



Careington Corporation

Care 500 Series Schedule

501

Discount plans are not insurance

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
D0273	Bitewings - Three Radiographic Images	\$17
D0274	Bitewings - Four Radiographic Images	\$20
D0330	Panoramic Radiographic Image	\$40
D1110	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
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 Therapy - Molar (excluding final restoration)	\$406
Periodontics		
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bonded Spaces Per Quadrant	\$271
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$94
D4910	Periodontal Maintenance	\$60
Prosthodontics (Removable)		
D5110	Complete Denture - Maxillary	\$595
D5120	Complete Denture - Mandibular	\$595
D5130	Immediate Denture - Maxillary	\$619
D5140	Immediate Denture - Mandibular	\$619
D5211	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$583
D5212	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$583
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$675
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin 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 Tooth to Existing Partial Denture	\$53
D5660	Add Clasp to Existing Partial Denture	\$68
D5730	Reline Complete Maxillary Denture (chairside)	\$126
D5731	Reline Complete Mandibular Denture (chairside)	\$126
D5740	Reline Maxillary Partial Denture (chairside)	\$120
D5741	Reline Mandibular Partial Dent (chairside)	\$120
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 Predominantly Base Metal	\$408
D6752	Crown - Porcelain Fused to Noble Metal	\$424
Oral Surgery		
D7140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	\$51
D7210	Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$130
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	\$87
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		
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	Occlusal Adjustment Limited	\$47
D9952	Occlusal Adjustment Complete	\$188

*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.