

Code	Diagnostic and Preventive	Fee
D0120	Periodic Oral Evaluation - Established Patient	\$16
D0140	Limited Oral Evaluation - Problem Focus	\$18
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$20
D0210	X - Rays - Intraoral - Complete Series (including bitewings)	\$48
D0220	X - Rays - Intraoral - Periapical - 1st Film	\$11
D0230	X - Rays - Intraoral - Periapical - Each Additional Film	\$7
D0270	Bitewing - Single Film	\$11
D0272	Bitewings - Two Films	\$15
D0273	Bitewings - Three Films	\$20
D0274	Bitewings - Four Films	\$24
D0330	Panoramic Film	\$48
D1110	Prophylaxis - Adult Cleaning	\$35
D1120	Prophylaxis - Child Cleaning	\$29
D1351	Sealant - Per Tooth	\$24
D1510	Space Maintainer - Fixed - Unilateral	\$104
D1515	Space Maintainer - Fixed - Bilateral	\$153
D1520	Space Maintainer - Removeable - Unilateral	\$136
D1525	Space Maintainer - Removeable - Bilateral	\$174
Restorative		
D2140	Amalgam - One Surface, Primary or Permanent	\$48
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$61
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$72
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$88
D2330	Resin - Based Composite - One Surface, Anterior	\$61
D2331	Resin - Based Composite - Two Surfaces, Anterior	\$73
D2332	Resin - Based Composite - Three Surfaces, Anterior	\$93
D2335	Resin - Based Composite - Four or More Surfaces, Anterior	\$117
D2391	Resin - Based Composite - One Surface, Posterior	\$77
D2392	Resin - Based Composite - Two Surfaces, Posterior	\$110
D2393	Resin - Based Composite - Three Surfaces, Posterior	\$139
D2394	Resin - Based Composite - Four or More Surfaces, Posterior	\$160
D2710	Crown - Resin-Based Composite (indirect)	\$228
D2720	Crown - Resin With High Noble Metal	\$483
D2750	Crown - Porcelain Fused to High Noble Metal	\$572
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$520
D2752	Crown - Porcelain Fused to Noble Metal	\$558
D2790	Crown - Full Cast High Noble Metal	\$560
D2791	Crown - Full Cast Predominantly Base Metal	\$520
D2930	Prefabricated Stainless Steel Crown - Primary	\$112
D2931	Prefabricated Stainless Steel Crown - Permanent	\$127
D2950	Core Buildup - Including Any Pins	\$112
D2951	Pin Retention Per Tooth in Addition to Restoration	\$27
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$176
D2954	Prefabricated Post and Core in Addition to Crown	\$137
Endodontics		
D3110	Pulp Cap Direct (excluding final restoration)	\$25
D3120	Pulp Cap Indirect (excluding final restoration)	\$25
D3220	Therapeutic Pulpotomy (excluding final restoration)	\$61
D3310	Root Canal - Anterior (excluding final restoration)	\$326
D3320	Root Canal - Bicuspid (excluding final restoration)	\$388
D3330	Root Canal - Molar (excluding final restoration)	\$487
Periodontics		
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$325
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$116
D4910	Periodontal Maintenance	\$69
Prosthetic (Removable)		
D5110	Complete Denture - Maxillary	\$702
D5120	Complete Denture - Mandibular	\$702
D5130	Immediate Denture - Maxillary	\$729
D5140	Immediate Denture - Mandibular	\$729
D5211	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$685
D5212	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$685
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$796
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$796
D5410	Adjust Complete Denture - Maxillary	\$40
D5411	Adjust Complete Denture - Mandibular	\$40
D5510	Repair Broken Complete Denture Base	\$64

Code	Prosthetics (Removed) (Continued)	Fee
D5520	Replace Missing or Broken Teeth	\$61
D5630	Repair or Replace Broken Clasp	\$73
D5650	Add Tooth to Existing Partial Denture	\$64
D5660	Add Clasp to Existing Partial Denture	\$81
D5730	Reline Complete Maxillary Denture (chairside)	\$152
D5731	Reline Complete Mandibular Denture (chairside)	\$152
D5740	Reline Maxillary Partial Denture (chairside)	\$143
D5741	Reline Mandibular Partial Dent (chairside)	\$143
D5750	Reline Complete Maxillary Denture (lab)	\$197
D5751	Reline Complete Mandibular Denture (lab)	\$197
D6000 through D6096 Implant Services		20% Discount
Prosthetics (Fixed)		
D6240	Pontic - Porcelain Fused to High Noble Metal	\$491
D6241	Pontic - Porcelain Fused to Predom Base Metal	\$454
D6242	Pontic - Porcelain Fused to Noble Metal	\$474
D6750	Crown - Porcelain Fused to High Noble Metal	\$537
D6751	Crown - Porcelain Fused to Predom Base Metal	\$489
D6752	Crown - Porcelain Fused to Noble Metal	\$509
Oral Surgery		
D7140	Extraction, erupted Tooth or Exposed Root (elevation and/or forceps)	\$61
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal	\$148
D7220	Removal of Impacted Tooth - Soft Tissue	\$125
D7230	Removal of Impacted Tooth - Partially Bony	\$162
D7240	Removal of Impacted Tooth - Completely Bony	\$228
D7250	Surgical Removal of Residual Tooth Roots	\$118
D7310	Alveoplasty in Conjunction with Extraction Per Quad	\$104
D7320	Alveoplasty not in Conjunction with Extraction Per Quad	\$151
D7510	Incision/drainage of Abscess - Intraoral Soft Tissue	\$77
Orthodontics		
D8070	Complete Orthodontic Treatment - Transitional Dentition	20% Discount
D8080	Complete Orthodontic Treatment - Adolescent Dentition	20% Discount
D8090	Complete Orthodontic Treatment - Adult Dentition	20% Discount
Miscellaneous Services		
D9110	Palliative Treatment Dental Pain - Minor Procedure	\$40
D9215	Local Anesthesia	\$15
D9230	Analgesia	\$27
D9951	Occlusal Adjustment Limited	\$55
D9952	Occlusal Adjustment Complete	\$224

*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.

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

*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.

*Any procedure involving lab fees will incur additional costs. All applicable lab fees are the full responsibility of the member and are subject to no discount.

*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 International, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-441-0380 ext 5202 if you have any further questions.

Please Call (800) 290-0523 for Member Eligibility Verification