

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

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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.**

Diagnostic Services	Member Pays
D0120 Periodic oral evaluation - established patient	\$28
D0140 Limited oral evaluation - problem focused	\$44
D0150 Comprehensive oral evaluation - new or established patient	\$49
D0160 Detailed and extensive oral evaluation - problem focused, by report	\$88
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$35
D0180 Comprehensive periodontal evaluation - new or established patient	\$53
D0210 Intraoral - comprehensive series of radiographic images	\$75
D0220 Intraoral - periapical first radiographic image	\$16
D0230 Intraoral - periapical each additional radiographic image	\$14
D0240 Intraoral - occlusal radiographic image	\$23
D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$31
D0270 Bitewing - single radiographic image	\$15
D0272 Bitewings - two radiographic images	\$25
D0273 Bitewings - three radiographic images	\$30
D0274 Bitewings - four radiographic images	\$36
D0277 Vertical bitewings - 7 to 8 radiographic images	\$54
D0330 Panoramic radiographic image	\$62
D0340 2D cephalometric radiographic image - acquisition, measurement and analysis	\$68
D0350 2D oral/facial photographic image obtained intra-orally or extra-orally	\$36
D0460 Pulp vitality tests	\$29
D0470 Diagnostic casts	\$63
Preventive Services	Member Pays
D1110 Prophylaxis - adult	\$55
D1120 Prophylaxis - child	\$40
D1206 Topical application of fluoride varnish	\$26
D1208 Topical application of fluoride - excluding varnish	\$21
D1330 Oral hygiene instructions	\$37
D1351 Sealant - per tooth	\$33
D1510 Space maintainer - fixed, unilateral - per quadrant	\$190
D1516 Space maintainer - fixed - bilateral, maxillary	\$249
D1520 Space maintainer - removable, unilateral - per quadrant	\$218
D1526 Space maintainer - removable - bilateral, maxillary	\$290
D1551 Re-cement or re-bond bilateral space maintainer - maxillary	\$48
D1552 Re-cement or re-bond bilateral space maintainer - mandibular	\$50
Restorative Services	Member Pays
D2140 Amalgam - one surface, primary or permanent	\$73
D2150 Amalgam - two surfaces, primary or permanent	\$94
D2160 Amalgam - three surfaces, primary or permanent	\$114
D2161 Amalgam - four or more surfaces, primary or permanent	\$138
D2330 Resin-based composite - one surface, anterior	\$86
D2331 Resin-based composite - two surfaces, anterior	\$107
D2332 Resin-based composite - three surfaces, anterior	\$130
D2335 Resin-based composite - four or more surfaces (anterior)	\$160
D2390 Resin-based composite crown, anterior	\$206
D2391 Resin-based composite - one surface, posterior	\$97
D2392 Resin-based composite - two surfaces, posterior	\$125
D2393 Resin-based composite - three surfaces, posterior	\$154
D2394 Resin-based composite - four or more surfaces, posterior	\$185

Restorative Services (continued)	Member Pays
D2510 Inlay - metallic - one surface	\$460
D2520 Inlay - metallic - two surfaces	\$497
D2530 Inlay - metallic - three or more surfaces	\$548
D2542 Onlay - metallic - two surfaces	\$545
D2543 Onlay - metallic - three surfaces	\$563
D2544 Onlay - metallic - four or more surfaces	\$587
D2610 Inlay - porcelain/ceramic - one surface	\$508
D2620 Inlay - porcelain/ceramic - two surfaces	\$525
D2630 Inlay - porcelain/ceramic - three or more surfaces	\$551
D2642 Onlay - porcelain/ceramic - two surfaces	\$545
D2643 Onlay - porcelain/ceramic - three surfaces	\$575
D2644 Onlay - porcelain/ceramic - four or more surfaces	\$603
D2650 Inlay - resin-based composite - one surface	\$413
D2651 Inlay - resin-based composite - two surfaces	\$442
D2652 Inlay - resin-based composite - three or more surfaces	\$459
D2662 Onlay - resin-based composite - two surfaces	\$435
D2663 Onlay - resin-based composite - three surfaces	\$473
D2664 Onlay - resin-based composite - four or more surfaces	\$495
D2710 Crown - resin-based composite (indirect)	\$377
D2720 Crown - resin with high noble metal	\$572
D2721 Crown - resin with predominantly base metal	\$538
D2722 Crown - resin with noble metal	\$545
D2740 Crown - porcelain/ceramic	\$598
D2750 Crown - porcelain fused to high noble metal	\$600
D2751 Crown - porcelain fused to predominantly base metal	\$557
D2752 Crown - porcelain fused to noble metal	\$568
D2780 Crown - ¾ cast high noble metal	\$584
D2781 Crown - ¾ cast predominantly base metal	\$545
D2782 Crown - ¾ cast noble metal	\$559
D2783 Crown - ¾ porcelain/ceramic	\$584
D2790 Crown - full cast high noble metal	\$594
D2791 Crown - full cast predominantly base metal	\$542
D2792 Crown - full cast noble metal	\$560
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$59
D2920 Re-cement or re-bond crown	\$60
D2930 Prefabricated stainless steel crown - primary tooth	\$147
D2931 Prefabricated stainless steel crown - permanent tooth	\$172
D2932 Prefabricated resin crown	\$184
D2933 Prefabricated stainless steel crown with resin window	\$201
D2940 Placement of interim direct restoration	\$65
D2950 Core buildup, including any pins when required	\$144
D2951 Pin retention - per tooth, in addition to restoration	\$38
D2952 Post and core in addition to crown, indirectly fabricated	\$224
D2953 Each additional indirectly fabricated post - same tooth	\$143
D2954 Prefabricated post and core in addition to crown	\$179
D2955 Post removal	\$149
D2957 Each additional prefabricated post - same tooth	\$100
D2960 Labial veneer (resin laminate) - direct	\$404
Endodontic Services	Member Pays
D3110 Pulp cap - direct (excluding final restoration)	\$50
D3120 Pulp cap - indirect (excluding final restoration)	\$45
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$113
D3221 Pulpal debridement, primary and permanent teeth	\$124
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$130
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$144
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	\$403
D3320 Endodontic therapy, premolar tooth (excluding final restoration)	\$479
D3330 Endodontic therapy, molar tooth (excluding final restoration)	\$590
D3331 Treatment of root canal obstruction; non-surgical access	\$243
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$271
D3333 Internal root repair of perforation defects	\$165
D3346 Retreatment of previous root canal therapy - anterior	\$504
D3347 Retreatment of previous root canal therapy - premolar	\$583

Endodontic Services (continued)	Member Pays
D3348 Retreatment of previous root canal therapy - molar	\$712
D3351 Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$220
D3352 Apexification/recalcification - interim medication replacement	\$126
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$306
D3410 Apicoectomy - anterior	\$441
D3421 Apicoectomy - premolar (first root)	\$490
D3425 Apicoectomy - molar (first root)	\$553
D3426 Apicoectomy (each additional root)	\$219
D3430 Retrograde filling - per root	\$155
D3450 Root amputation - per root	\$298
D3470 Intentional re-implantation (including necessary splinting)	\$506
D3910 Surgical procedure for isolation of tooth with rubber dam	\$131
D3920 Hemisection (including any root removal), not including root canal therapy	\$248
D3950 Canal preparation and fitting of preformed dowel or post	\$123
Periodontic Services	Member Pays
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$346
D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$172
D4230 Anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	\$486
D4231 Anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	\$278
D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$431
D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$306
D4245 Apically positioned flap	\$385
D4249 Clinical crown lengthening - hard tissue	\$456
D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$678
D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$448
D4263 Bone replacement graft - retained natural tooth - first site in quadrant	\$313
D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant	\$263
D4266 Guided tissue regeneration, natural teeth - resorbable barrier, per site	\$330
D4267 Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	\$409
D4268 Surgical revision procedure, per tooth	\$432
D4270 Pedicle soft tissue graft procedure	\$512
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	\$134
D4342 Periodontal scaling and root planing - one to three teeth per quadrant	\$90
D4355 Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$94
D4910 Periodontal maintenance	\$77
D4920 Unscheduled dressing change (by someone other than treating dentist or their staff)	\$56
Prosthodontic Services (removable)	Member Pays
D5110 Complete denture - maxillary	\$919
D5120 Complete denture - mandibular	\$923
D5130 Immediate denture - maxillary	\$988
D5140 Immediate denture - mandibular	\$992
D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$749
D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$800
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$977
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$977
D5282 Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$550
D5410 Adjust complete denture - maxillary	\$50
D5411 Adjust complete denture - mandibular	\$50
D5421 Adjust partial denture - maxillary	\$49
D5422 Adjust partial denture - mandibular	\$49
D5520 Replace missing or broken teeth - complete denture - per tooth	\$94
D5611 Repair resin partial denture base, mandibular	\$107
D5612 Repair resin partial denture base, maxillary	\$106
D5621 Repair cast partial framework, mandibular	\$125
D5630 Repair or replace broken retentive/clasping materials - per tooth	\$140
D5640 Replace missing or broken teeth - partial denture - per tooth	\$98
D5650 Add tooth to existing partial denture - per tooth	\$121
D5660 Add clasp to existing partial denture - per tooth	\$144
D5710 Rebase complete maxillary denture	\$337
D5711 Rebase complete mandibular denture	\$327
D5720 Rebase maxillary partial denture	\$316

Prosthodontic Services (removable) (continued)	Member Pays
D5721 Rebase mandibular partial denture	\$316
D5730 Reline complete maxillary denture (direct)	\$203
D5731 Reline complete mandibular denture (direct)	\$202
D5740 Reline maxillary partial denture (direct)	\$191
D5741 Reline mandibular partial denture (direct)	\$194
D5750 Reline complete maxillary denture (indirect)	\$259
D5751 Reline complete mandibular denture (indirect)	\$260
D5760 Reline maxillary partial denture (indirect)	\$256
D5761 Reline mandibular partial denture (indirect)	\$255
D5810 Interim complete denture (maxillary)	\$456
D5811 Interim complete denture (mandibular)	\$474
D5820 Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$351
D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	\$342
D5850 Tissue conditioning, maxillary	\$100
D5851 Tissue conditioning, mandibular	\$99
Implant Services	Member Pays
D6000 to D6199	20% Discount
Prosthodontic Services (fixed)	Member Pays
D6210 Pontic - cast high noble metal	\$601
D6211 Pontic - cast predominantly base metal	\$567
D6212 Pontic - cast noble metal	\$582
D6240 Pontic - porcelain fused to high noble metal	\$601
D6241 Pontic - porcelain fused to predominantly base metal	\$559
D6242 Pontic - porcelain fused to noble metal	\$581
D6245 Pontic - porcelain/ceramic	\$610
D6250 Pontic - resin with high noble metal	\$582
D6251 Pontic - resin with predominantly base metal	\$549
D6252 Pontic - resin with noble metal	\$552
D6545 Retainer - cast metal for resin bonded fixed prosthesis	\$363
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$386
D6720 Retainer crown - resin with high noble metal	\$577
D6721 Retainer crown - resin with predominantly base metal	\$554
D6722 Retainer crown - resin with noble metal	\$558
D6740 Retainer crown - porcelain/ceramic	\$615
D6750 Retainer crown - porcelain fused to high noble metal	\$611
D6751 Retainer crown - porcelain fused to predominantly base metal	\$572
D6752 Retainer crown - porcelain fused to noble metal	\$580
D6780 Retainer crown - ¾ cast high noble metal	\$579
D6781 Retainer crown - ¾ cast predominantly base metal	\$579
D6782 Retainer crown - ¾ cast noble metal	\$549
D6783 Retainer crown - ¾ porcelain/ceramic	\$588
D6790 Retainer crown - full cast high noble metal	\$598
D6791 Retainer crown - full cast predominantly base metal	\$561
D6792 Retainer crown - full cast noble metal	\$577
D6930 Re-cement or re-bond fixed partial denture	\$94
Oral Surgery Services	Member Pays
D7111 Extraction, coronal remnants - primary tooth	\$78
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$107
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$161
D7220 Removal of impacted tooth - soft tissue	\$192
D7230 Removal of impacted tooth - partially bony	\$244
D7240 Removal of impacted tooth - completely bony	\$295
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications	\$351
D7250 Removal of residual tooth roots (cutting procedure)	\$174
D7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$341
D7272 Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	\$455
D7280 Exposure of an unerupted tooth	\$310
D7285 Incisional biopsy of oral tissue - hard (bone, tooth)	\$481
D7286 Incisional biopsy of oral tissue - soft	\$244
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$183
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$281
D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$459
D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$647

Oral Surgery Services (continued)		Member Pays
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$453
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$663
D7510	Incision and drainage of abscess - intraoral soft tissue	\$170
D7910	Suture of recent small wounds up to 5 cm	\$233
D7911	Complicated suture - up to 5 cm	\$539
D7912	Complicated suture - greater than 5 cm	\$954
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$1,626
D7970	Excision of hyperplastic tissue - per arch	\$335
D7971	Excision of pericoronal gingiva	\$151
Orthodontic Services		Member Pays
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2,623
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,677
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	\$71
D9120	Fixed partial denture sectioning	\$96
D9211	Regional block anesthesia	\$39
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$28
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$117
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$46
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$114
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$74
D9410	House/extended care facility call	\$108
D9420	Hospital or ambulatory surgical center call	\$156
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$48
D9440	Office visit - after regularly scheduled hours	\$75
D9910	Application of desensitizing medicament	\$35
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$45
D9950	Occlusion analysis - mounted case	\$190
D9951	Occlusal adjustment - limited	\$95
D9952	Occlusal adjustment - complete	\$367
D9970	Enamel microabrasion	\$80

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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