Careington Care 500 Series

Contact Us

Business Hours: 7 a.m. - 7 p.m. CST Monday - Friday
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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 procedure. Member is responsible for all 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	$18
D0140 Limited oral evaluation - problem focused	$28
D0150 Comprehensive oral evaluation - new or established patient	$32
D0210 Intraoral - comprehensive series of radiographic images	$48
D0220 Intraoral - periapical first radiographic image	$10
D0230 Intraoral - periapical each additional radiographic image	$9
D0270 Bitewing - single radiographic image	$10
D0272 Bitewings - two radiographic images	$16
D0273 Bitewings - three radiographic images	$19
D0274 Bitewings - four radiographic images	$22
D0330 Panoramic radiographic image	$40

Preventive Services	Member Pays
D1110 Prophylaxis - adult	$33
D1120 Prophylaxis - child	$24
D1206 Topical application of fluoride varnish	$16
D1208 Topical application of fluoride - excluding varnish	$13
D1351 Sealant - per tooth	$20
D1510 Space maintainer - fixed, unilateral - per quadrant	$118
D1516 Space maintainer - fixed - bilateral, maxillary	$147
D1520 Space maintainer - removable, unilateral - per quadrant	$134
D1526 Space maintainer - removable - bilateral, maxillary	$171
D1551 Re-cement or re-bond bilateral space maintainer - maxillary	$28
D1552 Re-cement or re-bond bilateral space maintainer - mandibular	$29

Restorative Services	Member Pays
D2140 Amalgam - one surface, primary or permanent	$65
D2150 Amalgam - two surfaces, primary or permanent	$83
D2160 Amalgam - three surfaces, primary or permanent	$101
D2161 Amalgam - four or more surfaces, primary or permanent	$123
D2330 Resin-based composite - one surface, anterior	$75
D2331 Resin-based composite - two surfaces, anterior	$93
D2332 Resin-based composite - three surfaces, anterior	$113
D2335 Resin-based composite - four or more surfaces (anterior)	$139
D2391 Resin-based composite - one surface, posterior	$85
D2392 Resin-based composite - two surfaces, posterior	$109
D2393 Resin-based composite - three surfaces, posterior	$135
D2394 Resin-based composite - four or more surfaces, posterior	$162
D2710 Crown - resin-based composite (indirect)	$315
D2720 Crown - resin with high noble metal	$501
D2750 Crown - porcelain fused to high noble metal	$524
D2751 Crown - porcelain fused to predominantly base metal	$486
D2752 Crown - porcelain fused to noble metal	$497
D2790 Crown - full cast high noble metal	$517
D2791 Crown - full cast predominantly base metal	$474
D2930 Prefabricated stainless steel crown - primary tooth	$129
D2931 Prefabricated stainless steel crown - permanent tooth	$150
D2950 Core buildup, including any pins when required	$126

Restorative Services (continued)	Member Pays
D2951 Pin retention - per tooth, in addition to restoration	$33
D2952 Post and core in addition to crown, indirectly fabricated	$196
D2954 Prefabricated post and core in addition to crown	$157

Endodontic Services	Member Pays
D3110 Pulp cap - direct (excluding final restoration)	$41
D3120 Pulp cap - indirect (excluding final restoration)	$36
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$91
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	$327
D3320 Endodontic therapy, premolar tooth (excluding final restoration)	$391
D3330 Endodontic therapy, molar tooth (excluding final restoration)	$481

Periodontic Services	Member Pays
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$333
D4230 Anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	$436
D4231 Anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	$247
D4341 Periodontal scaling and root planing - four or more teeth per quadrant	$124
D4910 Periodontal maintenance	$72

Prosthodontic Services (removable)	Member Pays
D5110 Complete denture - maxillary	$752
D5120 Complete denture - mandibular	$755
D5130 Immediate denture - maxillary	$810
D5140 Immediate denture - mandibular	$813
D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$616
D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$666
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$804
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$804
D5282 Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	$415
D5410 Adjust complete denture - maxillary	$41
D5411 Adjust complete denture - mandibular	$41
D5520 Replace missing or broken teeth - complete denture - per tooth	$76
D5611 Repair resin partial denture base, mandibular	$81
D5612 Repair resin partial denture base, maxillary	$80
D5621 Repair cast partial framework, mandibular	$95
D5630 Repair or replace broken retentive/clasping materials - per tooth	$115
D5650 Add tooth to existing partial denture - per tooth	$100
D5660 Add clasp to existing partial denture - per tooth	$118
D5730 Reline complete maxillary denture (direct)	$167
D5731 Reline complete mandibular denture (direct)	$166
D5740 Reline maxillary partial denture (direct)	$157
D5741 Reline mandibular partial denture (direct)	$159
D5750 Reline complete maxillary denture (indirect)	$214
D5751 Reline complete mandibular denture (indirect)	$215
D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	$258

Implant Services	Member Pays
D6000 through D6199	20% Discount

Prosthodontic Services (fixed)	Member Pays
D6240 Pontic - porcelain fused to high noble metal	$527
D6241 Pontic - porcelain fused to predominantly base metal	$489
D6242 Pontic - porcelain fused to noble metal	$509
D6750 Retainer crown - porcelain fused to high noble metal	$536
D6751 Retainer crown - porcelain fused to predominantly base metal	$502
D6752 Retainer crown - porcelain fused to noble metal	$509

Oral Surgery Services (fixed)	Member Pays
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$71
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$107
D7220 Removal of impacted tooth - soft tissue	$128
D7230 Removal of impacted tooth - partially bony	$164
D7240 Removal of impacted tooth - completely bony	$197
D7250 Removal of residual tooth roots (cutting procedure)	$115
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$123
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$190
D7510 Incision and drainage of abscess - intraoral soft tissue	$117
D7951 Sinus augmentation with bone or bone substitutes via a lateral open approach	$1,059

Orthodontic Services	Member Pays
D8080 Comprehensive orthodontic treatment of the adolescent dentition	$2,562
D8090 Comprehensive orthodontic treatment of the adult dentition	$2,615

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	$44
D9215 Local anesthesia in conjunction with operative or surgical procedures	$17
D9230 Inhalation of nitrous oxide/analgesia, anxiolysis	$28
D9951 Occlusal adjustment - limited	$57
D9952 Occlusal adjustment - complete	$227

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.
4. 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 Corporation, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034**. Please call **800-290-0523** if you have any further questions.
5. 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.
6. 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.
7. Careington cannot 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.

Careington
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500
SERIES
Careington