

Contact Us

Business Hours: 7 a.m. - 7 p.m. CST Monday - Friday

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Schedule of Services

- 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 listed procedure. Member is responsible for all applicable charges at the time of service. Fee schedules are subject to change without prior notification to members.
- **Dental procedure codes not listed on this schedule will be discounted at 15% off the General Dentist's normal fee 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 5-15% discount off of their normal fees.

Diagnostic Services	Fee
D0120 Periodic oral evaluation - established patient	\$34
D0140 Limited oral evaluation - problem focused	\$49
D0150 Comprehensive oral evaluation - new or established patient	\$59
D0160 Detailed and extensive oral evaluation - problem focused, by report	\$106
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$46
D0180 Comprehensive periodontal evaluation - new or established patient	\$61
D0210 Intraoral - comprehensive series of radiographic images	\$89
D0220 Intraoral - periapical first radiographic image	\$20
D0230 Intraoral - periapical each additional radiographic image	\$16
D0240 Intraoral - occlusal radiographic image	\$29
D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$44
D0270 Bitewing - single radiographic image	\$21
D0272 Bitewings - two radiographic images	\$33
D0273 Bitewings - three radiographic images	\$40
D0274 Bitewings - four radiographic images	\$46
D0277 Vertical bitewings - 7 to 8 radiographic images	\$65
D0330 Panoramic radiographic image	\$84
D0340 2D cephalometric radiographic image - acquisition, measurement and analysis	\$88
D0350 2D oral/facial photographic image obtained intra-orally or extra-orally	\$47
D0460 Pulp vitality tests	\$39
D0470 Diagnostic casts	\$74
Preventive Services	Fee
D1110 Prophylaxis - adult	\$69
D1120 Prophylaxis - child	\$49
D1208 Topical application of fluoride - excluding varnish	\$26
D1330 Oral hygiene instructions	\$38
D1351 Sealant - per tooth	\$38
D1510 Space maintainer - fixed, unilateral - per quadrant	\$229
D1516 Space maintainer - fixed - bilateral, maxillary	15% Discount
D1520 Space maintainer - removable, unilateral - per quadrant	\$282
D1526 Space maintainer - removable - bilateral, maxillary	15% Discount
D1551 Re-cement or re-bond bilateral space maintainer - maxillary	15% Discount
D1556 Removal of fixed unilateral space maintainer - per quadrant	15% Discount
Restorative Services	Fee
D2140 Amalgam - one surface, primary or permanent	\$95
D2150 Amalgam - two surfaces, primary or permanent	\$124
D2160 Amalgam - three surfaces, primary or permanent	\$150
D2161 Amalgam - four or more surfaces, primary or permanent	\$177
D2330 Resin-based composite - one surface, anterior	\$116
D2331 Resin-based composite - two surfaces, anterior	\$145
D2332 Resin-based composite - three surfaces, anterior	\$177
D2335 Resin-based composite - four or more surfaces (anterior)	\$222
D2390 Resin-based composite crown, anterior	\$334
D2391 Resin-based composite - one surface, posterior	\$130
D2392 Resin-based composite - two surfaces, posterior	\$171
D2393 Resin-based composite - three surfaces, posterior	\$211
D2394 Resin-based composite - four or more surfaces, posterior	\$253
D2510 Inlay - metallic - one surface	\$565

Restorative Services (continued)		Fee
D2520 Inlay - metallic - two surfaces		\$613
D2530 Inlay - metallic - three or more surfaces		\$659
D2542 Onlay - metallic - two surfaces		\$682
D2543 Onlay - metallic - three surfaces		\$715
D2544 Onlay - metallic - four or more surfaces		\$749
D2610 Inlay - porcelain/ceramic - one surface		\$621
D2620 Inlay - porcelain/ceramic - two surfaces		\$661
D2630 Inlay - porcelain/ceramic - three or more surfaces		\$706
D2642 Onlay - porcelain/ceramic - two surfaces		\$727
D2643 Onlay - porcelain/ceramic - three surfaces		\$753
D2644 Onlay - porcelain/ceramic - four or more surfaces		\$777
D2650 Inlay - resin-based composite - one surface		\$582
D2651 Inlay - resin-based composite - two surfaces		\$613
D2652 Inlay - resin-based composite - three or more surfaces		\$647
D2662 Onlay - resin-based composite - two surfaces		\$678
D2663 Onlay - resin-based composite - three surfaces		\$692
D2664 Onlay - resin-based composite - four or more surfaces		\$724
D2710 Crown - resin-based composite (indirect)		\$613
D2720 Crown - resin with high noble metal		\$730
D2721 Crown - resin with predominantly base metal		\$676
D2722 Crown - resin with noble metal		\$706
D2740 Crown - porcelain/ceramic		\$840
D2750 Crown - porcelain fused to high noble metal		\$825
D2751 Crown - porcelain fused to predominantly base metal		\$706
D2752 Crown - porcelain fused to noble metal		\$739
D2780 Crown - ¾ cast high noble metal		\$753
D2781 Crown - ¾ cast predominantly base metal		\$705
D2782 Crown - ¾ cast noble metal		\$740
D2783 Crown - ¾ porcelain/ceramic		\$785
D2790 Crown - full cast high noble metal		\$761
D2791 Crown - full cast predominantly base metal		\$682
D2792 Crown - full cast noble metal		\$725
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		\$75
D2920 Re-cement or re-bond crown		\$75
D2930 Prefabricated stainless steel crown - primary tooth		\$189
D2931 Prefabricated stainless steel crown - permanent tooth		\$223
D2932 Prefabricated resin crown		\$238
D2933 Prefabricated stainless steel crown with resin window		\$256
D2940 Placement of interim direct restoration		\$80
D2950 Core buildup, including any pins when required		\$194
D2951 Pin retention - per tooth, in addition to restoration		\$47
D2952 Post and core in addition to crown, indirectly fabricated		\$306
D2953 Each additional indirectly fabricated post - same tooth		\$199
D2954 Prefabricated post and core in addition to crown		\$237
D2955 Post removal		\$211
D2957 Each additional prefabricated post - same tooth		\$99
D2960 Labial veneer (resin laminate) - direct		\$424
Endodontic Services		Fee
D3110 Pulp cap - direct (excluding final restoration)		\$57
D3120 Pulp cap - indirect (excluding final restoration)		\$59
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament		\$136
D3221 Pulpal debridement, primary and permanent teeth		\$150
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		\$189
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		\$211
D3310 Endodontic therapy, anterior tooth (excluding final restoration)		\$525
D3320 Endodontic therapy, premolar tooth (excluding final restoration)		\$625
D3330 Endodontic therapy, molar tooth (excluding final restoration)		\$759
D3331 Treatment of root canal obstruction; non-surgical access		\$311
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		\$282
D3333 Internal root repair of perforation defects		\$174
D3346 Retreatment of previous root canal therapy - anterior		\$589
D3347 Retreatment of previous root canal therapy - premolar		\$656
D3348 Retreatment of previous root canal therapy - molar		\$791

Endodontic Services (continued)	Fee
D3351 Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$247
D3352 Apexification/recalcification - interim medication replacement	\$183
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$349
D3410 Apicoectomy - anterior	\$471
D3421 Apicoectomy - premolar (first root)	\$518
D3425 Apicoectomy - molar (first root)	\$603
D3426 Apicoectomy (each additional root)	\$247
D3430 Retrograde filling - per root	\$193
D3450 Root amputation - per root	\$334
D3470 Intentional re-implantation (including necessary splinting)	\$570
D3910 Surgical procedure for isolation of tooth with rubber dam	\$142
D3920 Hemisection (including any root removal), not including root canal therapy	\$328
D3950 Canal preparation and fitting of preformed dowel or post	\$180
Periodontic Services	Fee
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$440
D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$165
D4230 Anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	15% Discount
D4231 Anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	15% Discount
D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$518
D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$448
D4245 Apically positioned flap	\$605
D4249 Clinical crown lengthening - hard tissue	\$528
D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$751
D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$615
D4263 Bone replacement graft - retained natural tooth - first site in quadrant	\$498
D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant	\$358
D4266 Guided tissue regeneration, natural teeth - resorbable barrier, per site	\$630
D4267 Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	\$729
D4268 Surgical revision procedure, per tooth	\$585
D4270 Pedicle soft tissue graft procedure	\$579
D4322 Splint - intra-coronal; natural teeth or prosthetic crowns	15% Discount
D4323 Splint - extra-coronal; natural teeth or prosthetic crowns	15% Discount
D4341 Periodontal scaling and root planing - four or more teeth per quadrant	\$191
D4342 Periodontal scaling and root planing - one to three teeth per quadrant	\$117
D4355 Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$141
D4910 Periodontal maintenance	\$99
D4920 Unscheduled dressing change (by someone other than treating dentist or their staff)	\$73
Prosthodontic Services (removable)	Fee
D5110 Complete denture - maxillary	\$1,130
D5120 Complete denture - mandibular	\$1,130
D5130 Immediate denture - maxillary	\$1,224
D5140 Immediate denture - mandibular	\$1,224
D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$853
D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$853
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$1,201
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$1,201
D5282 Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	15% Discount
D5410 Adjust complete denture - maxillary	\$63
D5411 Adjust complete denture - mandibular	\$63
D5421 Adjust partial denture - maxillary	\$63
D5422 Adjust partial denture - mandibular	\$63
D5520 Replace missing or broken teeth - complete denture - per tooth	\$126
D5611 Repair resin partial denture base, mandibular	15% Discount
D5612 Repair resin partial denture base, maxillary	15% Discount
D5621 Repair cast partial framework, mandibular	15% Discount
D5630 Repair or replace broken retentive/clasping materials - per tooth	\$186
D5640 Replace missing or broken teeth - partial denture - per tooth	\$131
D5650 Add tooth to existing partial denture - per tooth	\$158
D5660 Add clasp to existing partial denture - per tooth	\$193
D5710 Rebase complete maxillary denture	\$414
D5711 Rebase complete mandibular denture	\$414
D5720 Rebase maxillary partial denture	\$400
D5721 Rebase mandibular partial denture	\$400

Prosthodontic Services (removable) (continued)	Fee
D5730 Reline complete maxillary denture (direct)	\$266
D5731 Reline complete mandibular denture (direct)	\$266
D5740 Reline maxillary partial denture (direct)	\$259
D5741 Reline mandibular partial denture (direct)	\$259
D5750 Reline complete maxillary denture (indirect)	\$339
D5751 Reline complete mandibular denture (indirect)	\$339
D5760 Reline maxillary partial denture (indirect)	\$334
D5761 Reline mandibular partial denture (indirect)	\$334
D5810 Interim complete denture (maxillary)	\$589
D5811 Interim complete denture (mandibular)	\$589
D5820 Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$471
D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	15% Discount
D5850 Tissue conditioning, maxillary	\$142
D5851 Tissue conditioning, mandibular	\$142
Implant Services	Fee
D6000 through D6199	15% Discount
Prosthodontic Services (fixed)	Fee
D6210 Pontic - cast high noble metal	\$772
D6211 Pontic - cast predominantly base metal	\$702
D6212 Pontic - cast noble metal	\$735
D6240 Pontic - porcelain fused to high noble metal	\$786
D6241 Pontic - porcelain fused to predominantly base metal	\$716
D6242 Pontic - porcelain fused to noble metal	\$751
D6245 Pontic - porcelain/ceramic	\$777
D6250 Pontic - resin with high noble metal	\$760
D6251 Pontic - resin with predominantly base metal	\$724
D6252 Pontic - resin with noble metal	\$740
D6545 Retainer - cast metal for resin bonded fixed prosthesis	\$542
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$701
D6720 Retainer crown - resin with high noble metal	\$753
D6721 Retainer crown - resin with predominantly base metal	\$709
D6722 Retainer crown - resin with noble metal	\$749
D6740 Retainer crown - porcelain/ceramic	\$851
D6750 Retainer crown - porcelain fused to high noble metal	\$845
D6751 Retainer crown - porcelain fused to predominantly base metal	\$716
D6752 Retainer crown - porcelain fused to noble metal	\$753
D6780 Retainer crown - $\frac{3}{4}$ cast high noble metal	\$777
D6781 Retainer crown - $\frac{3}{4}$ cast predominantly base metal	\$730
D6782 Retainer crown - $\frac{3}{4}$ cast noble metal	\$748
D6783 Retainer crown - $\frac{3}{4}$ porcelain/ceramic	\$777
D6790 Retainer crown - full cast high noble metal	\$777
D6791 Retainer crown - full cast predominantly base metal	\$705
D6792 Retainer crown - full cast noble metal	\$742
D6930 Re-cement or re-bond fixed partial denture	\$118
Oral Surgery Services	Fee
D7111 Extraction, coronal remnants - primary tooth	\$98
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$116
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$189
D7220 Removal of impacted tooth - soft tissue	\$219
D7230 Removal of impacted tooth - partially bony	\$282
D7240 Removal of impacted tooth - completely bony	\$353
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications	\$416
D7250 Removal of residual tooth roots (cutting procedure)	\$215
D7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$383
D7272 Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	\$495
D7280 Exposure of an unerupted tooth	\$280
D7285 Incisional biopsy of oral tissue - hard (bone, tooth)	\$270
D7286 Incisional biopsy of oral tissue - soft	\$217
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$207
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$304
D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$340
D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$473
D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$355

Oral Surgery Services (continued)		Fee
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$541
D7510	Incision and drainage of abscess - intraoral soft tissue	\$162
D7910	Suture of recent small wounds up to 5 cm	\$208
D7911	Complicated suture - up to 5 cm	\$319
D7912	Complicated suture - greater than 5 cm	\$464
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	15% Discount
D7970	Excision of hyperplastic tissue - per arch	\$358
D7971	Excision of pericoronal gingiva	\$165
Orthodontic Services		Fee
D8010 through D8999		15% Discount
Sleep Apnea Services		Fee
D9947, D9948, D9949, D9953, D9954, D9955, D9956, D9957		15% Discount
Adjunctive Services		Fee
D9110	Palliative treatment of dental pain - per visit	\$85
D9120	Fixed partial denture sectioning	15% Discount
D9211	Regional block anesthesia	\$71
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$43
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$47
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$85
D9410	House/extended care facility call	\$159
D9420	Hospital or ambulatory surgical center call	\$170
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$52
D9440	Office visit - after regularly scheduled hours	\$118
D9910	Application of desensitizing medicament	\$44
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$57
D9941	Fabrication of athletic mouthguard	\$170
D9950	Occlusion analysis - mounted case	\$235
D9951	Occlusal adjustment - limited	\$122
D9952	Occlusal adjustment - complete	\$489
D9970	Enamel microabrasion	\$150

Exclusions & Limitations

1. If the General Dentist's normal fee for any dental procedure is less than the fee listed on this schedule, the dentist will charge 15% off of their normal fee for that dental procedure.
2. Any procedure involving lab and OSHA fees will not incur additional costs. All applicable lab and OSHA fees are not the responsibility of the member.
3. Fees subject to change.

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