

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	34.00
D0140	limited oral evaluation - problem focused	58.00
D0150	comprehensive oral evaluation - new or established patient	59.00
D0160	detailed and extensive oral evaluation - problem focused. by report	152.00
D0170	re-evaluation - limited. problem focused (established patient; not post-operative visit)	43.00
D0180	comprehensive periodontal evaluation - new or established patient	46.00
D0210	intraoral - comprehensive series of radiographic images	102.00
D0220	intraoral - periapical first radiographic image	19.00
D0230	intraoral - periapical each additional radiographic image	15.00
D0240	intraoral - occlusal radiographic image	28.00
D0250	extra-oral - 2D projection radiographic image created using a stationary radiation source. and detector	40.00
D0270	bitewing - single radiographic image	20.00
D0272	bitewings - two radiographic images	32.00
D0273	bitewings - three radiographic images	38.00
D0274	bitewings - four radiographic images	45.00
D0277	vertical bitewings - 7 to 8 radiographic images	59.00
D0330	panoramic radiographic image	83.00
D0340	2D cephalometric radiographic image - acquisition. measurement and analysis	102.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	47.00
D0460	pulp vitality tests	41.00
D0470	diagnostic casts	86.00

Preventive Services

CDT Code	Procedure	Member Pays
D1110	prophylaxis - adult	65.00
D1120	prophylaxis - child	48.00
D1208	topical application of fluoride - excluding varnish	28.00
D1330	oral hygiene instructions	48.00
D1351	sealant - per tooth	39.00
D1510	space maintainer - fixed. unilateral - per quadrant	242.00
D1516	space maintainer - fixed - bilateral. maxillary	20% Discount
D1520	space maintainer - removable. unilateral - per quadrant	300.00

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	89.00
D2150	amalgam - two surfaces. primary or permanent	117.00
D2160	amalgam - three surfaces. primary or permanent	141.00
D2161	amalgam - four or more surfaces. primary or permanent	172.00
D2330	resin-based composite - one surface. anterior	105.00
D2331	resin-based composite - two surfaces. anterior	133.00
D2332	resin-based composite - three surfaces. anterior	164.00
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	193.00
D2390	resin-based composite crown. anterior	276.00
D2391	resin-based composite - one surface. posterior	118.00
D2392	resin-based composite - two surfaces. posterior	162.00
D2393	resin-based composite - three surfaces. posterior	204.00
D2394	resin-based composite - four or more surfaces. posterior	211.00
D2510	inlay - metallic - one surface	495.00
D2520	inlay - metallic - two surfaces	561.00
D2530	inlay - metallic - three or more surfaces	649.00
D2542	onlay - metallic - two surfaces	593.00
D2543	onlay - metallic - three surfaces	665.00
D2544	onlay - metallic - four or more surfaces	692.00
D2610	inlay - porcelain/ceramic - one surface	583.00
D2620	inlay - porcelain/ceramic - two surfaces	615.00
D2630	inlay - porcelain/ceramic - three or more surfaces	654.00
D2642	onlay - porcelain/ceramic - two surfaces	638.00
D2643	onlay - porcelain/ceramic - three surfaces	687.00
D2644	onlay - porcelain/ceramic - four or more surfaces	729.00
D2650	inlay - resin-based composite - one surface	384.00
D2651	inlay - resin-based composite - two surfaces	457.00
D2652	inlay - resin-based composite - three or more surfaces	481.00
D2662	onlay - resin-based composite - two surfaces	607.00
D2663	onlay - resin-based composite - three surfaces	618.00

D2664	onlay - resin-based composite - four or more surfaces	649.00
D2710	crown - resin-based composite (indirect)	307.00
D2720	crown - resin with high noble metal	847.00
D2721	crown - resin with predominantly base metal	791.00
D2722	crown - resin with noble metal	809.00
D2740	crown - porcelain/ceramic	863.00
D2750	crown - porcelain fused to high noble metal	856.00
D2751	crown - porcelain fused to predominantly base metal	797.00
D2752	crown - porcelain fused to noble metal	815.00
D2780	crown - 3/4 cast high noble metal	836.00
D2781	crown - 3/4 cast predominantly base metal	804.00
D2782	crown - 3/4 cast noble metal	833.00
D2783	crown - 3/4 porcelain/ceramic	887.00
D2790	crown - full cast high noble metal	825.00
D2791	crown - full cast predominantly base metal	786.00
D2792	crown - full cast noble metal	798.00
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	71.00
D2920	re-cement or re-bond crown	73.00
D2930	prefabricated stainless steel crown - primary tooth	203.00
D2931	prefabricated stainless steel crown - permanent tooth	226.00
D2932	prefabricated resin crown	249.00
D2933	prefabricated stainless steel crown with resin window	279.00
D2940	protective restoration	77.00
D2950	core buildup, including any pins when required	192.00
D2951	pin retention - per tooth, in addition to restoration	40.00
D2952	post and core in addition to crown, indirectly fabricated	294.00
D2953	each additional indirectly fabricated post - same tooth	186.00
D2954	prefabricated post and core in addition to crown	242.00
D2955	post removal	181.00
D2957	each additional prefabricated post - same tooth	89.00
D2960	labial veneer (resin laminate) - direct	594.00

Endodontic Services

CDT Code	Procedure	Member Pays
D3110	pulp cap - direct (excluding final restoration)	53.00
D3120	pulp cap - indirect (excluding final restoration)	41.00
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	123.00
D3221	pulpal debridement, primary and permanent teeth	122.00
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	131.00
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	143.00
D3310	endodontic therapy, anterior tooth (excluding final restoration)	524.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	641.00

D3330	endodontic therapy, molar tooth (excluding final restoration)	827.00
D3331	treatment of root canal obstruction; non-surgical access	274.00
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	268.00
D3333	internal root repair of perforation defects	143.00
D3346	retreatment of previous root canal therapy - anterior	706.00
D3347	retreatment of previous root canal therapy - premolar	833.00
D3348	retreatment of previous root canal therapy - molar	1,002.00
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	298.00
D3352	apexification/recalcification - interim medication replacement	131.00
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	439.00
D3410	apicoectomy - anterior	602.00
D3421	apicoectomy - premolar (first root)	654.00
D3425	apicoectomy - molar (first root)	741.00
D3426	apicoectomy (each additional root)	247.00
D3430	retrograde filling - per root	181.00
D3450	root amputation - per root	368.00
D3470	intentional reimplantation (including necessary splinting)	736.00
D3910	surgical procedure for isolation of tooth with rubber dam	95.00
D3920	hemisection (including any root removal), not including root canal therapy	288.00
D3950	canal preparation and fitting of preformed dowel or post	131.00

Periodontic Services

CDT Code	Procedure	Member Pays
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	513.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	172.00
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	605.00
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	440.00
D4245	apically positioned flap	546.00
D4249	clinical crown lengthening - hard tissue	691.00
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	974.00
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	565.00
D4263	bone replacement graft - retained natural tooth - first site in quadrant	295.00
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	197.00

D4266	guided tissue regeneration. natural teeth - resorbable barrier. per site	355.00
D4267	guided tissue regeneration. natural teeth - non-resorbable barrier. per site	457.00
D4268	surgical revision procedure. per tooth	553.00
D4270	pedicle soft tissue graft procedure	722.00
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	177.00
D4342	periodontal scaling and root planing - one to three teeth per quadrant	87.00
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	118.00
D4910	periodontal maintenance	105.00
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	90.00

Prosthodontic Services (removable)

CDT Code	Procedure	Member Pays
D5110	complete denture - maxillary	1,135.00
D5120	complete denture - mandibular	1,135.00
D5130	immediate denture - maxillary	1,238.00
D5140	immediate denture - mandibular	1,238.00
D5211	maxillary partial denture - resin base (including. retentive/ clasping materials. rests. and teeth)	1,113.00
D5212	mandibular partial denture - resin base (including. retentive/ clasping materials. rests. and teeth)	1,113.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials. rests and teeth)	1,255.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials. rests and teeth)	1,255.00
D5282	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials. rests. and teeth). maxillary	20% Discount
D5410	adjust complete denture - maxillary	62.00
D5411	adjust complete denture - mandibular	62.00
D5421	adjust partial denture - maxillary	62.00
D5422	adjust partial denture - mandibular	62.00
D5520	replace missing or broken teeth - complete denture (each tooth)	104.00
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	177.00

D5640	replace broken teeth - per tooth	114.00
D5650	add tooth to existing partial denture	154.00
D5660	add clasp to existing partial denture - per tooth	186.00
D5710	rebase complete maxillary denture	461.00
D5711	rebase complete mandibular denture	440.00
D5720	rebase maxillary partial denture	436.00
D5721	rebase mandibular partial denture	436.00
D5730	reline complete maxillary denture (direct)	261.00
D5731	reline complete mandibular denture (direct)	261.00
D5740	reline maxillary partial denture (direct)	239.00
D5741	reline mandibular partial denture (direct)	239.00
D5750	reline complete maxillary denture (indirect)	348.00
D5751	reline complete mandibular denture (indirect)	348.00
D5760	reline maxillary partial denture (indirect)	342.00
D5761	reline mandibular partial denture (indirect)	342.00
D5810	interim complete denture (maxillary)	560.00
D5811	interim complete denture (mandibular)	560.00
D5820	interim partial denture (including retentive/clasping materials. rests. and teeth). maxillary	450.00
D5821	interim partial denture (including retentive/clasping materials. rests. and teeth). mandibular	20% Discount
D5850	tissue conditioning. maxillary	108.00
D5851	tissue conditioning. mandibular	108.00

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	747.00
D6211	pontic - cast predominantly base metal	701.00
D6212	pontic - cast noble metal	729.00
D6240	pontic - porcelain fused to high noble metal	681.00
D6241	pontic - porcelain fused to predominantly base metal	718.00
D6242	pontic - porcelain fused to noble metal	732.00
D6245	pontic - porcelain/ceramic	732.00
D6250	pontic - resin with high noble metal	729.00
D6251	pontic - resin with predominantly base metal	673.00
D6252	pontic - resin with noble metal	694.00
D6545	retainer - cast metal for resin bonded fixed prosthesis	311.00
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	489.00
D6720	retainer crown - resin with high noble metal	823.00
D6721	retainer crown - resin with predominantly base metal	780.00
D6722	retainer crown - resin with noble metal	795.00
D6740	retainer crown - porcelain/ceramic	742.00

D6750	retainer crown - porcelain fused to high noble metal	841.00
D6751	retainer crown - porcelain fused to predominantly base metal	786.00
D6752	retainer crown - porcelain fused to noble metal	804.00
D6780	retainer crown - 3/4 cast high noble metal	795.00
D6781	retainer crown - 3/4 cast predominantly base metal	701.00
D6782	retainer crown - 3/4 cast noble metal	709.00
D6783	retainer crown - 3/4 porcelain/ceramic	719.00
D6790	retainer crown - full cast high noble metal	812.00
D6791	retainer crown - full cast predominantly base metal	771.00
D6792	retainer crown - full cast noble metal	798.00
D6930	re-cement or re-bond fixed partial denture	99.00

Oral Surgery Services

CDT Code	Procedure	Member Pays
D7111	extraction. coronal remnants - primary tooth	97.00
D7140	extraction. erupted tooth or exposed root (elevation and/or forceps removal)	116.00
D7210	extraction. erupted tooth requiring removal of bone and/or sectioning of tooth. and including elevation of mucoperiosteal flap if indicated	204.00
D7220	removal of impacted tooth - soft tissue	230.00
D7230	removal of impacted tooth - partially bony	305.00
D7240	removal of impacted tooth - completely bony	358.00
D7241	removal of impacted tooth - completely bony. with unusual surgical complications	451.00
D7250	removal of residual tooth roots (cutting procedure)	193.00
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	393.00
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	447.00
D7280	exposure of an unerupted tooth	431.00
D7285	incisional biopsy of oral tissue-hard (bone. tooth)	700.00
D7286	incisional biopsy of oral tissue-soft	312.00
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces. per quadrant	213.00
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces. per quadrant	471.00
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	623.00
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	978.00
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	623.00

D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	978.00
D7510	incision and drainage of abscess - intraoral soft tissue	204.00
D7910	suture of recent small wounds up to 5 cm	284.00
D7911	complicated suture - up to 5 cm	712.00
D7912	complicated suture - greater than 5 cm	1,016.00
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	20% Discount
D7970	excision of hyperplastic tissue - per arch	461.00
D7971	excision of pericoronal gingiva	146.00

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	74.00
D9120	fixed partial denture sectioning	20% Discount
D9211	regional block anesthesia	34.00
D9215	local anesthesia in conjunction with operative or surgical procedures	23.00
D9230	inhalation of nitrous oxide/analgesia. anxiolysis	40.00
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	154.00
D9410	house/extended care facility call	204.00
D9420	hospital or ambulatory surgical center call	281.00
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	53.00
D9440	office visit - after regularly scheduled hours	94.00
D9910	application of desensitizing medicament	34.00
D9911	application of desensitizing resin for cervical and/or root surface. per tooth	47.00
D9950	occlusion analysis - mounted case	205.00
D9951	occlusal adjustment - limited	92.00
D9952	occlusal adjustment - complete	523.00
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.