

**Contact Us**

**Business Hours:** 7 a.m. - 7 p.m. CST Monday - Friday  
**Customer Service:** (800) 290-0523  
**Website:** <https://provider.careington.com>

**Mail**  
 Careington International Corp  
 PO Box 2568 Frisco, TX 75034

**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 20% 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 20% discount off of their normal fees.
- **Discount plans are not insurance.**

	Member Pays
<b>Diagnostic Services</b>	
D0120 Periodic oral evaluation - established patient	\$32
D0140 Limited oral evaluation - problem focused	\$51
D0150 Comprehensive oral evaluation - new or established patient	\$57
D0160 Detailed and extensive oral evaluation - problem focused, by report	\$102
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$40
D0180 Comprehensive periodontal evaluation - new or established patient	\$60
D0210 Intraoral - comprehensive series of radiographic images	\$86
D0220 Intraoral - periapical first radiographic image	\$18
D0230 Intraoral - periapical each additional radiographic image	\$16
D0240 Intraoral - occlusal radiographic image	\$26
D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$35
D0270 Bitewing - single radiographic image	\$17
D0272 Bitewings - two radiographic images	\$28
D0273 Bitewings - three radiographic images	\$34
D0274 Bitewings - four radiographic images	\$39
D0277 Vertical bitewings - 7 to 8 radiographic images	\$59
D0330 Panoramic radiographic image	\$72
D0340 2D cephalometric radiographic image - acquisition, measurement and analysis	\$78
D0350 2D oral/facial photographic image obtained intra-orally or extra-orally	\$40
D0460 Pulp vitality tests	\$33
D0470 Diagnostic casts	\$70
<b>Preventive Services</b>	
D1110 Prophylaxis - adult	\$61
D1120 Prophylaxis - child	\$44
D1206 Topical application of fluoride varnish	\$29
D1208 Topical application of fluoride - excluding varnish	\$23
D1330 Oral hygiene instructions	\$42
D1351 Sealant - per tooth	\$37
D1510 Space maintainer - fixed, unilateral - per quadrant	\$215
D1516 Space maintainer - fixed - bilateral, maxillary	\$284
D1520 Space maintainer - removable, unilateral - per quadrant	\$246
D1526 Space maintainer - removable - bilateral, maxillary	\$332
D1551 Re-cement or re-bond bilateral space maintainer - maxillary	\$53
D1552 Re-cement or re-bond bilateral space maintainer - mandibular	\$55
<b>Restorative Services</b>	
D2140 Amalgam - one surface, primary or permanent	\$85
D2150 Amalgam - two surfaces, primary or permanent	\$110
D2160 Amalgam - three surfaces, primary or permanent	\$132
D2161 Amalgam - four or more surfaces, primary or permanent	\$160
D2330 Resin-based composite - one surface, anterior	\$97
D2331 Resin-based composite - two surfaces, anterior	\$120
D2332 Resin-based composite - three surfaces, anterior	\$146
D2335 Resin-based composite - four or more surfaces (anterior)	\$178
D2390 Resin-based composite crown, anterior	\$226
D2391 Resin-based composite - one surface, posterior	\$109
D2392 Resin-based composite - two surfaces, posterior	\$141
D2393 Resin-based composite - three surfaces, posterior	\$174
D2394 Resin-based composite - four or more surfaces, posterior	\$209

Restorative Services (continued)	Member Pays
D2510 Inlay - metallic - one surface	\$504
D2520 Inlay - metallic - two surfaces	\$547
D2530 Inlay - metallic - three or more surfaces	\$606
D2542 Onlay - metallic - two surfaces	\$601
D2543 Onlay - metallic - three surfaces	\$622
D2544 Onlay - metallic - four or more surfaces	\$649
D2610 Inlay - porcelain/ceramic - one surface	\$560
D2620 Inlay - porcelain/ceramic - two surfaces	\$580
D2630 Inlay - porcelain/ceramic - three or more surfaces	\$610
D2642 Onlay - porcelain/ceramic - two surfaces	\$601
D2643 Onlay - porcelain/ceramic - three surfaces	\$636
D2644 Onlay - porcelain/ceramic - four or more surfaces	\$668
D2650 Inlay - resin-based composite - one surface	\$446
D2651 Inlay - resin-based composite - two surfaces	\$482
D2652 Inlay - resin-based composite - three or more surfaces	\$501
D2662 Onlay - resin-based composite - two surfaces	\$471
D2663 Onlay - resin-based composite - three surfaces	\$515
D2664 Onlay - resin-based composite - four or more surfaces	\$541
D2710 Crown - resin-based composite (indirect)	\$404
D2720 Crown - resin with high noble metal	\$646
D2721 Crown - resin with predominantly base metal	\$607
D2722 Crown - resin with noble metal	\$615
D2740 Crown - porcelain/ceramic	\$673
D2750 Crown - porcelain fused to high noble metal	\$674
D2751 Crown - porcelain fused to predominantly base metal	\$626
D2752 Crown - porcelain fused to noble metal	\$639
D2780 Crown - ¾ cast high noble metal	\$654
D2781 Crown - ¾ cast predominantly base metal	\$612
D2782 Crown - ¾ cast noble metal	\$628
D2783 Crown - ¾ porcelain/ceramic	\$657
D2790 Crown - full cast high noble metal	\$665
D2791 Crown - full cast predominantly base metal	\$610
D2792 Crown - full cast noble metal	\$629
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$66
D2920 Re-cement or re-bond crown	\$66
D2930 Prefabricated stainless steel crown - primary tooth	\$166
D2931 Prefabricated stainless steel crown - permanent tooth	\$193
D2932 Prefabricated resin crown	\$206
D2933 Prefabricated stainless steel crown with resin window	\$226
D2940 Protective restoration	\$72
D2950 Core buildup, including any pins when required	\$161
D2951 Pin retention - per tooth, in addition to restoration	\$42
D2952 Post and core in addition to crown, indirectly fabricated	\$252
D2953 Each additional indirectly fabricated post - same tooth	\$157
D2954 Prefabricated post and core in addition to crown	\$201
D2955 Post removal	\$166
D2957 Each additional prefabricated post - same tooth	\$110
D2960 Labial veneer (resin laminate) - direct	\$459
Endodontic Services	Member Pays
D3110 Pulp cap - direct (excluding final restoration)	\$55
D3120 Pulp cap - indirect (excluding final restoration)	\$49
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$124
D3221 Pulpal debridement, primary and permanent teeth	\$136
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$139
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$156
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	\$445
D3320 Endodontic therapy, premolar tooth (excluding final restoration)	\$530
D3330 Endodontic therapy, molar tooth (excluding final restoration)	\$654
D3331 Treatment of root canal obstruction; non-surgical access	\$254
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$304
D3333 Internal root repair of perforation defects	\$178
D3346 Retreatment of previous root canal therapy - anterior	\$561
D3347 Retreatment of previous root canal therapy - premolar	\$651

Endodontic Services (continued)		Member Pays
D3348	Retreatment of previous root canal therapy - molar	\$796
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$251
D3352	Apexification/recalcification - interim medication replacement	\$138
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$348
D3410	Apicoectomy - anterior	\$502
D3421	Apicoectomy - premolar (first root)	\$557
D3425	Apicoectomy - molar (first root)	\$629
D3426	Apicoectomy (each additional root)	\$243
D3430	Retrograde filling - per root	\$173
D3450	Root amputation - per root	\$337
D3470	Intentional re-implantation (including necessary splinting)	\$583
D3910	Surgical procedure for isolation of tooth with rubber dam	\$136
D3920	Hemisection (including any root removal), not including root canal therapy	\$276
D3950	Canal preparation and fitting of preformed dowel or post	\$136
Periodontic Services		Member Pays
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$396
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$193
D4230	Anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	\$552
D4231	Anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	\$305
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$495
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$339
D4245	Apically positioned flap	\$427
D4249	Clinical crown lengthening - hard tissue	\$527
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$787
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$500
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$347
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$293
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	\$364
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	\$454
D4268	Surgical revision procedure, per tooth	\$442
D4270	Pedicle soft tissue graft procedure	\$588
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	20% Discount
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	20% Discount
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$143
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$94
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$100
D4910	Periodontal maintenance	\$82
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$61
Prosthodontic Services (removable)		Member Pays
D5110	Complete denture - maxillary	\$1,019
D5120	Complete denture - mandibular	\$1,022
D5130	Immediate denture - maxillary	\$1,098
D5140	Immediate denture - mandibular	\$1,102
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$834
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$903
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$1,089
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$1,089
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$614
D5410	Adjust complete denture - maxillary	\$55
D5411	Adjust complete denture - mandibular	\$55
D5421	Adjust partial denture - maxillary	\$54
D5422	Adjust partial denture - mandibular	\$55
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$103
D5611	Repair resin partial denture base, mandibular	\$119
D5612	Repair resin partial denture base, maxillary	\$117
D5621	Repair cast partial framework, mandibular	\$137
D5630	Repair or replace broken retentive/clasping materials - per tooth	\$156
D5640	Replace broken teeth - per tooth	\$108
D5650	Add tooth to existing partial denture	\$135
D5660	Add clasp to existing partial denture - per tooth	\$161
D5710	Rebase complete maxillary denture	\$379
D5711	Rebase complete mandibular denture	\$367
D5720	Rebase maxillary partial denture	\$356

Prosthodontic Services (removable) (continued)		Member Pays
D5721	Rebase mandibular partial denture	\$356
D5730	Reline complete maxillary denture (direct)	\$226
D5731	Reline complete mandibular denture (direct)	\$225
D5740	Reline maxillary partial denture (direct)	\$213
D5741	Reline mandibular partial denture (direct)	\$215
D5750	Reline complete maxillary denture (indirect)	\$290
D5751	Reline complete mandibular denture (indirect)	\$291
D5760	Reline maxillary partial denture (indirect)	\$287
D5761	Reline mandibular partial denture (indirect)	\$286
D5810	Interim complete denture (maxillary)	\$504
D5811	Interim complete denture (mandibular)	\$526
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$388
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	\$381
D5850	Tissue conditioning, maxillary	\$109
D5851	Tissue conditioning, mandibular	\$108
Implant Services		Member Pays
D6000 to D6199		20% Discount
Prosthodontic Services (fixed)		Member Pays
D6210	Pontic - cast high noble metal	\$670
D6211	Pontic - cast predominantly base metal	\$632
D6212	Pontic - cast noble metal	\$650
D6240	Pontic - porcelain fused to high noble metal	\$670
D6241	Pontic - porcelain fused to predominantly base metal	\$622
D6242	Pontic - porcelain fused to noble metal	\$647
D6245	Pontic - porcelain/ceramic	\$680
D6250	Pontic - resin with high noble metal	\$650
D6251	Pontic - resin with predominantly base metal	\$611
D6252	Pontic - resin with noble metal	\$616
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$386
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$412
D6720	Retainer crown - resin with high noble metal	\$647
D6721	Retainer crown - resin with predominantly base metal	\$620
D6722	Retainer crown - resin with noble metal	\$625
D6740	Retainer crown - porcelain/ceramic	\$688
D6750	Retainer crown - porcelain fused to high noble metal	\$681
D6751	Retainer crown - porcelain fused to predominantly base metal	\$638
D6752	Retainer crown - porcelain fused to noble metal	\$648
D6780	Retainer crown - ¾ cast high noble metal	\$646
D6781	Retainer crown - ¾ cast predominantly base metal	\$646
D6782	Retainer crown - ¾ cast noble metal	\$611
D6783	Retainer crown - ¾ porcelain/ceramic	\$657
D6790	Retainer crown - full cast high noble metal	\$666
D6791	Retainer crown - full cast predominantly base metal	\$627
D6792	Retainer crown - full cast noble metal	\$645
D6930	Re-cement or re-bond fixed partial denture	\$105
Oral Surgery Services		Member Pays
D7111	Extraction, coronal remnants - primary tooth	\$83
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$114
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$174
D7220	Removal of impacted tooth - soft tissue	\$210
D7230	Removal of impacted tooth - partially bony	\$268
D7240	Removal of impacted tooth - completely bony	\$323
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$389
D7250	Removal of residual tooth roots (cutting procedure)	\$188
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$371
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	\$494
D7280	Exposure of an unerupted tooth	\$338
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$547
D7286	Incisional biopsy of oral tissue - soft	\$269
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$200
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$310
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$518
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$726

Oral Surgery Services (continued)		Member Pays
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$512
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$741
D7510	Incision and drainage of abscess - intraoral soft tissue	\$190
D7910	Suture of recent small wounds up to 5 cm	\$267
D7911	Complicated suture - up to 5 cm	\$626
D7912	Complicated suture - greater than 5 cm	\$1,113
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$1,644
D7970	Excision of hyperplastic tissue - per arch	\$372
D7971	Excision of pericoronal gingiva	\$163
Orthodontic Services		Member Pays
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2,745
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,801
Sleep Apnea Services		Member Pays
D9947, D9948, D9949, D9953, D9954, D9955, D9956, D9957		20% Discount
Adjunctive Services		Member Pays
D9110	Palliative treatment of dental pain - per visit	\$82
D9120	Fixed partial denture sectioning	\$107
D9211	Regional block anesthesia	\$42
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$31
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$132
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$51
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$127
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$86
D9410	House/extended care facility call	\$121
D9420	Hospital or ambulatory surgical center call	\$178
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$51
D9440	Office visit - after regularly scheduled hours	\$82
D9910	Application of desensitizing medicament	\$38
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$50
D9950	Occlusion analysis - mounted case	\$211
D9951	Occlusal adjustment - limited	\$104
D9952	Occlusal adjustment - complete	\$414
D9970	Enamel microabrasion	\$84

#### 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 20% off of their normal fee for that dental procedure.
2. 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.
3. Fees subject to change.

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