



Careington Corporation

Care 500 Series Schedule

506

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	\$23	D5520	Replace Missing or Broken Teeth - Complete Denture (each tooth)	\$87
D0140	Limited Oral Evaluation - Problem Focus	\$27	D5630	Repair or Replace Broken Clasp	\$107
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$33	D5650	Add Tooth to Existing Partial Denture	\$93
D0210	Intraoral - Complete Series of Radiographic Images	\$69	D5660	Add Clasp to Existing Partial Denture	\$117
D0220	Intraoral - Periapical - First Radiographic Image	\$16	D5730	Reline Complete Maxillary Denture (chairside)	\$212
D0230	Intraoral - Periapical - Each Additional Radiographic Image	\$10	D5731	Reline Complete Mandibular Denture (chairside)	\$212
D0270	Bitewing - Single Radiographic Image	\$16	D5740	Reline Maxillary Partial Denture (chairside)	\$199
D0272	Bitewings - Two Radiographic Images	\$19	D5741	Reline Mandibular Partial Dent (chairside)	\$199
D0273	Bitewings - Three Radiographic Images	\$25	D5750	Reline Complete Maxillary Denture (lab)	\$274
D0274	Bitewings - Four Radiographic Images	\$30	D5751	Reline Complete Mandibular Denture (lab)	\$274
D0330	Panoramic Radiographic Image	\$69			
D1110	Prophylaxis - Adult Cleaning	\$51		D6000 through D6096 Implant Services	20% Discount
D1120	Prophylaxis - Child Cleaning	\$41			
D1351	Sealant - Per Tooth	\$36		Prosthodontics (Fixed)	
D1510	Space Maintainer - Fixed - Unilateral	\$150	D6240	Pontic - Porcelain Fused to High Noble Metal	\$703
D1515	Space Maintainer - Fixed - Bilateral	\$221	D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$649
D1520	Space Maintainer - Removable - Unilateral	\$194	D6242	Pontic - Porcelain Fused to Noble Metal	\$669
D1525	Space Maintainer - Removable - Bilateral	\$248	D6750	Crown - Porcelain Fused to High Noble Metal	\$748
	Restorative		D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$705
D2140	Amalgam - One Surface, Primary or Permanent	\$69	D6752	Crown - Porcelain Fused to Noble Metal	\$732
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$87		Oral Surgery	
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$103	D7140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	\$87
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$126	D7210	Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$183
D2330	Resin - Based Composite - One Surface, Anterior	\$87	D7220	Removal of Impacted Tooth - Soft Tissue	\$179
D2331	Resin - Based Composite - Two Surfaces, Anterior	\$107	D7230	Removal of Impacted Tooth - Partially Bony	\$233
D2332	Resin - Based Composite - Three Surfaces, Anterior	\$134	D7240	Removal of Impacted Tooth - Completely Bony	\$306
D2335	Resin - Based Composite - Four or More Surfaces, Anterior	\$168	D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	\$168
D2391	Resin - Based Composite - One Surface, Posterior	\$112	D7310	Alveoloplasty in Conjunction with Extraction - Four or More Teeth or Tooth Spaces, Per Quadrant	\$150
D2392	Resin - Based Composite - Two Surfaces, Posterior	\$164	D7320	Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$216
D2393	Resin - Based Composite - Three Surfaces, Posterior	\$207	D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$111
D2394	Resin - Based Composite - Four or More Surfaces, Posterior	\$237		Orthodontics	
D2710	Crown - Resin-Based Composite (indirect)	\$307	D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	20% Discount
D2720	Crown - Resin With High Noble Metal	\$651	D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	20% Discount
D2750	Crown - Porcelain Fused to High Noble Metal	\$767	D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	20% Discount
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$748		Miscellaneous Services	
D2752	Crown - Porcelain Fused to Noble Metal	\$759	D9110	Palliative (emergency) Treatment Dental Pain - Minor Procedure	\$57
D2790	Crown - Full Cast High Noble Metal	\$784	D9215	Local Anesthesia in Conjunction With Operative or Surgical Procedures	\$23
D2791	Crown - Full Cast Predominantly Base Metal	\$743	D9230	Inhalation of Nitrous Oxide/Anxiolysis, Analgesia	\$38
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$153	D9951	Occlusal Adjustment Limited	\$80
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$172	D9952	Occlusal Adjustment Complete	\$324
D2950	Core Buildup - Including Any Pins	\$150			
D2951	Pin Retention Per Tooth in Addition to Restoration	\$38			
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$248			
D2954	Prefabricated Post and Core in Addition to Crown	\$188			
	Endodontics				
D3110	Pulp Cap Direct (excluding final restoration)	\$38			
D3120	Pulp Cap Indirect (excluding final restoration)	\$36			
D3220	Therapeutic Pulpotomy (excluding final restoration)	\$87			
D3310	Endodontic Therapy - Anterior Tooth (excluding final restoration)	\$471			
D3320	Endodontic Therapy - Bicuspid Tooth (excluding final restoration)	\$557			
D3330	Endodontic Therapy - Molar (excluding final restoration)	\$700			
	Periodontics				
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bonded Spaces Per Quadrant	\$485			
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$158			
D4910	Periodontal Maintenance	\$98			
	Prosthodontics (Removable)				
D5110	Complete Denture - Maxillary	\$1,016			
D5120	Complete Denture - Mandibular	\$1,016			
D5130	Immediate Denture - Maxillary	\$1,070			
D5140	Immediate Denture - Mandibular	\$1,070			
D5211	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$999			
D5212	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$999			
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$1,142			
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$1,142			
D5410	Adjust Complete Denture - Maxillary	\$54			
D5411	Adjust Complete Denture - Mandibular	\$54			
D5510	Repair Broken Complete Denture Base	\$93			

*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.