



Careington Corporation

Care 500 Series Schedule

505

Discount plans are not insurance

Please Call (800) 290-0523 for Customer Service

| Code | Diagnostic and Preventive | Fee | Code | Prosthodontics (Removed) (Continued) | Fee |
|-------|---|-------|---|---|--------------|
| D0120 | Periodic Oral Evaluation - Established Patient | \$19 | D5520 | Replace Missing or Broken Teeth - Complete Denture (each tooth) | \$76 |
| D0140 | Limited Oral Evaluation - Problem Focus | \$25 | D5630 | Repair or Replace Broken Clasp | \$93 |
| D0150 | Comprehensive Oral Evaluation - New or Established Patient | \$25 | D5650 | Add Tooth to Existing Partial Denture | \$80 |
| D0210 | Intraoral - Complete Series of Radiographic Images | \$59 | D5660 | Add Clasp to Existing Partial Denture | \$102 |
| D0220 | Intraoral - Periapical - First Radiographic Image | \$14 | D5730 | Reline Complete Maxillary Denture (chairside) | \$191 |
| D0230 | Intraoral - Periapical - Each Additional Radiographic Image | \$8 | D5731 | Reline Complete Mandibular Denture (chairside) | \$191 |
| D0270 | Bitewing - Single Radiographic Image | \$15 | D5740 | Reline Maxillary Partial Denture (chairside) | \$180 |
| D0272 | Bitewings - Two Radiographic Images | \$18 | D5741 | Reline Mandibular Partial Dent (chairside) | \$180 |
| D0273 | Bitewings - Three Radiographic Images | \$24 | D5750 | Reline Complete Maxillary Denture (lab) | \$249 |
| D0274 | Bitewings - Four Radiographic Images | \$30 | D5751 | Reline Complete Mandibular Denture (lab) | \$249 |
| D0330 | Panoramic Radiographic Image | \$59 | | | |
| D1110 | Prophylaxis - Adult Cleaning | \$44 | D6000 through D6096 Implant Services | | 20% Discount |
| D1120 | Prophylaxis - Child Cleaning | \$37 | Prosthodontics (Fixed) | | |
| D1351 | Sealant - Per Tooth | \$29 | D6240 | Pontic - Porcelain Fused to High Noble Metal | \$673 |
| D1510 | Space Maintainer - Fixed - Unilateral | \$131 | D6241 | Pontic - Porcelain Fused to Predominantly Base Metal | \$564 |
| D1515 | Space Maintainer - Fixed - Bilateral | \$192 | D6242 | Pontic - Porcelain Fused to Noble Metal | \$610 |
| D1520 | Space Maintainer - Removable - Unilateral | \$171 | D6750 | Crown - Porcelain Fused to High Noble Metal | \$643 |
| D1525 | Space Maintainer - Removable - Bilateral | \$217 | D6751 | Crown - Porcelain Fused to Predominantly Base Metal | \$597 |
| | Restorative | | D6752 | Crown - Porcelain Fused to Noble Metal | \$611 |
| D2140 | Amalgam - One Surface, Primary or Permanent | \$59 | Oral Surgery | | |
| D2150 | Amalgam - Two Surfaces, Primary or Permanent | \$76 | D7140 | Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal) | \$76 |
| D2160 | Amalgam - Three Surfaces, Primary or Permanent | \$90 | D7210 | Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated | \$175 |
| D2161 | Amalgam - Four or More Surfaces, Primary or Permanent | \$111 | D7220 | Removal of Impacted Tooth - Soft Tissue | \$156 |
| D2330 | Resin - Based Composite - One Surface, Anterior | \$76 | D7230 | Removal of Impacted Tooth - Partially Bony | \$205 |
| D2331 | Resin - Based Composite - Two Surfaces, Anterior | \$93 | D7240 | Removal of Impacted Tooth - Completely Bony | \$273 |
| D2332 | Resin - Based Composite - Three Surfaces, Anterior | \$116 | D7250 | Surgical Removal of Residual Tooth Roots (cutting procedure) | \$144 |
| D2335 | Resin - Based Composite - Four or More Surfaces, Anterior | \$147 | D7310 | Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant | \$131 |
| D2391 | Resin - Based Composite - One Surface, Posterior | \$100 | D7320 | Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant | \$190 |
| D2392 | Resin - Based Composite - Two Surfaces, Posterior | \$144 | D7510 | Incision and Drainage of Abscess - Intraoral Soft Tissue | \$96 |
| D2393 | Resin - Based Composite - Three Surfaces, Posterior | \$191 | Orthodontics | | |
| D2394 | Resin - Based Composite - Four or More Surfaces, Posterior | \$220 | D8070 | Comprehensive Orthodontic Treatment of the Transitional Dentition | 20% Discount |
| D2710 | Crown - Resin-Based Composite (indirect) | \$280 | D8080 | Comprehensive Orthodontic Treatment of the Adolescent Dentition | 20% Discount |
| D2720 | Crown - Resin With High Noble Metal | \$592 | D8090 | Comprehensive Orthodontic Treatment of the Adult Dentition | 20% Discount |
| D2750 | Crown - Porcelain Fused to High Noble Metal | \$687 | Miscellaneous Services | | |
| D2751 | Crown - Porcelain Fused to Predominantly Base Metal | \$619 | D9110 | Palliative (emergency) Treatment Dental Pain - Minor Procedure | \$51 |
| D2752 | Crown - Porcelain Fused to Noble Metal | \$654 | D9215 | Local Anesthesia in Conjunction With Operative or Surgical Procedures | \$18 |
| D2790 | Crown - Full Cast High Noble Metal | \$662 | D9230 | Inhalation of Nitrous Oxide/Anxiolysis, Analgesia | \$31 |
| D2791 | Crown - Full Cast Predominantly Base Metal | \$630 | D9951 | Occlusal Adjustment Limited | \$70 |
| D2930 | Prefabricated Stainless Steel Crown - Primary Tooth | \$140 | D9952 | Occlusal Adjustment Complete | \$283 |
| D2931 | Prefabricated Stainless Steel Crown - Permanent Tooth | \$161 | | | |
| D2950 | Core Buildup - Including Any Pins | \$140 | | | |
| D2951 | Pin Retention Per Tooth in Addition to Restoration | \$32 | | | |
| D2952 | Post and Core in Addition to Crown, Indirectly Fabricated | \$221 | | | |
| D2954 | Prefabricated Post and Core in Addition to Crown | \$172 | | | |
| | Endodontics | | | | |
| D3110 | Pulp Cap Direct (excluding final restoration) | \$31 | | | |
| D3120 | Pulp Cap Indirect (excluding final restoration) | \$31 | | | |
| D3220 | Therapeutic Pulpotomy (excluding final restoration) | \$76 | | | |
| D3310 | Endodontic Therapy - Anterior Tooth (excluding final restoration) | \$413 | | | |
| D3320 | Endodontic Therapy - Bicuspid Tooth (excluding final restoration) | \$488 | | | |
| D3330 | Endodontic Therapy - Molar (excluding final restoration) | \$612 | | | |
| | Periodontics | | | | |
| D4210 | Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bonded Spaces Per Quadrant | \$413 | | | |
| D4341 | Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant | \$137 | | | |
| D4910 | Periodontal Maintenance | \$87 | | | |
| | Prosthodontics (Removable) | | | | |
| D5110 | Complete Denture - Maxillary | \$892 | | | |
| D5120 | Complete Denture - Mandibular | \$892 | | | |
| D5130 | Immediate Denture - Maxillary | \$948 | | | |
| D5140 | Immediate Denture - Mandibular | \$948 | | | |
| D5211 | Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth) | \$875 | | | |
| D5212 | Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth) | \$875 | | | |
| D5213 | Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth) | \$996 | | | |
| D5214 | Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth) | \$996 | | | |
| D5410 | Adjust Complete Denture - Maxillary | \$46 | | | |
| D5411 | Adjust Complete Denture - Mandibular | \$46 | | | |
| D5510 | Repair Broken Complete Denture Base | \$80 | | | |

*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% off the General Dentist's normal fee at the time of service.

*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 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.

* Careington or its vendors may periodically adjust this fee schedule with 30 days notice to Client.

*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 Corporation, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.

*It is the Member's responsibility to verify that the dentist is a participating Provider before seeking any treatment. Any dental procedures performed by a non-participating dentist are not discounted and are charged at the dentist's normal fees.

*The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment - many treatments may require more than one dental procedure. Please consult your Careington provider for a detailed treatment plan prior to beginning any work.

*Work in progress prior to joining the dental plan must be completed by the dentist who started the work and is subject to no discount.

*Careington can not guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating Careington provider. Not all types of dentists may be available in your area.

*Some providers may charge for missed or broken appointments if no prior notice is given as per their office policies and are subject to no discounts.