Careington Corporation

Care 500 Series Schedule

505

Discount plans are not insurance

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
	Prosthodontics (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	Prosthodontics (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
	Prosthodontics (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 forcepts	$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	Alveoloplasty in Conjunction with Extraction Per Quad	$121
D7320	Alveoloplasty 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 Orhtodontic 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 **Care**ington 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 **Care**ington providers are professionally licensed in the state in which they practice, **Care**ington does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating **Care**ington provider should be directed in writing to: **Care**ington 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