



Careington Corporation

Care POS Schedule

CI-4

Please Call 800-290-0523
for Customer Service

Discount plans are not insurance

This schedule applies to services provided by a participating General Dentist and is an extensive list of most common procedures. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each listed procedure. Fee schedules are determined by the zip code of the participating provider. Participating Specialists (Board Certified or Advanced Degree) do not charge according to this fee schedule. Participating Specialists will give a 20% discount.*

PLEASE READ IMPORTANT PLAN INFORMATION AT THE END OF THIS SCHEDULE

Code	Description	Fee
Diagnostic		
D0120	Periodic Oral Evaluation - Established Patient	\$23
D0140	Limited Oral Evaluation-Problem Focused	\$38
D0150	Comprehensive Oral Evaluation-New or Established Patient	\$39
D0160	Detailed and Extensive Oral Evaluation-Problem Focused-By Report	\$102
D0170	Re-Evaluation-Limited-Problem Focused (Established Patient; Not Post-Operative Visit)	\$28
D0180	Comprehensive Periodontal Evaluation-New or Established Patient	\$30
D0210	Intraoral-Complete Series of Radiographic Images	\$68
D0220	Intraoral-Periapical-First Radiographic Image	\$13
D0230	Intraoral-Periapical-Each Additional Radiographic Image	\$11
D0240	Intraoral-Occlusal Radiographic Image	\$18
D0250	Extraoral-First Radiographic Image	\$25
D0260	Extraoral-Each Additional Radiographic Image	\$25
D0270	Bitewing-Single Radiographic Image	\$14
D0272	Bitewings-Two Radiographic Images	\$21
D0273	Bitewings-Three Radiographic Images	\$24
D0274	Bitewings-Four Radiographic Images	\$29
D0277	Vertical Bitewings-7 to 8 Radiographic Images	\$38
D0330	Panoramic Radiographic Image	\$55
D0340	Cephalometric Radiographic Image	\$68
D0350	Oral/Facial Photographic Images	\$31
D0460	Pulp Vitality Tests	\$27
D0470	Diagnostic Casts	\$56
Preventive		
D1110	Prophylaxis-Adult	\$46
D1120	Prophylaxis-Child	\$33
D1208	Topical Application of Fluoride	\$20
D1330	Oral Hygiene Instructions	\$33
D1351	Sealant-Per Tooth	\$25
D1510	Space Maintainer-Fixed-Unilateral	\$161
D1515	Space Maintainer-Fixed-Bilateral	\$213
D1520	Space Maintainer-Removable-Unilateral	\$200
D1525	Space Maintainer-Removable-Bilateral	\$273
D1550	Recementation of Space Maintainer	\$35
D1555	Removal of Fixed Space Maintainer	20% Discount
Restorative		
D2140	Amalgam-One Surface, Primary or Permanent	\$60
D2150	Amalgam-Two Surfaces, Primary or Permanent	\$77
D2160	Amalgam-Three Surfaces, Primary or Permanent	\$93
D2161	Amalgam-Four or More Surfaces, Primary or Permanent	\$113
D2330	Resin-Based Composite-One Surface, Anterior	\$71
D2331	Resin-Based Composite-Two Surfaces, Anterior	\$89
D2332	Resin-Based Composite-Three Surfaces, Anterior	\$109
D2335	Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior	\$129
D2390	Resin-Based Composite Crown, Anterior	\$182
D2391	Resin-Based Composite-One Surface, Posterior	\$78
D2392	Resin-Based Composite-Two Surfaces, Posterior	\$109
D2393	Resin-Based Composite-Three Surfaces, Posterior	\$135
D2394	Resin-Based Composite-Four or More Surfaces, Posterior	\$140
D2510	Inlay-Metallic-One Surface	\$330
D2520	Inlay-Metallic-Two Surfaces	\$374
D2530	Inlay-Metallic-Three or More Surfaces	\$431
D2542	Onlay-Metallic-Two Surfaces	\$394
D2543	Onlay-Metallic-Three Surfaces	\$442
D2544	Onlay-Metallic-Four or More Surfaces	\$461
D2610	Inlay-Porcelain/Ceramic-One Surface	\$388
D2620	Inlay-Porcelain/Ceramic-Two Surfaces	\$409

Code	Description	Fee
D2630	Inlay-Porcelain/Ceramic-Three or More Surfaces	\$436
D2642	Onlay-Porcelain/Ceramic-Two Surfaces	\$424
D2643	Onlay-Porcelain/Ceramic-Three Surfaces	\$457
D2644	Onlay-Porcelain/Ceramic-Four or More Surfaces	\$486
D2650	Inlay-Resin Based Composite-One Surface	\$255
D2651	Inlay-Resin Based Composite-Two Surfaces	\$304
D2652	Inlay-Resin Based Composite-Three or More Surfaces	\$319
D2662	Onlay-Resin Based Composite-Two Surfaces	\$404
D2663	Onlay-Resin Based Composite-Three Surfaces	\$412
D2664	Onlay-Resin Based Composite-Four or More Surfaces	\$432
D2710	Crown-Resin Based Composite (Indirect)	\$204
D2720	Crown-Resin with High Noble Metal	\$563
D2721	Crown-Resin with Predominantly Base Metal	\$526
D2722	Crown-Resin with Noble Metal	\$538
D2740	Crown-Porcelain/Ceramic Substrate	\$575
D2750	Crown-Porcelain Fused to High Noble Metal	\$568
D2751	Crown-Porcelain Fused to Predominantly Base Metal	\$529
D2752	Crown-Porcelain Fused to Noble Metal	\$542
D2780	Crown-3/4 Cast to High Noble Metal	\$556
D2781	Crown-3/4 Cast to Predominantly Base Metal	\$535
D2782	Crown-3/4 Cast Noble Metal	\$554
D2783	Crown-3/4 Porcelain/Ceramic	\$590
D2790	Crown-Full Cast High Noble Metal	\$547
D2791	Crown-Full Cast Predominantly Base Metal	\$522
D2792	Crown-Full Cast Noble Metal	\$530
D2910	Recement Inlay, Onlay, or Partial Coverage Restoration	\$48
D2920	Recement Crown	\$49
D2930	Prefabricated Stainless Steel Crown-Primary Tooth	\$134
D2931	Prefabricated Stainless Steel Crown-Permanent Tooth	\$151
D2932	Prefabricated Resin Crown	\$164
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$185
D2940	Protective Restoration	\$51
D2950	Core Build-Up, Including Any Pins	\$128
D2951	Pin Retention Per Tooth, In Addition to Restoration	\$27
D2952	Post and Core In Addition to Crown, Indirectly Fabricated	\$194
D2953	Each Additional Indirectly Fabricated Post-Same Tooth	\$124
D2954	Prefabricated Post and Core in Addition to Crown	\$161
D2955	Post Removal	\$122
D2957	Each Additional Prefabricated Post-Same Tooth	\$59
D2960	Labial Veneer (Resin Laminate)-Chairside	\$395
Endodontics		
D3110	Pulp Cap-Direct (Excluding Final Restoration)	\$35
D3120	Pulp Cap-Indirect (Excluding Final Restoration)	\$27
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$83
D3221	Pulpal Debridement- Primary and Permanent Teeth	\$81
D3230	Pulpal Therapy-Resorbable Filling-Anterior Primary Tooth (Excluding Final Restoration)	\$87
D3240	Pulpal Therapy Resorbable Filling-Posterior Primary Tooth (Excluding Final Restoration)	\$94
D3310	Endodontic Therapy-Anterior Tooth (Excluding Final Restoration)	\$349
D3320	Endodontic Therapy-Bicuspid Tooth (Excluding Final Restoration)	\$426
D3330	Endodontic Therapy-Molar (Excluding Final Restoration)	\$550
D3331	Treatment of Root Canal Obstruction-Non-Surgical Access	\$213
D3332	Incomplete Endodontic Therapy-Inoperable, Unrestorable or Fractured Tooth	\$192
D3333	Internal Root Repair of Perforation Defects	\$94
D3346	Retreatment Previous Root Canal Therapy-Anterior	\$469
D3347	Retreatment Previous Root Canal Therapy-Bicuspid	\$553
D3348	Retreatment Previous Root Canal Therapy-Molar	\$666
D3351	Apexification/Recalcification/Pulpal Regeneration-Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Pulp Space Disinfection, etc.)	\$199
D3352	Apexification/Recalcification/Pulpal Regeneration-Interim Medication Replacement (Apical Closure/Calcific Repair of Perforations, Root Resorption, Pulp Space Disinfection, etc.)	\$86
D3353	Apexification/Recalcification-Final Visit (Includes Completed Root Canal Therapy - Apical Closure.Calcific Repair of Perforations, Root Resorption, etc.)	\$291
D3410	Apicoectomy/Periradicular Surgery-Anterior	\$399
D3421	Apicoectomy/Periradicular Surgery-Bicuspid (First Root)	\$437
D3425	Apicoectomy/Periradicular Surgery-Molar (First Root)	\$493
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$164
D3430	Retrograde Filling-Per Root	\$122
D3450	Root Amputation-Per Root	\$244
D3470	Intentional Reimplantation (Including Necessary Splinting)	\$489
Code	Description	Fee
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$63

D3920	Hemisection-Including Root Removal, Not Including Root Canal Therapy	\$191
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$87
	Periodontics	
D4210	Gingivectomy or Gingivoplasty-Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$341
D4211	Gingivectomy or Gingivoplasty-One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$113
D4230	Anatomical Crown Exposure-Four or More Contiguous Teeth Per Quadrant	20% Discount
D4231	Anatomical Crown Exposure-One to Three Teeth Per Quadrant	20% Discount
D4240	Gingival Flap Procedure, Including Root Planing-Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$401
D4241	Gingival Flap Procedure, Including Root Planing-One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$289
D4245	Apically Positioned Flap	\$363
D4249	Clinical Crown Lengthening-Hard Tissue	\$458
D4260	Osseous Surgery (Including Flap Entry and Closure)-Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$647
D4261	Osseous Surgery (Including Flap Entry and Closure)-One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$370
D4263	Bone Replacement Graft-First Site in Quadrant	\$197
D4264	Bone Replacement Graft-Each Additional Site in Quadrant	\$132
D4266	Guided Tissue Regeneration-Resorbable Barrier per Site	\$237
D4267	Guided Tissue Regeneration-Nonresorbable Barrier per Site (Includes Membrane Removal)	\$304
D4268	Surgical Revision Procedure, per Tooth	\$367
D4270	Pedicle Soft Tissue Graft Procedure	\$479
D4320	Provisional Splinting-Intracoronaral	\$216
D4321	Provisional Splinting-Extracoronaral	\$189
D4341	Periodontal Scaling and Root Planing-Four or More Teeth Per Quadrant	\$116
D4342	Periodontal Scaling and Root Planing-One to Three Teeth Per Quadrant	\$57
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$78
D4910	Periodontal Maintenance	\$71
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist)	\$60
	Prosthodontics (removable)	
D5110	Complete Denture-Maxillary	\$754
D5120	Complete Denture-Mandibular	\$754
D5130	Immediate Denture-Maxillary	\$823
D5140	Immediate Denture-Mandibular	\$823
D5211	Maxillary Partial Denture-Resin Base (Including Any Conventional Clasp, Rests and Teeth)	\$740
D5212	Mandibular Partial Denture-Resin Base (Including Any Conventional Clasp, Rests and Teeth)	\$740
D5213	Maxillary Partial Denture-Cast Metal Framework with Resin Denture Base (Including Any Conventional Clasp, Rests and Teeth)	\$835
D5214	Mandibular Partial Denture-Cast Metal Framework with Resin Dental Base (Including Any Conventional Clasp, Rests and Teeth)	\$835
D5281	Removable Unilateral Partial Denture-One Piece Cast Metal (Including Clasps and Teeth)	\$486
D5410	Adjust Complete Denture-Maxillary	\$41
D5411	Adjust Complete Denture-Mandibular	\$41
D5421	Adjust Partial Denture-Maxillary	\$41
D5422	Adjust Partial Denture-Mandibular	\$41
D5510	Repair Broken Complete Denture Base	\$82
D5520	Replace Missing or Broken Teeth-Complete Denture (Each Tooth)	\$68
D5610	Repair Resin Denture Base	\$89
D5620	Repair Cast Framework	\$97
D5630	Repair or Replace Broken Clasp	\$117
D5640	Replace Broken Teeth-Per Tooth	\$76
D5650	Add Tooth to Existing Partial Denture	\$103
D5660	Add Clasp to Existing Partial Denture	\$124
D5710	Rebase Complete Maxillary Denture	\$307
D5711	Rebase Complete Mandibular Denture	\$293
D5720	Rebase Maxillary Partial Denture	\$290
D5721	Rebase Mandibular Partial Denture	\$290
D5730	Reline Complete Maxillary Denture (Chairside)	\$173
D5731	Reline Complete Mandibular Denture (Chairside)	\$173
D5740	Reline Maxillary Partial Denture (Chairside)	\$158
D5741	Reline Mandibular Partial Denture (Chairside)	\$158
D5750	Reline Complete Maxillary Denture (Laboratory)	\$231
D5751	Reline Complete Mandibular Denture (Laboratory)	\$231
D5760	Reline Maxillary Partial Denture (Laboratory)	\$227
D5761	Reline Mandibular Partial Denture (Laboratory)	\$227
D5810	Interim Complete Denture-Maxillary	\$373
D5811	Interim Complete Denture-Mandibular	\$373
D5820	Interim Partial Denture-Maxillary	\$300
D5821	Interim Partial Denture-Mandibular	\$300
D5850	Tissue Conditioning-Maxillary	\$72
Code	Description	Fee
D5851	Tissue Conditioning-Mandibular	\$72

Prosthodontics (fixed)		
D6210	Pontic-Cast High Noble Metal	\$497
D6211	Pontic-Cast Predominantly Base Metal	\$465
D6212	Pontic-Cast Noble Metal	\$485
D6240	Pontic-Porcelain Fused to High Noble Metal	\$490
D6241	Pontic-Porcelain Fused to Predominantly Base Metal	\$452
D6242	Pontic-Porcelain Fused to Noble Metal	\$477
D6245	Pontic-Porcelain/Ceramic	\$487
D6250	Pontic-Resin with High Noble Metal	\$485
D6251	Pontic-Resin with Predominantly Base Metal	\$447
D6252	Pontic-Resin with Noble Metal	\$461
D6545	Retainer-Cast Metal for Resin Bonded Fixed Prosthesis	\$207
D6548	Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$394
D6720	Crown-Resin with High Noble Metal	\$546
D6721	Crown-Resin with Predominantly Base Metal	\$519
D6722	Crown-Resin with Noble Metal	\$529
D6740	Crown-Porcelain/Ceramic	\$494
D6750	Crown-Porcelain Fused to High Noble Metal	\$559
D6751	Crown-Porcelain Fused to Predominantly Base Metal	\$523
D6752	Crown-Porcelain Fused to Noble Metal	\$535
D6780	Crown-3/4 Cast High Noble Metal	\$529
D6781	Crown-3/4 Cast Predominantly Base Metal	\$465
D6782	Crown-3/4 Cast Noble Metal	\$471
D6783	Crown-3/4 Porcelain/Ceramic	\$479
D6790	Crown-Full Cast High Noble Metal	\$541
D6791	Crown-Full Cast Predominantly Base Metal	\$512
D6792	Crown-Full Cast Noble Metal	\$531
D6930	Recement Fixed Partial Denture	\$65
D6975	Coping	\$325
Oral Surgery		
D7111	Extraction, Coronal Remnants - Deciduous Tooth	\$64
D7140	Extraction-Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$77
D7210	Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$135
D7220	Removal of Impacted Tooth-Soft Tissue	\$153
D7230	Removal of Impacted Tooth-Partially Bony	\$203
D7240	Removal of Impacted Tooth-Completely Bony	\$238
D7241	Removal of Impacted Tooth-Completely Bony with Unusual Surgical Complications	\$300
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$129
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$262
D7272	Tooth Transplantation (Includes Reimplantation From One Site to Another and Splinting and/or Stabilization)	\$298
D7280	Surgical Access of an Unerupted Tooth	\$287
D7285	Biopsy of Oral Tissue-Hard (Bone, Tooth)	\$465
D7286	Biopsy of Oral Tissue-Soft	\$208
D7310	Alveoloplasty in Conjunction with Extractions-Four or More Teeth or Tooth Spaces, Per Quadrant	\$142
D7320	Alveoloplasty Not in Conjunction with Extractions-Four or More Teeth or Tooth Spaces, Per Quadrant	\$353
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up To 1.25 cm	\$414
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$651
D7460	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Up To 1.25 cm	\$414
D7461	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$651
D7510	Incision and Drainage Abscess-Intraoral Soft Tissue	\$135
D7910	Suture of Recent Small Wounds up to 5 CM	\$190
D7911	Complicated Suture up to 5 cm	\$473
D7912	Complicated Suture Greater Than 5 cm	\$675
D7951	Sinus Augmentation With Bone or Bone Substitutes Via a Lateral Open Approach	20% Discount
D7960	Frenulectomy (Frenectomy/Frenotomy) Separate Procedure Not Incidental to Another Procedure	\$239
D7970	Excision of Hyperplastic Tissue/Per Arch	\$307
D7971	Excision of Pericoronal Gingiva	\$97
Orthodontics		
D8010	Limited Orthodontic Treatment of the Primary Dentition	20% Discount
D8020	Limited Orthodontic Treatment of the Transitional Dentition	20% Discount
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	20% Discount
D8040	Limited Orthodontic Treatment of the Adult Dentition	20% Discount
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	20% Discount
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition	20% Discount
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
Code	Description	Fee
D8210	Removable Appliance Therapy	20% Discount
D8660	Pre-Orthodontic Treatment Visit	20% Discount
Adjunctive Services		

D9110	Palliative (Emergency) Treatment-Dental Pain-Minor Procedure	\$49
D9120	Fixed Partial Denture Sectioning	20% Discount
D9211	Regional Block Anesthesia	\$22
D9215	Local Anesthesia in Conjunction With Operative or Surgical Procedures	\$15
D9230	Inhalation of Nitrous Oxide / Anxiolysis, Analgesia	\$27
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$103
D9410	House/Extended Care Facility Call	\$136
D9420	Hospital or Ambulatory Surgical Center Call	\$187
D9430	Office Visit for Observation (During Regularly Scheduled Hours) No Other Services Performed	\$35
D9440	Office Visit-After Regularly Scheduled Hours	\$63
D9910	Application-Desensitizing Medicament	\$22
D9911	Application-Desensitizing Resin for Cervical and/or Root Surface, Per Tooth	\$32
D9941	Fabrication of Athletic Mouthguard	\$77
D9950	Occlusion Analysis-Mounted Case	\$136
D9951	Occlusal Adjustment-Limited	\$61
D9952	Occlusal Adjustment-Complete	\$348
D9970	Enamel Microabrasion	\$47

*It is the Member's responsibility to verify that the dentist is a participating **Careington** provider before seeking any treatment. Member is responsible for full payment for all charges at the time of service. Any dental procedures performed by a non-participating dentist are not discounted and are charged to the member 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 of the General Dentist's normal fee at the time of service.

*Specialists will give a 20% discount off of their normal fees 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 his normal fee.

*Work in progress prior to enrollment on the dental plan must be completed by the dentist who started the work and is not subject to discount.

***Careington** cannot 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.

*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.

*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 discounts.

* **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.