

Code	Diagnostic and Preventive	Fee
D0120	Periodic Oral Evaluation - Established Patient	\$24
D0140	Limited Oral Evaluation - Problem Focus	\$36
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$40
D0210	X - Rays - Intraoral - Complete Series (including bitewings)	\$70
D0220	X - Rays - Intraoral - Periapical - 1st Film	\$13
D0230	X - Rays - Intraoral - Periapical - Each Additional Film	\$10
D0270	Bitewing - Single Film	\$13
D0272	Bitewings - Two Films	\$21
D0273	Bitewings - Three Films	\$25
D0274	Bitewings - Four Films	\$30
D0330	Panoramic Film	\$61
D1110	Prophylaxis - Adult Cleaning	\$49
D1120	Prophylaxis - Child Cleaning	\$34
D1351	Sealant - Per Tooth	\$28
D1510	Space Maintainer - Fixed - Unilateral	\$178
D1515	Space Maintainer - Fixed - Bilateral	\$254
D1520	Space Maintainer - Removeable - Unilateral	\$213
D1525	Space Maintainer - Removeable - Bilateral	\$265
Restorative		
D2140	Amalgam - One Surface, Primary or Permanent	\$66
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$87
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$103
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$109
D2330	Resin - Based Composite - One Surface, Anterior	\$80
D2331	Resin - Based Composite - Two Surfaces, Anterior	\$102
D2332	Resin - Based Composite - Three Surfaces, Anterior	\$127
D2335	Resin - Based Composite - Four or More Surfaces, Anterior	\$156
D2391	Resin - Based Composite - One Surface, Posterior	\$91
D2392	Resin - Based Composite - Two Surfaces, Posterior	\$123
D2393	Resin - Based Composite - Three Surfaces, Posterior	\$158
D2394	Resin - Based Composite - Four or More Surfaces, Posterior	\$190
D2710	Crown - Resin-Based Composite (indirect)	\$261
D2720	Crown - Resin With High Noble Metal	\$554
D2750	Crown - Porcelain Fused to High Noble Metal	\$667
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$596
D2752	Crown - Porcelain Fused to Noble Metal	\$625
D2790	Crown - Full Cast High Noble Metal	\$644
D2791	Crown - Full Cast Predominantly Base Metal	\$564
D2930	Prefabricated Stainless Steel Crown - Primary	\$152
D2931	Prefabricated Stainless Steel Crown - Permanent	\$174
D2950	Core Buildup - Including Any Pins	\$153
D2951	Pin Retention Per Tooth in Addition to Restoration	\$33
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$239
D2954	Prefabricated Post and Core in Addition to Crown	\$188
Endodontics		
D3110	Pulp Cap Direct (excluding final restoration)	\$41
D3120	Pulp Cap Indirect (excluding final restoration)	\$36
D3220	Therapeutic Pulpotomy (excluding final restoration)	\$98
D3310	Root Canal - Anterior (excluding final restoration)	\$375
D3320	Root Canal - Bicuspid (excluding final restoration)	\$457
D3330	Root Canal - Molar (excluding final restoration)	\$575
Periodontics		
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$364
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$139
D4910	Periodontal Maintenance	\$75
Prosthetic (Removable)		
D5110	Complete Denture - Maxillary	\$842
D5120	Complete Denture - Mandibular	\$842
D5130	Immediate Denture - Maxillary	\$892
D5140	Immediate Denture - Mandibular	\$892
D5211	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$631
D5212	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$631
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$909
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$909
D5410	Adjust Complete Denture - Maxillary	\$48
D5411	Adjust Complete Denture - Mandibular	\$48
D5510	Repair Broken Complete Denture Base	\$103

Code	Prosthetic (Removed) (Continued)	Fee
D5520	Replace Missing or Broken Teeth	\$92
D5630	Repair or Replace Broken Clasp	\$139
D5650	Add Tooth to Existing Partial Denture	\$117
D5660	Add Clasp to Existing Partial Denture	\$154
D5730	Reline Complete Maxillary Denture (chairside)	\$211
D5731	Reline Complete Mandibular Denture (chairside)	\$197
D5740	Reline Maxillary Partial Denture (chairside)	\$189
D5741	Reline Mandibular Partial Dent (chairside)	\$189
D5750	Reline Complete Maxillary Denture (lab)	\$268
D5751	Reline Complete Mandibular Denture (lab)	\$268
D6000 through D6096 Implant Services		20% Discount
Prosthetic (Fixed)		
D6240	Pontic - Porcelain Fused to High Noble Metal	\$643
D6241	Pontic - Porcelain Fused to Predom Base Metal	\$599
D6242	Pontic - Porcelain Fused to Noble Metal	\$619
D6750	Crown - Porcelain Fused to High Noble Metal	\$666
D6751	Crown - Porcelain Fused to Predom Base Metal	\$600
D6752	Crown - Porcelain Fused to Noble Metal	\$621
Oral Surgery		
D7140	Extraction, erupted Tooth or Exposed Root (elevation and/or forceps)	\$80
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal	\$143
D7220	Removal of Impacted Tooth - Soft Tissue	\$174
D7230	Removal of Impacted Tooth - Partially Bony	\$224
D7240	Removal of Impacted Tooth - Completely Bony	\$277
D7250	Surgical Removal of Residual Tooth Roots	\$165
D7310	Alveoplasty in Conjunction with Extraction Per Quad	\$158
D7320	Alveoplasty not in Conjunction with Extraction Per Quad	\$210
D7510	Incision/drainage of Abscess - Intraoral Soft Tissue	\$106
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	\$59
D9215	Local Anesthesia	\$28
D9230	Analgesia	\$37
D9951	Occlusal Adjustment Limited	\$88
D9952	Occlusal Adjustment Complete	\$360

*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