

Code	Diagnostic and Preventive	Fee
D0120	Periodic Oral Evaluation - Established Patient	\$18
D0140	Limited Oral Evaluation - Problem Focus	\$23
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$23
D0210	X - Rays - Intraoral - Complete Series (including bitewings)	\$55
D0220	X - Rays - Intraoral - Periapical - 1st Film	\$13
D0230	X - Rays - Intraoral - Periapical - Each Additional Film	\$7
D0270	Bitewing - Single Film	\$14
D0272	Bitewings - Two Films	\$17
D0273	Bitewings - Three Films	\$22
D0274	Bitewings - Four Films	\$28
D0330	Panoramic Film	\$55
D1110	Prophylaxis - Adult Cleaning	\$41
D1120	Prophylaxis - Child Cleaning	\$34
D1351	Sealant - Per Tooth	\$27
D1510	Space Maintainer - Fixed - Unilateral	\$121
D1515	Space Maintainer - Fixed - Bilateral	\$178
D1520	Space Maintainer - Removeable - Unilateral	\$158
D1525	Space Maintainer - Removeable - Bilateral	\$201
Restorative		
D2140	Amalgam - One Surface, Primary or Permanent	\$55
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$70
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$83
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$103
D2330	Resin - Based Composite - One Surface, Anterior	\$70
D2331	Resin - Based Composite - Two Surfaces, Anterior	\$86
D2332	Resin - Based Composite - Three Surfaces, Anterior	\$107
D2335	Resin - Based Composite - Four or More Surfaces, Anterior	\$136
D2391	Resin - Based Composite - One Surface, Posterior	\$93
D2392	Resin - Based Composite - Two Surfaces, Posterior	\$133
D2393	Resin - Based Composite - Three Surfaces, Posterior	\$177
D2394	Resin - Based Composite - Four or More Surfaces, Posterior	\$204
D2710	Crown - Resin-Based Composite (indirect)	\$259
D2720	Crown - Resin With High Noble Metal	\$548
D2750	Crown - Porcelain Fused to High Noble Metal	\$636
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$573
D2752	Crown - Porcelain Fused to Noble Metal	\$606
D2790	Crown - Full Cast High Noble Metal	\$613
D2791	Crown - Full Cast Predominantly Base Metal	\$583
D2930	Prefabricated Stainless Steel Crown - Primary	\$130
D2931	Prefabricated Stainless Steel Crown - Permanent	\$149
D2950	Core Buildup - Including Any Pins	\$130
D2951	Pin Retention Per Tooth in Addition to Restoration	\$30
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$205
D2954	Prefabricated Post and Core in Addition to Crown	\$159
Endodontics		
D3110	Pulp Cap Direct (excluding final restoration)	\$29
D3120	Pulp Cap Indirect (excluding final restoration)	\$29
D3220	Therapeutic Pulpotomy (excluding final restoration)	\$70
D3310	Root Canal - Anterior (excluding final restoration)	\$382
D3320	Root Canal - Bicuspid (excluding final restoration)	\$452
D3330	Root Canal - Molar (excluding final restoration)	\$567
Periodontics		
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$382
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$127
D4910	Periodontal Maintenance	\$81
Prostodontics (Removable)		
D5110	Complete Denture - Maxillary	\$826
D5120	Complete Denture - Mandibular	\$826
D5130	Immediate Denture - Maxillary	\$878
D5140	Immediate Denture - Mandibular	\$878
D5211	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$810
D5212	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$810
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$922
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$922
D5410	Adjust Complete Denture - Maxillary	\$43
D5411	Adjust Complete Denture - Mandibular	\$43
D5510	Repair Broken Complete Denture Base	\$74

Code	Prostodontics (Removed) (Continued)	Fee
D5520	Replace Missing or Broken Teeth	\$70
D5630	Repair or Replace Broken Clasp	\$86
D5650	Add Tooth to Existing Partial Denture	\$74
D5660	Add Clasp to Existing Partial Denture	\$94
D5730	Reline Complete Maxillary Denture (chairside)	\$177
D5731	Reline Complete Mandibular Denture (chairside)	\$177
D5740	Reline Maxillary Partial Denture (chairside)	\$167
D5741	Reline Mandibular Partial Dent (chairside)	\$167
D5750	Reline Complete Maxillary Denture (lab)	\$231
D5751	Reline Complete Mandibular Denture (lab)	\$231
D6000 through D6096 Implant Services		20% Discount
Prostodontics (Fixed)		
D6240	Pontic - Porcelain Fused to High Noble Metal	\$623
D6241	Pontic - Porcelain Fused to Predom Base Metal	\$522
D6242	Pontic - Porcelain Fused to Noble Metal	\$565
D6750	Crown - Porcelain Fused to High Noble Metal	\$595
D6751	Crown - Porcelain Fused to Predom Base Metal	\$553
D6752	Crown - Porcelain Fused to Noble Metal	\$566
Oral Surgery		
D7140	Extraction, erupted Tooth or Exposed Root (elevation and/or forceps)	\$70
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal	\$162
D7220	Removal of Impacted Tooth - Soft Tissue	\$144
D7230	Removal of Impacted Tooth - Partially Bony	\$190
D7240	Removal of Impacted Tooth - Completely Bony	\$253
D7250	Surgical Removal of Residual Tooth Roots	\$133
D7310	Alveoplasty in Conjunction with Extraction Per Quad	\$121
D7320	Alveoplasty not in Conjunction with Extraction Per Quad	\$176
D7510	Incision/drainage of Abscess - Intraoral Soft Tissue	\$89
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	\$47
D9215	Local Anesthesia	\$17
D9230	Analgesia	\$29
D9951	Occlusal Adjustment Limited	\$65
D9952	Occlusal Adjustment Complete	\$262

*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