

Careington Corporation
Care POS Schedule
CI-5



Please Call 800-290-0523
for Customer Service

Discount plans are not insurance

This schedule applies to services provided by a participating General Dentist and is an extensive list of most common procedures. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each listed procedure. Fee schedules are determined by the zip code of the participating provider. Participating Specialists (Board Certified or Advanced Degree) do not charge according to this fee schedule. Participating Specialists will give a 20% discount.*

PLEASE READ IMPORTANT PLAN INFORMATION AT THE END OF THIS SCHEDULE

Code	Description	Fee
Diagnostic		
D0120	Periodic Oral Evaluation - Established Patient	\$24
D0140	Limited Oral Evaluation-Problem Focused	\$40
D0150	Comprehensive Oral Evaluation-New or Established Patient	\$41
D0160	Detailed and Extensive Oral Evaluation-Problem Focused-By Report	\$107
D0170	Re-Evaluation-Limited-Problem Focused	\$30
D0180	Comprehensive Periodontal Evaluation-New or Established Patient	\$33
D0210	Intraoral-Complete Series Including Bitewings	\$72
D0220	Intraoral-Periapical-First Film	\$14
D0230	Intraoral-Periapical-Each Additional Film	\$11
D0240	Intraoral-Occlusal Film	\$20
D0250	Extraoral-First Film	\$28
D0260	Extraoral-Each Additional Film	\$27
D0270	Bitewing-Single Film	\$14
D0272	Bitewings-Two Films	\$22
D0273	Bitewings-Three Films	\$27
D0274	Bitewings-Four Films	\$31
D0277	Vertical Bitewings-7 to 8 Films	\$40
D0330	Panoramic Film	\$58
D0340	Cephalometric Film	\$72
D0350	Oral/Facial Photographic Images	\$34
D0460	Pulp Vitality Tests	\$29
D0470	Diagnostic Casts	\$60
Preventive		
D1110	Prophylaxis-Adult	\$48
D1120	Prophylaxis-Child	\$34
D1203	Topical Application of Fluoride Not Including Prophylaxis-Child	\$20
D1204	Topical Application of Fluoride Not Including Prophylaxis-Adult	\$21
D1330	Oral Hygiene Instructions	\$35
D1351	Sealant-Per Tooth	\$27
D1510	Space Maintainer-Fixed-Unilateral	\$170
D1515	Space Maintainer-Fixed-Bilateral	\$224
D1520	Space Maintainer-Removable-Unilateral	\$210
D1525	Space Maintainer-Removable-Bilateral	\$289
D1550	Recementation of Space Maintainer	\$37
D1555	Removal of Fixed Space Maintainer	20% Discount
Restorative		
D2140	Amalgam-One Surface, Primary or Permanent	\$63
D2150	Amalgam-Two Surfaces, Primary or Permanent	\$81
D2160	Amalgam-Three Surfaces, Primary or Permanent	\$99
D2161	Amalgam-Four or More Surfaces, Primary or Permanent	\$121
D2330	Resin-Based Composite-One Surface, Anterior	\$74
D2331	Resin-Based Composite-Two Surfaces, Anterior	\$94
D2332	Resin-Based Composite-Three Surfaces, Anterior	\$114
D2335	Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior	\$136
D2390	Resin-Based Composite Crown, Anterior	\$192
D2391	Resin-Based Composite-One Surface, Posterior	\$83
D2392	Resin-Based Composite-Two Surfaces, Posterior	\$114
D2393	Resin-Based Composite-Three Surfaces, Posterior	\$142
D2394	Resin-Based Composite-Four or More Surfaces, Posterior	\$149
D2510	Inlay-Metallic-One Surface	\$348
D2520	Inlay-Metallic-Two Surfaces	\$394
D2530	Inlay-Metallic-Three or More Surfaces	\$454
D2542	Onlay-Metallic-Two Surfaces	\$417
D2543	Onlay-Metallic-Three Surfaces	\$467
D2544	Onlay-Metallic-Four or More Surfaces	\$486
D2610	Inlay-Porcelain/Ceramic-One Surface	\$409
D2620	Inlay-Porcelain/Ceramic-Two Surfaces	\$432

Code	Description	Fee
D2630	Inlay-Porcelain/Ceramic-Three or More Surfaces	\$461
D2642	Onlay-Porcelain/Ceramic-Two Surfaces	\$446
D2643	Onlay-Porcelain/Ceramic-Three Surfaces	\$482
D2644	Onlay-Porcelain/Ceramic-Four or More Surfaces	\$512
D2650	Inlay-Composite/Resin-One Surface	\$268
D2651	Inlay-Composite/Resin-Two Surfaces	\$320
D2652	Inlay-Composite/Resin-Three or More Surfaces	\$337
D2662	Onlay-Composite/Resin-Two Surfaces	\$426
D2663	Onlay-Composite/Resin-Three Surfaces	\$434
D2664	Onlay-Composite/Resin-Four or More Surfaces	\$456
D2710	Crown-Resin-Based Composite (Indirect)	\$215
D2720	Crown-Resin with High Noble Metal	\$593
D2721	Crown-Resin with Predominantly Base Metal	\$555
D2722	Crown-Resin with Noble Metal	\$568
D2740	Crown-Porcelain/Ceramic Substrate	\$606
D2750	Crown-Porcelain Fused to High Noble Metal	\$600
D2751	Crown-Porcelain Fused to Predominantly Base Metal	\$558
D2752	Crown-Porcelain Fused to Noble Metal	\$571
D2780	Crown-3/4 Cast to High Noble Metal	\$588
D2781	Crown-3/4 Cast to Predominantly Base Metal	\$565
D2782	Crown-3/4 Cast Noble Metal	\$584
D2783	Crown-3/4 Porcelain/Ceramic (Does not include facial veneers)	\$622
D2790	Crown-Full Cast High Noble Metal	\$578
D2791	Crown-Full Cast Predominantly Base Metal	\$551
D2792	Crown-Full Cast Noble Metal	\$560
D2910	Recement Inlay, Onlay, or Partial Coverage Restoration	\$50
D2920	Recement Crown	\$52
D2930	Prefabricated Stainless Steel Crown-Primary	\$141
D2931	Prefabricated Stainless Steel Crown-Permanent	\$160
D2932	Prefabricated Resin Crown	\$174
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$194
D2940	Sedative Filling	\$54
D2950	Core Build-Up, Including Any Pins	\$135
D2951	Pin Retention/Tooth, In Addition to Restoration	\$28
D2952	Post and Core In Addition to Crown, Indirectly Fabricated	\$206
D2953	Each Additional Indirectly Fabricated Post-Same Tooth	\$130
D2954	Prefabricated Post and Core in Addition to Crown	\$171
D2955	Post Removal Not in Conjunction with Endodontic Therapy	\$128
D2957	Each Additional Prefabricated Post-Same Tooth	\$62
D2960	Labial Veneer (Laminate)-Chairside	\$417
	Endodontics	
D3110	Pulp Cap-Direct (Excluding Final Restoration)	\$37
D3120	Pulp Cap-Indirect (Excluding Final Restoration)	\$29
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$87
D3221	Pulpal Debridement- Primary and Permanent Teeth	\$86
D3230	Pulpal Therapy-Resorbable Filling-Anterior Primary Tooth	\$92
D3240	Pulpal Therapy Resorbable Filling-Posterior Primary Tooth	\$99
D3310	Root Canal-Anterior (Excluding Final Restoration)	\$368
D3320	Root Canal-Bicuspid (Excluding Final Restoration)	\$450
D3330	Root Canal-Molar (Excluding Final Restoration)	\$580
D3331	Treatment of Root Canal Obstruction-Non-Surgical Access	\$220
D3332	Incomplete Endodontic Therapy-Inoperable, Unrestorable or Fractured Tooth	\$203
D3333	Internal Root Repair of Perforation Defects	\$99
D3346	Retreatment Previous Root Canal Therapy-Anterior	\$495
D3347	Retreatment Previous Root Canal Therapy-Bicuspid	\$583
D3348	Retreatment Previous Root Canal Therapy-Molar	\$703
D3351	Apexification/Recalcification-Initial Visit	\$209
D3352	Apexification/Recalcification-Interim Medication Replacement	\$92
D3353	Apexification/Recalcification-Final Visit	\$308
D3410	Apicoectomy/Periradicular Surgery-Anterior	\$421
D3421	Apicoectomy/Periradicular Surgery-Bicuspid (First Root)	\$461
D3425	Apicoectomy/Periradicular Surgery-Molar (First Root)	\$520
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$174
D3430	Retrograde Filling-Per Root	\$127
D3450	Root Amputation-Per Root	\$259
D3470	Intentional Reimplantation (Including Necessary Splinting)	\$516
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$67
D3920	Hemisection-Including Root Removal, Not Including Root Canal	\$202
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$92

Code	Description	Fee
Periodontics		
D4210	Gingivectomy or Gingivoplasty-Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$360
D4211	Gingivectomy or Gingivoplasty-One to Three Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$121
D4230	Anatomical Crown Exposure-Four or More Contiguous Teeth Per Quadrant	20% Discount
D4231	Anatomical Crown Exposure-One to Three Teeth Per Quadrant	20% Discount
D4240	Gingival Flap Procedure, Including Root Planing-Four or More Contiguous... Per Quadrant	\$424
D4241	Gingival Flap Procedure, Including Root Planing-One to Three Contiguous...Per Quadrant	\$306
D4245	Apically Positioned Flap	\$383
D4249	Clinical Crown Lengthening-Hard Tissue	\$484
D4260	Osseous Surgery (Including Flap Entry and Closure)-Four or More Contiguous...Per Quadrant	\$683
D4261	Osseous Surgery (Including Flap Entry and Closure)-One to Three Contiguous...Per Quadrant	\$393
D4263	Bone Replacement Graft-First Site in Quadrant	\$206
D4264	Bone Replacement Graft-Each Additional Site in Quadrant	\$139
D4266	Guided Tissue Regeneration-Resorbable Barrier per Site	\$250
D4267	Guided Tissue Regeneration-Nonresorbable Barrier per Site (Includes Membrane Removal)	\$320
D4268	Surgical Revision Procedure, per Tooth	\$388
D4270	Pedicle Soft Tissue Graft Procedure	\$505
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$520
D4320	Provisional Splinting-Intracoronaral	\$229
D4321	Provisional Splinting-Extracoronaral	\$200
D4341	Periodontal Scaling and Root Planing-Four or More Teeth Per Quadrant	\$124
D4342	Periodontal Scaling and Root Planing-One to Three Teeth Per Quadrant	\$60
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$83
D4910	Periodontal Maintenance	\$74
D4920	Unscheduled Dressing Change (Not by Treating Dentist)	\$63
Prostodontics (removable)		
D5110	Complete Denture-Maxillary	\$797
D5120	Complete Denture-Mandibular	\$797
D5130	Immediate Denture-Maxillary	\$868
D5140	Immediate Denture-Mandibular	\$868
D5211	Maxillary Partial Denture-Resin Base (Clasp/Rests)	\$781
D5212	Mandibular Partial Denture-Resin Base (Clasp/Rests)	\$781
D5213	Maxillary Partial Denture-Metal Frame with Resin Base	\$880
D5214	Mandibular Partial Denture-Metal Frame with Resin Base	\$880
D5281	Removable Unilateral Partial Denture-One Piece Cast Metal	\$512
D5410	Adjust Complete Denture-Maxillary	\$43
D5411	Adjust Complete Denture-Mandibular	\$43
D5421	Adjust Partial Denture-Maxillary	\$43
D5422	Adjust Partial Denture-Mandibular	\$43
D5510	Repair Broken Complete Denture Base	\$87
D5520	Replace Missing or Broken Teeth-Complete Denture (Each Tooth)	\$72
D5610	Repair Resin Denture Base	\$95
D5620	Repair Cast Framework, Partial Denture	\$102
D5630	Repair or Replace Broken Clasp, Partial Denture	\$124
D5640	Replace Broken Teeth-Per Tooth, Partial Denture	\$80
D5650	Add Tooth to Existing Partial Denture	\$109
D5660	Add Clasp to Existing Partial Denture	\$130
D5710	Rebase Complete Maxillary Denture	\$323
D5711	Rebase Complete Mandibular Denture	\$309
D5720	Rebase Maxillary Partial Denture	\$306
D5721	Rebase Mandibular Partial Denture	\$306
D5730	Reline Complete Maxillary Denture (Chairside)	\$182
D5731	Reline Complete Mandibular Denture (Chairside)	\$182
D5740	Reline Maxillary Partial Denture (Chairside)	\$167
D5741	Reline Mandibular Partial Denture (Chairside)	\$167
D5750	Reline Complete Maxillary Denture (Laboratory)	\$244
D5751	Reline Complete Mandibular Denture (Laboratory)	\$244
D5760	Reline Maxillary Partial Denture (Laboratory)	\$240
D5761	Reline Mandibular Partial Denture (Laboratory)	\$240
D5810	Interim Complete Denture-Maxillary	\$394
D5811	Interim Complete Denture-Mandibular	\$394
D5820	Interim Partial Denture-Maxillary	\$316
D5821	Interim Partial Denture-Mandibular	\$316
D5850	Tissue Conditioning-Maxillary	\$77
D5851	Tissue Conditioning-Mandibular	\$77

Code	Description	Fee
D6000 through D6096 Implant Services		20% Discount
Prosthodontics (fixed)		
D6210	Pontic-Cast High Noble Metal	\$524
D6211	Pontic-Cast Predominantly Base Metal	\$492
D6212	Pontic-Cast Noble Metal	\$511
D6240	Pontic-Porcelain Fused to High Noble Metal	\$517
D6241	Pontic-Porcelain Fused to Predominantly Base Metal	\$479
D6242	Pontic-Porcelain Fused to Noble Metal	\$505
D6245	Pontic-Porcelain/Ceramic	\$514
D6250	Pontic-Resin with High Noble Metal	\$511
D6251	Pontic-Resin with Predominantly Base Metal	\$472
D6252	Pontic-Resin with Noble Metal	\$487
D6545	Retainer-Cast Metal for Resin Bonded Fixed Prosthesis	\$217
D6548	Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$402
D6720	Crown-Bridge Retainer-Resin with High Noble Metal	\$578
D6721	Crown-Bridge Retainer-Resin Predominantly Base Metal	\$547
D6722	Crown-Resin with Noble Metal	\$557
D6740	Crown-Porcelain/Ceramic	\$522
D6750	Crown-Retainer-Porcelain Fused to High Noble Metal	\$591
D6751	Crown-Retainer-Porcelain Fused to Predominantly Base Metal	\$552
D6752	Crown-Retainer-Porcelain Fused to Noble Metal	\$565
D6780	Crown-Retainer 3/4 Cast High Noble Metal	\$557
D6781	Crown-Retainer 3/4 Predominantly Base Metal	\$492
D6782	Crown-Retainer 3/4 Cast Noble Metal	\$497
D6783	Crown-Retainer 3/4 Porcelain/Ceramic	\$506
D6790	Crown-Retainer-Full Cast High Noble Metal	\$570
D6791	Crown-Retainer-Full Cast Predominantly Base Metal	\$541
D6792	Crown-Retainer-Full Cast Noble Metal	\$560
D6930	Recement Fixed Partial Denture	\$69
D6970	Post and Core in Addition to Fixed Partial Denture Retainer, Indirectly Fabricated	\$191
D6972	Prefabricated Post and Core in Addition to Bridge Retainer	\$156
D6973	Core Buildup for Retainer, Including Any Pins	\$124
D6975	Coping-Metal	\$343
D6976	Each Additional Indirectly Fabricated Post-Same Tooth	\$124
D6977	Each Additional Prefabricated Post-Same Tooth	\$76
Oral Surgery		
D7111	Extraction, Coronal Remnants - Deciduous Tooth	\$68
D7140	Extraction-Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$81
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap	\$144
D7220	Removal of Impacted Tooth-Soft Tissue	\$160
D7230	Removal of Impacted Tooth-Partially Bony	\$214
D7240	Removal of Impacted Tooth-Completely Bony	\$251
D7241	Removal of Impacted Tooth-Completely Bony with Unusual Complications	\$316
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$135
D7270	Reimplantation or Stabilization of Accidentally Evulsed or Displaced Tooth	\$276
D7272	Tooth Transplantation	\$314
D7280	Surgical Access of an Unerupted Tooth	\$302
D7285	Biopsy of Oral Tissue-Hard (Bone, Tooth)	\$491
D7286	Biopsy of Oral Tissue-Soft	\$220
D7310	Alveoloplasty in Conjunction with Extractions-Four or More Teeth or Tooth Spaces, Per Quadrant	\$149
D7320	Alveoloplasty Not in Conjunction with Extractions-Four or More Teeth or Tooth Spaces, Per Quadrant	\$374
D7450	Removal of Benign Odontogenic Cyst or Tumor < 1.25 CM	\$437
D7451	Removal of Benign Odontogenic Cyst or Tumor > 1.25 CM	\$687
D7460	Removal of Benign Nonodontogenic Cyst or Tumor < 1.25 CM	\$437
D7461	Removal of Benign Nonodontogenic Cyst or Tumor > 1.25 CM	\$687
D7510	Incision and Drainage Abscess-Intraoral Soft Tissue	\$143
D7910	Suture of Recent Small Wounds up to 5 CM	\$201
D7911	Complicated Suture up to 5 CM, Meticulous Closure	\$499
D7912	Complicated Suture Greater Than 5 CM, Meticulous Closure	\$713
D7951	Sinus Augmentation With Bone or Bone Substitutes	20% Discount
D7960	Frenulectomy (Frenectomy/Frenotomy) Separate Procedure	\$253
D7970	Excision of Hyperplastic Tissue/Per Arch	\$325
D7971	Excision of Pericoronal Gingiva	\$104
Orthodontics		
D8010	Limited Orthodontic Treatment of the Primary Dentition	20% Discount
D8020	Limited Orthodontic Treatment of the Transitional Dentition	20% Discount
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	20% Discount
D8040	Limited Orthodontic Treatment of the Adult Dentition	20% Discount

Code	Description	Fee
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	20% Discount
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition	20% Discount
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	20% Discount
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	20% Discount
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	20% Discount
D8210	Removable Appliance Therapy	20% Discount
D8660	Pre-Orthodontic Treatment Visit	20% Discount
Adjunctive Services		
D9110	Palliative (Emergency) Treatment-Dental Pain-Minor Procedure	\$51
D9120	Fixed Partial Denture Sectioning	20% Discount
D9211	Regional Block Anesthesia	\$23
D9215	Local Anesthesia	\$16
D9230	Analgesia	\$28
D9310	Consultation - Diagnostic Service by Dentist or Physician Other Than Requesting Dentist or Physician	\$108
D9410	Professional Visit-House Call	\$143
D9420	Professional Visit-Hospital Call	\$197
D9430	Office Visit for Observation (Regular Hours) No Other Services Performed	\$36
D9440	Office Visit-After Regular Hours	\$66
D9910	Application-Desensitizing Medicament	\$23
D9911	Application-Desensitizing Resin for Cervical and/or Root Surface	\$33
D9941	Fabrication of Athletic Mouthguard	\$82
D9950	Occlusion Analysis-Mounted Case	\$143
D9951	Occlusal Adjustment-Limited	\$65
D9952	Occlusal Adjustment-Complete	\$367
D9970	Enamel Microabrasion	\$48

*It is the Member's responsibility to verify that the dentist is a participating **Careington** provider before seeking any treatment. Member is responsible for full payment for all charges at the time of service. Any dental procedures performed by a non-participating dentist are not discounted and are charged to the member 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.

*Procedures not listed on this schedule will be discounted at 20% off of the General Dentist's normal fee.

*Specialists will give a 20% discount off of their normal fees.

*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 his normal fee.

*Work in progress prior to enrollment on the dental plan must be completed by the dentist who started the work and is not subject to discount.

***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.

*Some providers may charge for missed or broken appointments if no prior notice is given.

*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.

***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.