

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 co-payments, coinsurance and/or deductible amounts under the Dental Benefit Plan 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.

Diagnostic Services	Fee
D0120 Periodic oral evaluation - established patient	\$30
D0140 Limited oral evaluation - problem focused	\$48
D0150 Comprehensive oral evaluation - new or established patient	\$53
D0160 Detailed and extensive oral evaluation - problem focused, by report	\$97
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$37
D0180 Comprehensive periodontal evaluation - new or established patient	\$56
D0210 Intraoral - comprehensive series of radiographic images	\$81
D0220 Intraoral - periapical first radiographic image	\$17
D0230 Intraoral - periapical each additional radiographic image	\$15
D0240 Intraoral - occlusal radiographic image	\$25
D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$33
D0270 Bitewing - single radiographic image	\$16
D0272 Bitewings - two radiographic images	\$26
D0273 Bitewings - three radiographic images	\$32
D0274 Bitewings - four radiographic images	\$37
D0277 Vertical bitewings - 7 to 8 radiographic images	\$55
D0330 Panoramic radiographic image	\$67
D0340 2D cephalometric radiographic image - acquisition, measurement and analysis	\$74
D0350 2D oral/facial photographic image obtained intra-orally or extra-orally	\$38
D0460 Pulp vitality tests	\$30
D0470 Diagnostic casts	\$66
Preventive Services	Fee
D1110 Prophylaxis - adult	\$58
D1120 Prophylaxis - child	\$42
D1206 Topical application of fluoride varnish	\$28
D1208 Topical application of fluoride - excluding varnish	\$22
D1330 Oral hygiene instructions	\$40
D1351 Sealant - per tooth	\$35
D1510 Space maintainer - fixed, unilateral - per quadrant	\$206
D1516 Space maintainer - fixed - bilateral, maxillary	\$272
D1520 Space maintainer - removable, unilateral - per quadrant	\$234
D1526 Space maintainer - removable - bilateral, maxillary	\$320
D1551 Re-cement or re-bond bilateral space maintainer - maxillary	\$50
D1552 Re-cement or re-bond bilateral space maintainer - mandibular	\$51
Restorative Services	Fee
D2140 Amalgam - one surface, primary or permanent	\$81
D2150 Amalgam - two surfaces, primary or permanent	\$104
D2160 Amalgam - three surfaces, primary or permanent	\$126
D2161 Amalgam - four or more surfaces, primary or permanent	\$152
D2330 Resin-based composite - one surface, anterior	\$91
D2331 Resin-based composite - two surfaces, anterior	\$113
D2332 Resin-based composite - three surfaces, anterior	\$138
D2335 Resin-based composite - four or more surfaces (anterior)	\$168
D2390 Resin-based composite crown, anterior	\$210
D2391 Resin-based composite - one surface, posterior	\$103
D2392 Resin-based composite - two surfaces, posterior	\$134
D2393 Resin-based composite - three surfaces, posterior	\$165
D2394 Resin-based composite - four or more surfaces, posterior	\$199

Restorative Services (continued)		Fee
D2510	Inlay - metallic - one surface	\$479
D2520	Inlay - metallic - two surfaces	\$523
D2530	Inlay - metallic - three or more surfaces	\$582
D2542	Onlay - metallic - two surfaces	\$577
D2543	Onlay - metallic - three surfaces	\$598
D2544	Onlay - metallic - four or more surfaces	\$624
D2610	Inlay - porcelain/ceramic - one surface	\$536
D2620	Inlay - porcelain/ceramic - two surfaces	\$557
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$586
D2642	Onlay - porcelain/ceramic - two surfaces	\$577
D2643	Onlay - porcelain/ceramic - three surfaces	\$612
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$644
D2650	Inlay - resin-based composite - one surface	\$417
D2651	Inlay - resin-based composite - two surfaces	\$456
D2652	Inlay - resin-based composite - three or more surfaces	\$474
D2662	Onlay - resin-based composite - two surfaces	\$441
D2663	Onlay - resin-based composite - three surfaces	\$488
D2664	Onlay - resin-based composite - four or more surfaces	\$513
D2710	Crown - resin-based composite (indirect)	\$367
D2720	Crown - resin with high noble metal	\$613
D2721	Crown - resin with predominantly base metal	\$576
D2722	Crown - resin with noble metal	\$585
D2740	Crown - porcelain/ceramic	\$638
D2750	Crown - porcelain fused to high noble metal	\$638
D2751	Crown - porcelain fused to predominantly base metal	\$592
D2752	Crown - porcelain fused to noble metal	\$605
D2780	Crown - ¾ cast high noble metal	\$618
D2781	Crown - ¾ cast predominantly base metal	\$578
D2782	Crown - ¾ cast noble metal	\$594
D2783	Crown - ¾ porcelain/ceramic	\$622
D2790	Crown - full cast high noble metal	\$627
D2791	Crown - full cast predominantly base metal	\$578
D2792	Crown - full cast noble metal	\$595
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$62
D2920	Re-cement or re-bond crown	\$63
D2930	Prefabricated stainless steel crown - primary tooth	\$157
D2931	Prefabricated stainless steel crown - permanent tooth	\$182
D2932	Prefabricated resin crown	\$195
D2933	Prefabricated stainless steel crown with resin window	\$215
D2940	Protective restoration	\$67
D2950	Core buildup, including any pins when required	\$153
D2951	Pin retention - per tooth, in addition to restoration	\$39
D2952	Post and core in addition to crown, indirectly fabricated	\$238
D2953	Each additional indirectly fabricated post - same tooth	\$145
D2954	Prefabricated post and core in addition to crown	\$191
D2955	Post removal	\$156
D2957	Each additional prefabricated post - same tooth	\$103
D2960	Labial veneer (resin laminate) - direct	\$439
Endodontic Services		Fee
D3110	Pulp cap - direct (excluding final restoration)	\$53
D3120	Pulp cap - indirect (excluding final restoration)	\$46
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$118
D3221	Pulpal debridement, primary and permanent teeth	\$129
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$129
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$146
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$421
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$505
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$623
D3331	Treatment of root canal obstruction; non-surgical access	\$232
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$291
D3333	Internal root repair of perforation defects	\$166
D3346	Retreatment of previous root canal therapy - anterior	\$536
D3347	Retreatment of previous root canal therapy - premolar	\$622

Endodontic Services (continued)		Fee
D3348	Retreatment of previous root canal therapy - molar	\$762
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$238
D3352	Apexification/recalcification - interim medication replacement	\$128
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$330
D3410	Apicoectomy - anterior	\$476
D3421	Apicoectomy - premolar (first root)	\$528
D3425	Apicoectomy - molar (first root)	\$597
D3426	Apicoectomy (each additional root)	\$227
D3430	Retrograde filling - per root	\$163
D3450	Root amputation - per root	\$318
D3470	Intentional re-implantation (including necessary splinting)	\$557
D3910	Surgical procedure for isolation of tooth with rubber dam	\$132
D3920	Hemisection (including any root removal), not including root canal therapy	\$258
D3950	Canal preparation and fitting of preformed dowel or post	\$126
Periodontic Services		Fee
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$376
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$181
D4230	Anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	\$521
D4231	Anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	\$284
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$471
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$317
D4245	Apically positioned flap	\$400
D4249	Clinical crown lengthening - hard tissue	\$503
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$753
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$470
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$324
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$274
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	\$340
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	\$425
D4268	Surgical revision procedure, per tooth	\$431
D4270	Pedicle soft tissue graft procedure	\$559
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	\$138
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$89
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$96
D4910	Periodontal maintenance	\$80
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$59
Prosthodontic Services (removable)		Fee
D5110	Complete denture - maxillary	\$963
D5120	Complete denture - mandibular	\$966
D5130	Immediate denture - maxillary	\$1,039
D5140	Immediate denture - mandibular	\$1,043
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$792
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$864
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$1,034
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$1,034
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$581
D5410	Adjust complete denture - maxillary	\$52
D5411	Adjust complete denture - mandibular	\$52
D5421	Adjust partial denture - maxillary	\$51
D5422	Adjust partial denture - mandibular	\$52
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$96
D5611	Repair resin partial denture base, mandibular	\$112
D5612	Repair resin partial denture base, maxillary	\$110
D5621	Repair cast partial framework, mandibular	\$128
D5630	Repair or replace broken retentive/clasping materials - per tooth	\$148
D5640	Replace broken teeth - per tooth	\$101
D5650	Add tooth to existing partial denture	\$128
D5660	Add clasp to existing partial denture - per tooth	\$152
D5710	Rebase complete maxillary denture	\$363
D5711	Rebase complete mandibular denture	\$350
D5720	Rebase maxillary partial denture	\$341

Prosthodontic Services (removable) (continued)		Fee
D5721	Rebase mandibular partial denture	\$341
D5730	Reline complete maxillary denture (direct)	\$215
D5731	Reline complete mandibular denture (direct)	\$214
D5740	Reline maxillary partial denture (direct)	\$201
D5741	Reline mandibular partial denture (direct)	\$203
D5750	Reline complete maxillary denture (indirect)	\$277
D5751	Reline complete mandibular denture (indirect)	\$278
D5760	Reline maxillary partial denture (indirect)	\$273
D5761	Reline mandibular partial denture (indirect)	\$273
D5810	Interim complete denture (maxillary)	\$475
D5811	Interim complete denture (mandibular)	\$498
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$366
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	\$360
D5850	Tissue conditioning, maxillary	\$102
D5851	Tissue conditioning, mandibular	\$101
Implant Services		Fee
D6000 to D6199		20% Discount
Prosthodontic Services (fixed)		Fee
D6210	Pontic - cast high noble metal	\$639
D6211	Pontic - cast predominantly base metal	\$602
D6212	Pontic - cast noble metal	\$621
D6240	Pontic - porcelain fused to high noble metal	\$638
D6241	Pontic - porcelain fused to predominantly base metal	\$592
D6242	Pontic - porcelain fused to noble metal	\$617
D6245	Pontic - porcelain/ceramic	\$650
D6250	Pontic - resin with high noble metal	\$620
D6251	Pontic - resin with predominantly base metal	\$582
D6252	Pontic - resin with noble metal	\$589
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$351
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$375
D6720	Retainer crown - resin with high noble metal	\$617
D6721	Retainer crown - resin with predominantly base metal	\$591
D6722	Retainer crown - resin with noble metal	\$596
D6740	Retainer crown - porcelain/ceramic	\$655
D6750	Retainer crown - porcelain fused to high noble metal	\$647
D6751	Retainer crown - porcelain fused to predominantly base metal	\$606
D6752	Retainer crown - porcelain fused to noble metal	\$616
D6780	Retainer crown - ¾ cast high noble metal	\$613
D6781	Retainer crown - ¾ cast predominantly base metal	\$613
D6782	Retainer crown - ¾ cast noble metal	\$578
D6783	Retainer crown - ¾ porcelain/ceramic	\$624
D6790	Retainer crown - full cast high noble metal	\$632
D6791	Retainer crown - full cast predominantly base metal	\$594
D6792	Retainer crown - full cast noble metal	\$613
D6930	Re-cement or re-bond fixed partial denture	\$100
Oral Surgery Services		Fee
D7111	Extraction, coronal remnants - primary tooth	\$79
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	\$160
D7220	Removal of impacted tooth - soft tissue	\$193
D7230	Removal of impacted tooth - partially bony	\$248
D7240	Removal of impacted tooth - completely bony	\$298
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$360
D7250	Removal of residual tooth roots (cutting procedure)	\$172
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$337
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	\$450
D7280	Exposure of an unerupted tooth	\$308
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$510
D7286	Incisional biopsy of oral tissue - soft	\$247
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$189
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$295
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$499
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$698

Oral Surgery Services (continued)		Fee
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$495
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$710
D7510	Incision and drainage of abscess - intraoral soft tissue	\$183
D7910	Suture of recent small wounds up to 5 cm	\$259
D7911	Complicated suture - up to 5 cm	\$615
D7912	Complicated suture - greater than 5 cm	\$1,095
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$1,579
D7970	Excision of hyperplastic tissue - per arch	\$355
D7971	Excision of pericoronal gingiva	\$152
Orthodontic Services		Fee
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2,658
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,712
Sleep Apnea Services		Fee
D9947, D9948, D9949, D9953, D9954, D9955, D9956, D9957		20% Discount
Adjunctive Services		Fee
D9110	Palliative treatment of dental pain - per visit	\$78
D9120	Fixed partial denture sectioning	\$100
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	\$123
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$48
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$117
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$83
D9410	House/extended care facility call	\$113
D9420	Hospital or ambulatory surgical center call	\$167
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$50
D9440	Office visit - after regularly scheduled hours	\$75
D9910	Application of desensitizing medicament	\$37
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$49
D9950	Occlusion analysis - mounted case	\$204
D9951	Occlusal adjustment - limited	\$99
D9952	Occlusal adjustment - complete	\$403
D9970	Enamel microabrasion	\$77

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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