

## **Care**ington Corporation

## Care 500 Series Schedule

## 501

\*\*\*Discount plans are not insurance\*\*\*

500 Series	S	•••Discount plan
Code	Diagnostic and Preventive	Fee
D0120	Periodic Oral Evaluation - Established Patient	\$14
D0140	Limited Oral Evaluation - Problem Focus	\$18
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$18
D0210	Intraoral - Complete Series of Radiographic Images	\$40
D0220	Intraoral - Periapical - First Radiographic Image	\$10
D0230	Intraoral - Periapical - Each Additional Radiographic Image	\$6
D0270	Bitewing - Single Radiographic Image	\$10
D0272	Bitewings - Two Radiographic Images	\$13
D0272	Bitewings - Three Radiographic Images	\$17
D0273	Bitewings - Four Radiographic Images	\$20
D0330		
D1110	Panoramic Radiographic Image	\$40
	Prophylaxis - Adult Cleaning	\$29
D1120	Prophylaxis - Child Cleaning	\$21
D1351	Sealant - Per Tooth	\$20
D1510	Space Maintainer - Fixed - Unilateral	\$87
D1515	Space Maintainer - Fixed - Bilateral	\$127
D1520	Space Maintainer - Removable - Unilateral	\$113
D1525	Space Maintainer - Removable - Bilateral	\$143
	Restorative	
D2140	Amalgam - One Surface, Primary or Permanent	\$40
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$51
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$60
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$73
D2330	Resin - Based Composite - One Surface, Anterior	\$51
D2331	Resin - Based Composite - Two Surfaces, Anterior	\$61
D2332	Resin - Based Composite - Three Surfaces, Anterior	\$77
D2335	Resin - Based Composite - Four or More Surfaces, Anterior	\$98
D2391	Resin - Based Composite - One Surface, Posterior	\$64
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D2392	Resin - Based Composite - Two Surfaces, Posterior	\$94
D2393	Resin - Based Composite - Three Surfaces, Posterior	\$119
D2394	Resin - Based Composite - Four or More Surfaces, Posterior	\$138
D2710	Crown - Resin-Based Composite (indirect)	\$191
D2720	Crown- Resin With High Noble Metal	\$403
D2750	Crown - Porcelain Fused to High Noble Metal	\$473
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$428
D2752	Crown - Porcelain Fused to Noble Metal	\$447
D2790	Crown - Full Cast High Noble Metal	\$465
D2791	Crown - Full Cast Predominantly Base Metal	\$417
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$93
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$106
D2950	Core Buildup - Including Any Pins	\$93
D2951	Pin Retention Per Tooth in Addition to Restoration	\$23
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$146
D2954	Prefabricated Post and Core in Addition to Crown	\$114
	Endodontics	
D3110	Pulp Cap Direct (excluding final restoration)	\$21
D3120	Pulp Cap Indirect (excluding final restoration)	\$21
D3220	Therapeutic Pulpotomy (excluding final restoration)	\$51
D3310	Endodontic Therapy - Anterior Tooth (excluding final restoration)	\$272
D3320	Endodontic Therapy - Bicuspid Tooth (excluding final restoration)	\$322
D3330	Endodontic Thearpy - Molar (excluding final restoration)	\$406
D4210	Periodontics Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or	\$271
D4341	Tooth Bonded Spaces Per Quadrant Periodontal Scaling and Root Planing - Four or More Teeth Per	\$94
D4910	Quadrant Periodontal Maintenance	\$60
	Prosthodontics (Removable)	
D5110	Complete Denture - Maxillary	\$595
D5110	Complete Denture - Mandibular	\$595
D5120 D5130	Immediate Denture - Maxillary	
	•	\$619 \$619
D5140	Immediate Denture - Mandibular  Maxillary Partial Denture - Resin Base (including any conventional	
D5211 D5212	Maximary Partial Deficure - Resin Base (including any conventional clasps, rests and teeth)  Mandibular Partial Denture - Resin Base (including any conventional	\$583 \$583
D5212	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)  Maxillary Partial Denture - Cast Metal Framework with Resin Denture	
	Mandibular Partial Denture - Cast Wetal Harmework with Resin Denture Bases (including any conventional clasps, rests and teeth)  Mandibular Partial Denture - Cast Metal Framework with Resin	
D5214	Denture Bases (including any conventional clasps, rests and teeth)	\$675
D5410	Adjust Complete Denture - Maxillary	\$34
D5411	Adjust Complete Denture - Mandibular	\$34
D5510	Repair Broken Complete Denture Base	\$53

Code         Prosthodontics (Removed) (Continued)         Fee           D5520         Replace Missing or Broken Teeth - Complete Denture (each tooth)         \$51           D5630         Repair or Replace Broken Clasp         \$61           D5650         Add Clasp to Existing Partial Denture         \$53           D5660         Add Clasp to Existing Partial Denture (chairside)         \$126           D5731         Reline Complete Maxillary Denture (chairside)         \$126           D5741         Reline Maxillary Partial Denture (chairside)         \$120           D5741         Reline Maxillary Partial Denture (chairside)         \$120           D5740         Reline Complete Maxillary Denture (lab)         \$165           D5751         Reline Complete Maxillary Denture (lab)         \$165           D5751         Reline Complete Maxillary Denture (lab)         \$165           D6240         Pontic - Dorcelain Fused to High Noble Metal         \$415           D6241         Pontic - Porcelain Fused to High Noble Metal         \$379           D6242         Pontic - Porcelain Fused to Noble Metal         \$435           D6750         Crown - Porcelain Fused to High Noble Metal         \$435           D6751         Crown - Porcelain Fused to Noble Metal         \$424           D7752         Crown - Porcelain Fu			
D5630 Repair or Replace Broken Clasp   \$61	Code	Prosthodontics (Removed) (Continued)	Fee
D5650 Add Tooth to Existing Partial Denture D5660 Add Clasp to Existing Partial Denture D5730 Reline Complete Maxillary Denture (chairside) D5731 Reline Complete Maxillary Denture (chairside) D5741 Reline Maxillary Partial Denture (chairside) D5741 Reline Maxillary Partial Denture (chairside) D5741 Reline Maxillary Partial Denture (chairside) D5750 Reline Complete Maxillary Denture (lab) D5751 Reline Complete Maxillary Denture (lab) D5751 Reline Complete Maxillary Denture (lab) D5751 Reline Complete Maxillary Denture (lab) D6000 through D6096 Implant Services  Prosthodontics (Fixed) D6240 Pontic - Porcelain Fused to High Noble Metal D6241 Pontic - Porcelain Fused to Predominantly Base Metal D6242 Pontic - Porcelain Fused to Predominantly Base Metal D6243 Pontic - Porcelain Fused to Predominantly Base Metal D6750 Crown - Porcelain Fused to Predominantly Base Metal D6751 Crown - Porcelain Fused to Predominantly Base Metal D6752 Crown - Porcelain Fused to Noble Metal D6752 Crown - Porcelain Fused to Noble Metal D6753 Extraction, Erupted Tooth or Exposed Root (elevation and/or forcepts removal) D740 Extraction, Erupted Tooth or Exposed Root (elevation and/or forcepts removal) D7210 Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated D7230 Removal of Impacted Tooth - Soft Tissue D7240 Removal of Impacted Tooth - Completely Bony D7240 Removal of Impacted Tooth - Completely Bony D7240 Removal of Impacted Tooth - Completely Bony D7250 Surgical Removal of Residual Tooth Roots (cutting procedure) D7310 Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant D7320 Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant D7310 Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant D7320 Comprehensive Orthodontic Treatment of the Adolescent Dentition D8080 Comprehensive Orthodontic Treatment of the Ado	D5520	Replace Missing or Broken Teeth - Complete Denture (each tooth)	\$51
D5660 Add Clasp to Existing Partial Denture  D5730 Reline Complete Maxillary Denture (chairside)  D5731 Reline Complete Maxillary Denture (chairside)  D5741 Reline Complete Mandibular Denture (chairside)  D5741 Reline Mandibular Partial Denture (chairside)  D5741 Reline Mandibular Partial Denture (chairside)  D5750 Reline Complete Maxillary Denture (lab)  D5751 Reline Complete Maxillary Denture (lab)  D5751 Reline Complete Mandibular Denture (lab)  D5751 Reline Complete Mandibular Denture (lab)  D6000 through D6096 Implant Services  Prosthodontics (Fixed)  D6240 Pontic - Porcelain Fused to High Noble Metal  D6241 Pontic - Porcelain Fused to Predominantly Base Metal  D6242 Pontic - Porcelain Fused to Noble Metal  D6550 Crown - Porcelain Fused to Noble Metal  D6751 Crown - Porcelain Fused to Noble Metal  D6752 Crown - Porcelain Fused to Noble Metal  D6753 Crown - Porcelain Fused to Noble Metal  D6754 Extraction, Erupted Tooth or Exposed Root (elevation and/or forcepts removal)  D7140 Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated  D7220 Removal of Impacted Tooth - Soft Tissue  D7230 Removal of Impacted Tooth - Partially Bony  D7250 Surgical Removal of Residual Tooth Roots (cutting procedure)  D7310 Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant  D7310 Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant  D7310 Incision and Drainage of Abscess - Intraoral Soft Tissue  D8070 Comprehensive Orthodontic Treatment of the Transitional Dentition  D8080 Comprehensive Orthodontic Treatment of the Adolescent Dentition  D8080 Comprehensive Orthodontic Treatment of the Adolescent Dentition  D8090 Comprehensive Orthodontic Treatment of the Adolescent Dentition  D8091 Comprehensive Orthodontic Treatment of the Adolescent Dentition  D8091 Comprehensive Orthodontic Treatment of the Adolescent Dentition  D8091 Comprehensive Orthodontic	D5630	Repair or Replace Broken Clasp	\$61
D5730 Reline Complete Maxillary Denture (chairside) \$126 D5731 Reline Complete Mandibular Denture (chairside) \$126 D5740 Reline Maxillary Partial Denture (chairside) \$120 D5741 Reline Maxillary Partial Denture (chairside) \$120 D5750 Reline Complete Maxillary Denture (lab) \$165 D5751 Reline Complete Maxillary Denture (lab) \$165 D5751 Reline Complete Mandibular Denture (lab) \$165 D6000 through D6096 Implant Services 20% Discount  Prosthodontics (Fixed) D6240 Pontic - Porcelain Fused to High Noble Metal \$411 D6241 Pontic - Porcelain Fused to Predominantly Base Metal \$379 D6242 Pontic - Porcelain Fused to Noble Metal \$395 D6750 Crown - Porcelain Fused to Noble Metal \$453 D6751 Crown - Porcelain Fused to Noble Metal \$443 D6751 Crown - Porcelain Fused to Predominantly Base Metal \$440 D6752 Crown - Porcelain Fused to Predominantly Base Metal \$440 D6752 Crown - Porcelain Fused to Noble Metal \$424 D718 Ustraction, Erupted Tooth or Exposed Root (elevation and/or forcepts removal) D7240 Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated D7220 Removal of Impacted Tooth - Soft Tissue \$104 D7230 Removal of Impacted Tooth - Partially Bony \$136 D7240 Removal of Impacted Tooth - Partially Bony \$196 D7250 Surgical Removal of Residual Tooth Roots (cutting procedure) \$104 D7310 Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant Incision and Drainage of Abscess - Intraoral Soft Tissue \$64 D7100 Orthodontics D8070 Comprehensive Orthodontic Treatment of the Adolescent Dentition 20% Discount Miscellaneous Services D81010 Pallative (emergency) Treatment Dental Pain - Minor Procedure \$34 D9215 Local Anesthesia in Conjunction With Operative or Surgical \$12 D7200 Inhalation of Nitrous Oxide/Anxiolysis, Analgesia \$47	D5650	Add Tooth to Existing Partial Denture	\$53
D5731 Reline Complete Mandibular Denture (chairside) \$126 D5740 Reline Maxillary Partial Denture (chairside) \$120 D5741 Reline Mandibular Partial Dent (chairside) \$120 D5750 Reline Complete Mandibular Denture (lab) \$165 D5751 Reline Complete Mandibular Denture (lab) \$165 D6000 through D6096 Implant Services 20% Discount  Prosthodontics (Fixed) D6240 Pontic - Porcelain Fused to High Noble Metal \$411 D6241 Pontic - Porcelain Fused to Predominantly Base Metal \$379 D6242 Pontic - Porcelain Fused to Noble Metal \$395 D6750 Crown - Porcelain Fused to High Noble Metal \$453 D6751 Crown - Porcelain Fused to High Noble Metal \$453 D6751 Crown - Porcelain Fused to Noble Metal \$424 D752 Crown - Porcelain Fused to Noble Metal \$424 D7752 Crown - Porcelain Fused to Noble Metal \$424 D7752 Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated D7220 Removal of Impacted Tooth - Soft Tissue \$104 D7230 Removal of Impacted Tooth - Partially Bony \$136 D7240 Removal of Impacted Tooth - Partially Bony \$136 D7240 Removal of Impacted Tooth - Completely Bony \$196 D7250 Surgical Removal of Residual Tooth Roots (cutting procedure) \$104 D7310 Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant D7310 Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant D7310 Incision and Drainage of Abscess - Intraoral Soft Tissue \$64 Orthodontics D800 Comprehensive Orthodontic Treatment of the Transitional Dentition 20% Discount Miscellaneous Services D9110 Palliative (emergency) Treatment Dental Pain - Minor Procedure \$34 D9215 Local Anesthesia in Conjunction With Operative or Surgical \$12 Procedures D8230 Inhalation of Nitrous Oxide/Anxiolysis, Analgesia \$47	D5660	Add Clasp to Existing Partial Denture	\$68
D5740 Reline Maxillary Partial Denture (chairside) \$120 D5741 Reline Mandibular Partial Dent (chairside) \$120 D5750 Reline Complete Maxillary Denture (lab) \$165 D5751 Reline Complete Maxillary Denture (lab) \$165 D5751 Reline Complete Mandibular Denture (lab) \$165  D6000 through D6096 Implant Services 20% Discount  Prosthodontics (Fixed)  D6240 Pontic - Porcelain Fused to High Noble Metal \$411 D6241 Pontic - Porcelain Fused to Predominantly Base Metal \$379 D6242 Pontic - Porcelain Fused to Noble Metal \$395 D6750 Crown - Porcelain Fused to Noble Metal \$453 D6751 Crown - Porcelain Fused to Noble Metal \$408 D6752 Crown - Porcelain Fused to Noble Metal \$443 D6752 Crown - Porcelain Fused to Noble Metal \$440 D6752 Crown - Porcelain Fused to Noble Metal \$444 D77140 Extraction, Erupted Tooth or Exposed Root (elevation and/or forcepts removal) D7140 Extraction, Erupted Tooth or Exposed Root (elevation and/or forcepts removal) D7210 Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated D7230 Removal of Impacted Tooth - Soft Tissue \$104 D7230 Removal of Impacted Tooth - Partially Bony \$136 D7240 Removal of Impacted Tooth - Completely Bony \$136 D7240 Removal of Impacted Tooth Completely Bony \$136 D7240 Removal of Impacted Tooth Completely Bony \$136 D7250 Surgical Removal of Residual Tooth Roots (cutting procedure) \$104 D7310 Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant D7320 Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant D7300 Incision and Drainage of Abscess - Intraoral Soft Tissue \$64 Orthodontics  D8070 Comprehensive Orthodontic Treatment of the Transitional Dentition 20% Discount Miscellaneous Services D8080 Comprehensive Orthodontic Treatment of the Adult Dentition 20% Discount Miscellaneous Services D8110 Palliative (emergency) Treatment Dental Pain - Minor Procedure \$34 D9215 Local Anesthesia in Conjunction With Operative	D5730	Reline Complete Maxillary Denture (chairside)	\$126
D5741 Reline Mandibular Partial Dent (chairside)   \$120	D5731	Reline Complete Mandibular Denture (chairside)	\$126
D5750 Reline Complete Maxillary Denture (lab) \$165 D5751 Reline Complete Mandibular Denture (lab) \$165  D6000 through D6096 Implant Services 20% Discount  Prosthodontics (Fixed)  D6240 Pontic - Porcelain Fused to High Noble Metal \$411 D6241 Pontic - Porcelain Fused to Predominantly Base Metal \$379 D6242 Pontic - Porcelain Fused to Noble Metal \$395 D6750 Crown - Porcelain Fused to High Noble Metal \$453 D6751 Crown - Porcelain Fused to High Noble Metal \$408 D6752 Crown - Porcelain Fused to Noble Metal \$424  Oral Surgery  D7140 Extraction, Erupted Tooth or Exposed Root (elevation and/or forcepts removal)  D7210 Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated  D7220 Removal of Impacted Tooth - Soft Tissue \$104 D7230 Removal of Impacted Tooth - Portially Bony \$136 D7240 Removal of Impacted Tooth - Completely Bony \$196 D7250 Surgical Removal of Residual Tooth Roots (cutting procedure) \$104 D7310 Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant D7320 Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant D7320 Comprehensive Orthodontic Treatment of the Transitional Dentition 20% Discount Orthodontics  D8070 Comprehensive Orthodontic Treatment of the Adolescent Dentition 20% Discount Miscellaneous Services  D9110 Palliative (emergency) Treatment Dental Pain - Minor Procedure \$34 D9215 Local Anesthesia in Conjunction With Operative or Surgical \$12 Procedures  D9230 Inhalation of Nitrous Oxide/Anxiolysis, Analgesia \$24 D9251 Occlusal Adjustment Limited	D5740	Reline Maxillary Partial Denture (chairside)	\$120
D6000 through D6096 Implant Services  Prosthodontics (Fixed)  D6240 Pontic - Porcelain Fused to High Noble Metal  D6241 Pontic - Porcelain Fused to Predominantly Base Metal  D6242 Pontic - Porcelain Fused to Noble Metal  D6244 Pontic - Porcelain Fused to Noble Metal  D6242 Pontic - Porcelain Fused to Noble Metal  D6242 Pontic - Porcelain Fused to High Noble Metal  D6750 Crown - Porcelain Fused to High Noble Metal  D6751 Crown - Porcelain Fused to High Noble Metal  D6752 Crown - Porcelain Fused to Noble Metal  D784 Surgery  D7140 Extraction, Erupted Tooth or Exposed Root (elevation and/or forcepts removal)  D7210 Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated  D7220 Removal of Impacted Tooth - Soft Tissue  D7230 Removal of Impacted Tooth - Partially Bony  D7240 Removal of Impacted Tooth - Completely Bony  D7240 Removal of Impacted Tooth - Completely Bony  D7250 Surgical Removal of Residual Tooth Roots (cutting procedure)  D7250 Surgical Removal of Residual Tooth Roots (cutting procedure)  D7310 Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant  D7320 Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant  D7320 Alveoloplasty of the Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant  D7320 Comprehensive Orthodontic Treatment of the Transitional Dentition  D8080 Comprehensive Orthodontic Treatment of the Adult Dentition  D8080 Comprehensive Orthod	D5741	Reline Mandibular Partial Dent (chairside)	\$120
Prosthodontics (Fixed)  D6240 Pontic - Porcelain Fused to High Noble Metal \$411  D6241 Pontic - Porcelain Fused to Predominantly Base Metal \$379  D6242 Pontic - Porcelain Fused to Predominantly Base Metal \$395  D6750 Crown - Porcelain Fused to Noble Metal \$453  D6751 Crown - Porcelain Fused to Predominantly Base Metal \$408  D6752 Crown - Porcelain Fused to Noble Metal \$424  Oral Surgery  D7140 Extraction, Erupted Tooth or Exposed Root (elevation and/or forcepts removal)  D7210 Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated  D7220 Removal of Impacted Tooth - Partially Bony \$136  D7240 Removal of Impacted Tooth - Completely Bony \$196  D7250 Surgical Removal of Residual Tooth Roots (cutting procedure) \$104  D7310 Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant  D7320 Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant  D7310 Incision and Drainage of Abscess - Intraoral Soft Tissue \$64  Orthodontics  D8070 Comprehensive Orthodontic Treatment of the Transitional Dentition 20% Discount Miscellaneous Services  D9110 Palliative (emergency) Treatment of the Adult Dentition 20% Discount Miscellaneous Services  D9230 Inhalation of Nitrous Oxide/Anxiolysis, Analgesia \$24  D9251 Occlusal Adjustment Limited	D5750	Reline Complete Maxillary Denture (lab)	\$165
Prosthodontics (Fixed)  D6240 Pontic - Porcelain Fused to High Noble Metal  D6241 Pontic - Porcelain Fused to Predominantly Base Metal  D6242 Pontic - Porcelain Fused to Predominantly Base Metal  D6242 Pontic - Porcelain Fused to Noble Metal  D6750 Crown - Porcelain Fused to High Noble Metal  D6751 Crown - Porcelain Fused to Predominantly Base Metal  D6752 Crown - Porcelain Fused to Predominantly Base Metal  D6753 Crown - Porcelain Fused to Noble Metal  D7140 Extraction, Erupted Tooth or Exposed Root (elevation and/or forcepts removal)  D7210 Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated  D7220 Removal of Impacted Tooth - Soft Tissue  D7230 Removal of Impacted Tooth - Partially Bony  D7250 Surgical Removal of Residual Tooth Roots (cutting procedure)  D7310 Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant  D7320 Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant  D7310 Incision and Drainage of Abscess - Intraoral Soft Tissue  D8070 Comprehensive Orthodontic Treatment of the Transitional Dentition  D8080 Comprehensive Orthodontic Treatment of the Adolescent Dentition  D8080 Comprehensive Orthodontic Treatment of the Adolescent Dentition  D8090 Comprehensive Orthodontic Treatment of the Adolescent Dentition  D8091 Palliative (emergency) Treatment Dental Pain - Minor Procedure  D9215 Local Anesthesia in Conjunction With Operative or Surgical  D9216 Palliative (emergency) Treatment Dental Pain - Minor Procedure  D9230 Inhalation of Nitrous Oxide/Anxiolysis, Analgesia  S44	D5751	Reline Complete Mandibular Denture (lab)	\$165
Prosthodontics (Fixed)  D6240 Pontic - Porcelain Fused to High Noble Metal  D6241 Pontic - Porcelain Fused to Predominantly Base Metal  D6242 Pontic - Porcelain Fused to Noble Metal  D6242 Pontic - Porcelain Fused to Noble Metal  D6750 Crown - Porcelain Fused to High Noble Metal  D6751 Crown - Porcelain Fused to Predominantly Base Metal  D6752 Crown - Porcelain Fused to Predominantly Base Metal  D6753 Crown - Porcelain Fused to Noble Metal  D740 Surgery  D740 Extraction, Erupted Tooth or Exposed Root (elevation and/or forcepts removal)  D7210 Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated  D7220 Removal of Impacted Tooth - Soft Tissue  D7240 Removal of Impacted Tooth - Partially Bony  D7250 Surgical Removal of Residual Tooth Roots (cutting procedure)  D7310 Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant  D7320 Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant  D7310 Incision and Drainage of Abscess - Intraoral Soft Tissue  D740 Comprehensive Orthodontic Treatment of the Transitional Dentition  D7510 Local Anesthesia in Conjunction With Operative or Surgical  D7510 Comprehensive Orthodontic Treatment of the Adolescent Dentition  D7510 Palliative (emergency) Treatment Dental Pain - Minor Procedure  D7510 Palliative (emergency) Treatment Dental Pain - Minor Procedure  D7510 Palliative (emergency) Treatment Dental Pain - Minor Procedure  D7510 Inhalation of Nitrous Oxide/Anxiolysis, Analgesia  D7510 Cclusal Adjustment Limited	_		
D6240 Pontic - Porcelain Fused to High Noble Metal D6241 Pontic - Porcelain Fused to High Noble Metal D6242 Pontic - Porcelain Fused to Noble Metal D6254 Pontic - Porcelain Fused to Noble Metal D6750 Crown - Porcelain Fused to High Noble Metal D6751 Crown - Porcelain Fused to Predominantly Base Metal D6752 Crown - Porcelain Fused to Predominantly Base Metal D6752 Crown - Porcelain Fused to Noble Metal D740 Extraction, Erupted Tooth or Exposed Root (elevation and/or forcepts removal) D7210 Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated D7220 Removal of Impacted Tooth - Portially Bony D7240 Removal of Impacted Tooth - Completely Bony D7250 Surgical Removal of Residual Tooth Roots (cutting procedure) D7310 Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant D7320 Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant D7510 Incision and Drainage of Abscess - Intraoral Soft Tissue D8070 Comprehensive Orthodontic Treatment of the Transitional Dentition D8080 Comprehensive Orthodontic Treatment of the Adults Dentition D8080 Comprehensive Orthodontic Treatment of the Adults Dentition D8080 Comprehensive Orthodontic Treatment of the Adults Dentition Miscellaneous Services D9110 Palliative (emergency) Treatment Dental Pain - Minor Procedure S142 D9230 Inhalation of Nitrous Oxide/Anxiolysis, Analgesia S445	D6000 t	hrough D6096 Implant Services	20% Discount
D6240 Pontic - Porcelain Fused to High Noble Metal \$411 D6241 Pontic - Porcelain Fused to Predominantly Base Metal \$379 D6242 Pontic - Porcelain Fused to Noble Metal \$395 D6750 Crown - Porcelain Fused to High Noble Metal \$408 D6751 Crown - Porcelain Fused to Predominantly Base Metal \$408 D6752 Crown - Porcelain Fused to Noble Metal \$424  D718 Surgery D7140 Extraction, Erupted Tooth or Exposed Root (elevation and/or forcepts removal) D7210 Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated D7220 Removal of Impacted Tooth - Partially Bony \$136 D7240 Removal of Impacted Tooth - Partially Bony \$196 D7250 Surgical Removal of Residual Tooth Roots (cutting procedure) \$104 D7310 Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant D7320 Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant D7510 Incision and Drainage of Abscess - Intraoral Soft Tissue \$64  Orthodontics D8070 Comprehensive Orthodontic Treatment of the Adolescent Dentition 20% Discount Miscellaneous Services D9110 Palliative (emergency) Treatment Dental Pain - Minor Procedure \$34 D9215 Local Anesthesia in Conjunction With Operative or Surgical \$12 D7230 Inhalation of Nitrous Oxide/Anxiolysis, Analgesia \$24 D9251 Occlusal Adjustment Limited		Proofbadowing (Fixed)	
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D6752 Crown - Porcelain Fused to Noble Metal Oral Surgery  D7140 Extraction, Erupted Tooth or Exposed Root (elevation and/or forcepts removal)  D7210 Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated  D7220 Removal of Impacted Tooth - Soft Tissue D7220 Removal of Impacted Tooth - Partially Bony D7230 Removal of Impacted Tooth - Completely Bony D7240 Removal of Impacted Tooth - Completely Bony D7250 Surgical Removal of Residual Tooth Roots (cutting procedure) D7310 Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant D7320 Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant D7510 Incision and Drainage of Abscess - Intraoral Soft Tissue D8070 Comprehensive Orthodontic Treatment of the Transitional Dentition D8080 Comprehensive Orthodontic Treatment of the Adolescent Dentition D8080 Comprehensive Orthodontic Treatment of the Adult Dentition D8090 Comprehensive Orthodontic Treatment of the Adult Dentition D8090 Comprehensive Orthodontic Treatment of the Adult Dentition D8091 Palliative (emergency) Treatment Dental Pain - Minor Procedure D9110 Palliative (emergency) Treatment Dental Pain - Minor Procedure D9230 Inhalation of Nitrous Oxide/Anxiolysis, Analgesia D9215 Occlusal Adjustment Limited		3	
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removal)  D7210 Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated  D7220 Removal of Impacted Tooth - Soft Tissue \$104  D7230 Removal of Impacted Tooth - Partially Bony \$136  D7240 Removal of Impacted Tooth - Completely Bony \$196  D7250 Surgical Removal of Residual Tooth Roots (cutting procedure) \$104  D7310 Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant  D7320 Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant  D7510 Incision and Drainage of Abscess - Intraoral Soft Tissue \$64  Orthodontics  D8070 Comprehensive Orthodontic Treatment of the Transitional Dentition 20% Discount D8080 Comprehensive Orthodontic Treatment of the Adolescent Dentition 20% Discount Miscellaneous Services  D9110 Palliative (emergency) Treatment Dental Pain - Minor Procedure \$34  D9215 Local Anesthesia in Conjunction With Operative or Surgical \$12  Procedures  D9230 Inhalation of Nitrous Oxide/Anxiolysis, Analgesia \$24  D9951 Occlusal Adjustment Limited	D7140		<b>\$</b> 51
Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated  D7220 Removal of Impacted Tooth - Soft Tissue \$104  D7230 Removal of Impacted Tooth - Partially Bony \$136  D7240 Removal of Impacted Tooth - Completely Bony \$196  D7250 Surgical Removal of Residual Tooth Roots (cutting procedure) \$104  D7310 Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant  D7320 Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant  D7510 Incision and Drainage of Abscess - Intraoral Soft Tissue \$64  Orthodontics  D8070 Comprehensive Orthodontic Treatment of the Transitional Dentition 20% Discount D8080 Comprehensive Orthodontic Treatment of the Adolescent Dentition 20% Discount  Miscellaneous Services  D9110 Palliative (emergency) Treatment Dental Pain - Minor Procedure \$34  D9215 Local Anesthesia in Conjunction With Operative or Surgical \$12  Procedures  D9230 Inhalation of Nitrous Oxide/Anxiolysis, Analgesia \$24  D9951 Occlusal Adjustment Limited	D7 140		φοι
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D7220         Removal of Impacted Tooth - Soft Tissue         \$104           D7230         Removal of Impacted Tooth - Partially Bony         \$136           D7240         Removal of Impacted Tooth - Completely Bony         \$196           D7250         Surgical Removal of Residual Tooth Roots (cutting procedure)         \$104           D7310         Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant         \$125           D7320         Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant         \$125           D7510         Incision and Drainage of Abscess - Intraoral Soft Tissue         \$64           Orthodontics         \$64           D8070         Comprehensive Orthodontic Treatment of the Transitional Dentition         20% Discount           D8080         Comprehensive Orthodontic Treatment of the Adolescent Dentition         20% Discount           D8090         Comprehensive Orthodontic Treatment of the Adult Dentition         20% Discount           Miscellaneous Services         D9110         Palliative (emergency) Treatment Dental Pain - Minor Procedure         \$34           D9215         Local Anesthesia in Conjunction With Operative or Surgical Procedures         \$12           D9230         Inhalation of Nitrous Oxide/Anxiolysis, Analgesia         \$24           D9951         Occ			
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or Tooth Spaces, Per Quadrant  D7510 Incision and Drainage of Abscess - Intraoral Soft Tissue  Orthodontics  D8070 Comprehensive Orthodontic Treatment of the Transitional Dentition  D8080 Comprehensive Orthodontic Treatment of the Adolescent Dentition  D8090 Comprehensive Orthodontic Treatment of the Adolescent Dentition  Miscellaneous Services  D9110 Palliative (emergency) Treatment Dental Pain - Minor Procedure  D9215 Local Anesthesia in Conjunction With Operative or Surgical  Procedures  D9230 Inhalation of Nitrous Oxide/Anxiolysis, Analgesia  \$24  D9951 Occlusal Adjustment Limited	D7320		\$125
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D9951 Occlusal Adjustment Limited \$47	D9230		\$24
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\*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 procedure. Member is responsible for all charges 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. Fee schedules are subject to change without prior notification to members.

\*It is the Member's responsibility to verify that the dentist is a participating Provider before seeking any treatment. Any dental procedures performed by a non-participating dentist are not discounted and are charged at the dentist's normal fees.

\*The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment - many treatments may require more than one dental procedure. Please consult your Careington provider for a detailed treatment plan prior to beginning any work.

\*Procedures not listed on this schedule will be discounted at 20% off the General Dentist's normal fee at the time of service.

"If the General Dentist's normal fee for any procedure is less than the fee listed on this schedule, the dentist will charge 20% off of their normal fee for that procedure.

"Work in progress prior to joining the dental plan must be completed by the dentist who started the work and is subject to no discount.

\*Careington can not guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating Careington provider. Not all types of dentists may be available in your area.

\*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.

\* Careington or its vendors may periodically adjust this fee schedule with 30 days notice to Client.

\*While all participating Careington providers are professionally licensed in the state in which they practice Careington does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating Careington provider should be directed in writing to: Careington Corporation, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.

\*Some providers may charge for missed or broken appointments if no prior notice is given as per their office policies and are subject to no discounts.