

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	32.00
D0140	limited oral evaluation - problem focused	50.00
D0150	comprehensive oral evaluation - new or established patient	56.00
D0160	detailed and extensive oral evaluation - problem focused. by report	141.00
D0170	re-evaluation - limited. problem focused (established patient; not post-operative visit)	39.00
D0180	comprehensive periodontal evaluation - new or established patient	43.00
D0210	intraoral - comprehensive series of radiographic images	94.00
D0220	intraoral - periapical first radiographic image	17.00
D0230	intraoral - periapical each additional radiographic image	14.00
D0240	intraoral - occlusal radiographic image	26.00
D0250	extra-oral - 2D projection radiographic image created using a stationary radiation source. and detector	35.00
D0270	bitewing - single radiographic image	19.00
D0272	bitewings - two radiographic images	28.00
D0273	bitewings - three radiographic images	35.00
D0274	bitewings - four radiographic images	41.00
D0277	vertical bitewings - 7 to 8 radiographic images	55.00
D0330	panoramic radiographic image	75.00
D0340	2D cephalometric radiographic image - acquisition. measurement and analysis	92.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	44.00
D0460	pulp vitality tests	36.00
D0470	diagnostic casts	78.00

Preventive Services

CDT Code	Procedure	Member Pays
D1110	prophylaxis - adult	61.00
D1120	prophylaxis - child	45.00
D1208	topical application of fluoride - excluding varnish	26.00
D1330	oral hygiene instructions	45.00
D1351	sealant - per tooth	34.00
D1510	space maintainer - fixed. unilateral - per quadrant	221.00
D1516	space maintainer - fixed - bilateral. maxillary	20% Discount
D1520	space maintainer - removable. unilateral - per quadrant	275.00

- ✓ 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	82.00
D2150	amalgam - two surfaces. primary or permanent	105.00
D2160	amalgam - three surfaces. primary or permanent	129.00
D2161	amalgam - four or more surfaces. primary or permanent	157.00
D2330	resin-based composite - one surface. anterior	95.00
D2331	resin-based composite - two surfaces. anterior	122.00
D2332	resin-based composite - three surfaces. anterior	149.00
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	178.00
D2390	resin-based composite crown. anterior	251.00
D2391	resin-based composite - one surface. posterior	108.00
D2392	resin-based composite - two surfaces. posterior	149.00
D2393	resin-based composite - three surfaces. posterior	186.00
D2394	resin-based composite - four or more surfaces. posterior	193.00
D2510	inlay - metallic - one surface	453.00
D2520	inlay - metallic - two surfaces	514.00
D2530	inlay - metallic - three or more surfaces	592.00
D2542	onlay - metallic - two surfaces	543.00
D2543	onlay - metallic - three surfaces	607.00
D2544	onlay - metallic - four or more surfaces	632.00
D2610	inlay - porcelain/ceramic - one surface	532.00
D2620	inlay - porcelain/ceramic - two surfaces	561.00
D2630	inlay - porcelain/ceramic - three or more surfaces	600.00
D2642	onlay - porcelain/ceramic - two surfaces	582.00
D2643	onlay - porcelain/ceramic - three surfaces	627.00
D2644	onlay - porcelain/ceramic - four or more surfaces	666.00
D2650	inlay - resin-based composite - one surface	350.00
D2651	inlay - resin-based composite - two surfaces	416.00
D2652	inlay - resin-based composite - three or more surfaces	438.00
D2662	onlay - resin-based composite - two surfaces	555.00
D2663	onlay - resin-based composite - three surfaces	564.00

D2664	onlay - resin-based composite - four or more surfaces	592.00
D2710	crown - resin-based composite (indirect)	280.00
D2720	crown - resin with high noble metal	772.00
D2721	crown - resin with predominantly base metal	724.00
D2722	crown - resin with noble metal	738.00
D2740	crown - porcelain/ceramic	789.00
D2750	crown - porcelain fused to high noble metal	782.00
D2751	crown - porcelain fused to predominantly base metal	727.00
D2752	crown - porcelain fused to noble metal	744.00
D2780	crown - 3/4 cast high noble metal	763.00
D2781	crown - 3/4 cast predominantly base metal	735.00
D2782	crown - 3/4 cast noble metal	761.00
D2783	crown - 3/4 porcelain/ceramic	810.00
D2790	crown - full cast high noble metal	753.00
D2791	crown - full cast predominantly base metal	717.00
D2792	crown - full cast noble metal	729.00
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	64.00
D2920	re-cement or re-bond crown	69.00
D2930	prefabricated stainless steel crown - primary tooth	183.00
D2931	prefabricated stainless steel crown - permanent tooth	208.00
D2932	prefabricated resin crown	226.00
D2933	prefabricated stainless steel crown with resin window	253.00
D2940	protective restoration	71.00
D2950	core buildup, including any pins when required	177.00
D2951	pin retention - per tooth, in addition to restoration	38.00
D2952	post and core in addition to crown, indirectly fabricated	268.00
D2953	each additional indirectly fabricated post - same tooth	170.00
D2954	prefabricated post and core in addition to crown	221.00
D2955	post removal	166.00
D2957	each additional prefabricated post - same tooth	82.00
D2960	labial veneer (resin laminate) - direct	544.00

Endodontic Services

CDT Code	Procedure	Member Pays
D3110	pulp cap - direct (excluding final restoration)	48.00
D3120	pulp cap - indirect (excluding final restoration)	38.00
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	114.00
D3221	pulpal debridement, primary and permanent teeth	113.00
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	120.00
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	130.00
D3310	endodontic therapy, anterior tooth (excluding final restoration)	480.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	584.00

D3330	endodontic therapy, molar tooth (excluding final restoration)	755.00
D3331	treatment of root canal obstruction; non-surgical access	292.00
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	276.00
D3333	internal root repair of perforation defects	130.00
D3346	retreatment of previous root canal therapy - anterior	644.00
D3347	retreatment of previous root canal therapy - premolar	761.00
D3348	retreatment of previous root canal therapy - molar	915.00
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	271.00
D3352	apexification/recalcification - interim medication replacement	119.00
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	400.00
D3410	apicoectomy - anterior	548.00
D3421	apicoectomy - premolar (first root)	600.00
D3425	apicoectomy - molar (first root)	677.00
D3426	apicoectomy (each additional root)	225.00
D3430	retrograde filling - per root	165.00
D3450	root amputation - per root	337.00
D3470	intentional reimplantation (including necessary splinting)	671.00
D3910	surgical procedure for isolation of tooth with rubber dam	88.00
D3920	hemisection (including any root removal), not including root canal therapy	264.00
D3950	canal preparation and fitting of preformed dowel or post	120.00

Periodontic Services

CDT Code	Procedure	Member Pays
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	469.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	157.00
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	550.00
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	400.00
D4245	apically positioned flap	499.00
D4249	clinical crown lengthening - hard tissue	630.00
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	889.00
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	514.00
D4263	bone replacement graft - retained natural tooth - first site in quadrant	268.00
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	181.00

D4266	guided tissue regeneration. natural teeth - resorbable barrier. per site	325.00
D4267	guided tissue regeneration. natural teeth - non-resorbable barrier. per site	417.00
D4268	surgical revision procedure. per tooth	504.00
D4270	pedicle soft tissue graft procedure	657.00
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	161.00
D4342	periodontal scaling and root planing - one to three teeth per quadrant	78.00
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	106.00
D4910	periodontal maintenance	95.00
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	84.00

Prosthodontic Services (removable)

CDT Code	Procedure	Member Pays
D5110	complete denture - maxillary	1,036.00
D5120	complete denture - mandibular	1,036.00
D5130	immediate denture - maxillary	1,131.00
D5140	immediate denture - mandibular	1,131.00
D5211	maxillary partial denture - resin base (including. retentive/ clasping materials. rests. and teeth)	1,017.00
D5212	mandibular partial denture - resin base (including. retentive/ clasping materials. rests. and teeth)	1,017.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials. rests and teeth)	1,146.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials. rests and teeth)	1,146.00
D5282	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials. rests. and teeth). maxillary	20% Discount
D5410	adjust complete denture - maxillary	57.00
D5411	adjust complete denture - mandibular	57.00
D5421	adjust partial denture - maxillary	57.00
D5422	adjust partial denture - mandibular	57.00
D5520	replace missing or broken teeth - complete denture (each tooth)	94.00
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	161.00

D5640	replace broken teeth - per tooth	104.00
D5650	add tooth to existing partial denture	142.00
D5660	add clasp to existing partial denture - per tooth	170.00
D5710	rebase complete maxillary denture	421.00
D5711	rebase complete mandibular denture	401.00
D5720	rebase maxillary partial denture	398.00
D5721	rebase mandibular partial denture	398.00
D5730	reline complete maxillary denture (direct)	238.00
D5731	reline complete mandibular denture (direct)	238.00
D5740	reline maxillary partial denture (direct)	217.00
D5741	reline mandibular partial denture (direct)	217.00
D5750	reline complete maxillary denture (indirect)	317.00
D5751	reline complete mandibular denture (indirect)	317.00
D5760	reline maxillary partial denture (indirect)	313.00
D5761	reline mandibular partial denture (indirect)	313.00
D5810	interim complete denture (maxillary)	512.00
D5811	interim complete denture (mandibular)	512.00
D5820	interim partial denture (including retentive/clasping materials. rests. and teeth). maxillary	411.00
D5821	interim partial denture (including retentive/clasping materials. rests. and teeth). mandibular	20% Discount
D5850	tissue conditioning. maxillary	100.00
D5851	tissue conditioning. mandibular	100.00

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	682.00
D6211	pontic - cast predominantly base metal	639.00
D6212	pontic - cast noble metal	666.00
D6240	pontic - porcelain fused to high noble metal	674.00
D6241	pontic - porcelain fused to predominantly base metal	622.00
D6242	pontic - porcelain fused to noble metal	657.00
D6245	pontic - porcelain/ceramic	670.00
D6250	pontic - resin with high noble metal	666.00
D6251	pontic - resin with predominantly base metal	615.00
D6252	pontic - resin with noble metal	633.00
D6545	retainer - cast metal for resin bonded fixed prosthesis	283.00
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	521.00
D6720	retainer crown - resin with high noble metal	751.00
D6721	retainer crown - resin with predominantly base metal	712.00
D6722	retainer crown - resin with noble metal	726.00
D6740	retainer crown - porcelain/ceramic	679.00

D6750	retainer crown - porcelain fused to high noble metal	770.00
D6751	retainer crown - porcelain fused to predominantly base metal	717.00
D6752	retainer crown - porcelain fused to noble metal	734.00
D6780	retainer crown - 3/4 cast high noble metal	726.00
D6781	retainer crown - 3/4 cast predominantly base metal	641.00
D6782	retainer crown - 3/4 cast noble metal	646.00
D6783	retainer crown - 3/4 porcelain/ceramic	657.00
D6790	retainer crown - full cast high noble metal	742.00
D6791	retainer crown - full cast predominantly base metal	703.00
D6792	retainer crown - full cast noble metal	730.00
D6930	re-cement or re-bond fixed partial denture	89.00

Oral Surgery Services

CDT Code	Procedure	Member Pays
D7111	extraction. coronal remnants - primary tooth	88.00
D7140	extraction. erupted tooth or exposed root (elevation and/or forceps removal)	106.00
D7210	extraction. erupted tooth requiring removal of bone and/or sectioning of tooth. and including elevation of mucoperiosteal flap if indicated	186.00
D7220	removal of impacted tooth - soft tissue	210.00
D7230	removal of impacted tooth - partially bony	279.00
D7240	removal of impacted tooth - completely bony	327.00
D7241	removal of impacted tooth - completely bony. with unusual surgical complications	411.00
D7250	removal of residual tooth roots (cutting procedure)	175.00
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	359.00
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	409.00
D7280	exposure of an unerupted tooth	393.00
D7285	incisional biopsy of oral tissue-hard (bone. tooth)	639.00
D7286	incisional biopsy of oral tissue-soft	284.00
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces. per quadrant	195.00
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces. per quadrant	521.00
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	569.00
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	894.00
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	569.00

D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	894.00
D7510	incision and drainage of abscess - intraoral soft tissue	186.00
D7910	suture of recent small wounds up to 5 cm	261.00
D7911	complicated suture - up to 5 cm	650.00
D7912	complicated suture - greater than 5 cm	928.00
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	20% Discount
D7970	excision of hyperplastic tissue - per arch	423.00
D7971	excision of pericoronal gingiva	134.00

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	65.00
D9120	fixed partial denture sectioning	20% Discount
D9211	regional block anesthesia	29.00
D9215	local anesthesia in conjunction with operative or surgical procedures	21.00
D9230	inhalation of nitrous oxide/analgesia. anxiolysis	36.00
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	142.00
D9410	house/extended care facility call	186.00
D9420	hospital or ambulatory surgical center call	255.00
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	47.00
D9440	office visit - after regularly scheduled hours	86.00
D9910	application of desensitizing medicament	29.00
D9911	application of desensitizing resin for cervical and/or root surface. per tooth	44.00
D9950	occlusion analysis - mounted case	187.00
D9951	occlusal adjustment - limited	85.00
D9952	occlusal adjustment - complete	477.00
D9970	enamel microabrasion	62.00

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.