in addition to restoration	34.00
D2952	post and core in addition to crown, indirectly fabricated	254.00
D2953	each additional indirectly fabricated post - same tooth	161.00
D2954	prefabricated post and core in addition to crown	210.00
D2955	post removal	159.00
D2957	each additional prefabricated post - same tooth	77.00
D2960	labial veneer (resin laminate) - direct	518.00

Endodontic Services

CDT Code	Procedure	Member Pays
D3110	pulp cap - direct (excluding final restoration)	45.00
D3120	pulp cap - indirect (excluding final restoration)	35.00
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	108.00
D3221	pulpal debridement, primary and permanent teeth	106.00
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	114.00
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	122.00
D3310	endodontic therapy, anterior tooth (excluding final restoration)	457.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	558.00

D3330	endodontic therapy, molar tooth (excluding final restoration)	720.00
D3331	treatment of root canal obstruction; non-surgical access	253.00
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	233.00
D3333	internal root repair of perforation defects	122.00
D3346	retreatment of previous root canal therapy - anterior	614.00
D3347	retreatment of previous root canal therapy - premolar	724.00
D3348	retreatment of previous root canal therapy - molar	870.00
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	258.00
D3352	apexification/recalcification - interim medication replacement	114.00
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	382.00
D3410	apicoectomy - anterior	521.00
D3421	apicoectomy - premolar (first root)	570.00
D3425	apicoectomy - molar (first root)	644.00
D3426	apicoectomy (each additional root)	215.00
D3430	retrograde filling - per root	158.00
D3450	root amputation - per root	320.00
D3470	intentional reimplantation (including necessary splinting)	639.00
D3910	surgical procedure for isolation of tooth with rubber dam	84.00
D3920	hemisection (including any root removal), not including root canal therapy	250.00
D3950	canal preparation and fitting of preformed dowel or post	114.00

Periodontic Services

CDT Code	Procedure	Member Pays
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	446.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	148.00
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	525.00
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	380.00
D4245	apically positioned flap	475.00
D4249	clinical crown lengthening - hard tissue	600.00
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	848.00
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	488.00
D4263	bone replacement graft - retained natural tooth - first site in quadrant	255.00
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	310.00

D4266	guided tissue regeneration. natural teeth - resorbable barrier. per site	310.00
D4267	guided tissue regeneration. natural teeth - non-resorbable barrier. per site	398.00
D4268	surgical revision procedure. per tooth	481.00
D4270	pedicle soft tissue graft procedure	627.00
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	153.00
D4342	periodontal scaling and root planing - one to three teeth per quadrant	74.00
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	101.00
D4910	periodontal maintenance	92.00
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	78.00

Prosthodontic Services (removable)

CDT Code	Procedure	Member Pays
D5110	complete denture - maxillary	986.00
D5120	complete denture - mandibular	986.00
D5130	immediate denture - maxillary	1,077.00
D5140	immediate denture - mandibular	1,077.00
D5211	maxillary partial denture - resin base (including. retentive/ clasping materials. rests. and teeth)	969.00
D5212	mandibular partial denture - resin base (including. retentive/ clasping materials. rests. and teeth)	969.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials. rests and teeth)	1,090.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials. rests and teeth)	1,090.00
D5282	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials. rests. and teeth). maxillary	20% Discount
D5410	adjust complete denture - maxillary	55.00
D5411	adjust complete denture - mandibular	55.00
D5421	adjust partial denture - maxillary	55.00
D5422	adjust partial denture - mandibular	55.00
D5520	replace missing or broken teeth - complete denture (each tooth)	90.00
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	153.00

D5640	replace broken teeth - per tooth	99.00
D5650	add tooth to existing partial denture	134.00
D5660	add clasp to existing partial denture - per tooth	162.00
D5710	rebase complete maxillary denture	400.00
D5711	rebase complete mandibular denture	384.00
D5720	rebase maxillary partial denture	378.00
D5721	rebase mandibular partial denture	378.00
D5730	reline complete maxillary denture (direct)	226.00
D5731	reline complete mandibular denture (direct)	226.00
D5740	reline maxillary partial denture (direct)	207.00
D5741	reline mandibular partial denture (direct)	207.00
D5750	reline complete maxillary denture (indirect)	301.00
D5751	reline complete mandibular denture (indirect)	301.00
D5760	reline maxillary partial denture (indirect)	298.00
D5761	reline mandibular partial denture (indirect)	298.00
D5810	interim complete denture (maxillary)	488.00
D5811	interim complete denture (mandibular)	488.00
D5820	interim partial denture (including retentive/clasping materials. rests. and teeth). maxillary	392.00
D5821	interim partial denture (including retentive/clasping materials. rests. and teeth). mandibular	20% Discount
D5850	tissue conditioning. maxillary	94.00
D5851	tissue conditioning. mandibular	94.00

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	651.00
D6211	pontic - cast predominantly base metal	608.00
D6212	pontic - cast noble metal	633.00
D6240	pontic - porcelain fused to high noble metal	642.00
D6241	pontic - porcelain fused to predominantly base metal	593.00
D6242	pontic - porcelain fused to noble metal	625.00
D6245	pontic - porcelain/ceramic	638.00
D6250	pontic - resin with high noble metal	633.00
D6251	pontic - resin with predominantly base metal	585.00
D6252	pontic - resin with noble metal	603.00
D6545	retainer - cast metal for resin bonded fixed prosthesis	269.00
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	473.00
D6720	retainer crown - resin with high noble metal	715.00
D6721	retainer crown - resin with predominantly base metal	679.00
D6722	retainer crown - resin with noble metal	690.00
D6740	retainer crown - porcelain/ceramic	646.00

D6750	retainer crown - porcelain fused to high noble metal	732.00
D6751	retainer crown - porcelain fused to predominantly base metal	683.00
D6752	retainer crown - porcelain fused to noble metal	700.00
D6780	retainer crown - 3/4 cast high noble metal	690.00
D6781	retainer crown - 3/4 cast predominantly base metal	609.00
D6782	retainer crown - 3/4 cast noble metal	616.00
D6783	retainer crown - 3/4 porcelain/ceramic	627.00
D6790	retainer crown - full cast high noble metal	709.00
D6791	retainer crown - full cast predominantly base metal	670.00
D6792	retainer crown - full cast noble metal	695.00
D6930	re-cement or re-bond fixed partial denture	85.00

Oral Surgery Services

CDT Code	Procedure	Member Pays
D7111	extraction. coronal remnants - primary tooth	84.00
D7140	extraction. erupted tooth or exposed root (elevation and/or forceps removal)	100.00
D7210	extraction. erupted tooth requiring removal of bone and/or sectioning of tooth. and including elevation of mucoperiosteal flap if indicated	177.00
D7220	removal of impacted tooth - soft tissue	199.00
D7230	removal of impacted tooth - partially bony	266.00
D7240	removal of impacted tooth - completely bony	312.00
D7241	removal of impacted tooth - completely bony. with unusual surgical complications	391.00
D7250	removal of residual tooth roots (cutting procedure)	168.00
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	341.00
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	388.00
D7280	exposure of an unerupted tooth	374.00
D7285	incisional biopsy of oral tissue-hard (bone. tooth)	608.00
D7286	incisional biopsy of oral tissue-soft	270.00
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces. per quadrant	185.00
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces. per quadrant	439.00
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	542.00
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	851.00
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	542.00

D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	851.00
D7510	incision and drainage of abscess - intraoral soft tissue	177.00
D7910	suture of recent small wounds up to 5 cm	247.00
D7911	complicated suture - up to 5 cm	618.00
D7912	complicated suture - greater than 5 cm	883.00
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	20% Discount
D7970	excision of hyperplastic tissue - per arch	401.00
D7971	excision of pericoronal gingiva	128.00

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	63.00
D9120	fixed partial denture sectioning	20% Discount
D9211	regional block anesthesia	28.00
D9215	local anesthesia in conjunction with operative or surgical procedures	20.00
D9230	inhalation of nitrous oxide/analgesia. anxiolysis	35.00
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	134.00
D9410	house/extended care facility call	178.00
D9420	hospital or ambulatory surgical center call	244.00
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	45.00
D9440	office visit - after regularly scheduled hours	82.00
D9910	application of desensitizing medicament	28.00
D9911	application of desensitizing resin for cervical and/or root surface. per tooth	41.00
D9950	occlusion analysis - mounted case	178.00
D9951	occlusal adjustment - limited	82.00
D9952	occlusal adjustment - complete	455.00
D9970	enamel microabrasion	56.00

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.