

Contact Us

Business Hours: 7 a.m. - 7 p.m. CST Monday - Friday
Customer Service: (800) 290-0523
Website: www.careington.com

Mail
 Careington Corp
 PO Box 2568 Frisco, TX 75034

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	\$15
D0140 Limited oral evaluation - problem focused	\$19
D0150 Comprehensive oral evaluation - new or established patient	\$19
D0210 Intraoral - complete series of radiographic images	\$43
D0220 Intraoral - periapical first radiographic image	\$11
D0230 Intraoral - periapical each additional radiographic image	\$6
D0270 Bitewing - single radiographic image	\$11
D0272 Bitewings - two radiographic images	\$14
D0273 Bitewings - three radiographic images	\$18
D0274 Bitewings - four radiographic images	\$22
D0330 Panoramic radiographic image	\$43

Preventative Services	Member Pays
D1110 Prophylaxis - adult	\$31
D1120 Prophylaxis - child	\$23
D1351 Sealant - per tooth	\$22
D1510 Space maintainer - fixed, unilateral	\$94
D1515 Space maintainer - fixed - bilateral	\$137
D1520 Space maintainer - removable - unilateral	\$122
D1525 Space maintainer - removable - bilateral	\$154

Restorative Services	Member Pays
D2140 Amalgam - one surface, primary or permanent	\$43
D2150 Amalgam - two surfaces, primary or permanent	\$55
D2160 Amalgam - three surfaces, primary or permanent	\$65
D2161 Amalgam - four or more surfaces, primary or permanent	\$79
D2330 Resin-based composite - one surface, anterior	\$55
D2331 Resin-based composite - two surfaces, anterior	\$66
D2332 Resin-based composite - three surfaces, anterior	\$83
D2335 Resin-based composite - four or more surfaces or	\$106
D2391 Resin-based composite - one surface, posterior	\$69
D2392 Resin-based composite - two surfaces, posterior	\$102
D2393 Resin-based composite - three surfaces, posterior	\$129
D2394 Resin-based composite - four or more surfaces, posterior	\$149
D2710 Crown - resin-based composite (indirect)	\$206
D2720 Crown - resin with high noble metal	\$435
D2750 Crown - porcelain fused to high noble metal	\$511
D2751 Crown - porcelain fused to predominantly base metal	\$462
D2752 Crown - porcelain fused to noble metal	\$483
D2790 Crown - full cast high noble metal	\$502
D2791 Crown - full cast predominantly base metal	\$450
D2930 Prefabricated stainless steel crown - primary tooth	\$100
D2931 Prefabricated stainless steel crown - permanent tooth	\$114
D2950 Core buildup, including any pins when required	\$100
D2951 Pin retention - per tooth, in addition to restoration	\$25
D2952 Post and core in addition to crown, indirectly fabricated	\$158
D2954 Prefabricated post and core in addition to crown	\$123
D3110 Pulp cap - direct (excluding final restoration)	\$23
D3120 Pulp cap - indirect (excluding final restoration)	\$23
D3220 Therapeutic pulpotomy (excluding final restoration) - primary	\$55

Endodontic Services	Member Pays
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	\$294
D3320 Endodontic therapy, bicuspid tooth (excluding final restoration)	\$348
D3330 Endodontic therapy, molar (excluding final restoration)	\$438

Periodontic Services	Member Pays
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$293
D4341 Periodontal scaling and root planing - four or more teeth per quadrant	\$102
D4910 Periodontal maintenance	\$65

Prostodontics (removable) Services	Member Pays
D5110 Complete denture - maxillary	\$643
D5120 Complete denture - mandibular	\$643
D5130 Immediate denture - maxillary	\$669
D5140 Immediate denture - mandibular	\$669
D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$630
D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$630
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$729
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$729
D5410 Adjust complete denture - maxillary	\$37
D5411 Adjust complete denture - mandibular	\$37
D5510 Repair broken complete denture base	\$57
D5520 Replace missing or broken teeth - complete denture (each tooth)	\$55
D5630 Repair or replace broken clasp - per tooth	\$66
D5650 Add tooth to existing partial denture	\$57
D5660 Add clasp to existing partial denture - per tooth	\$73
D5730 Reline complete maxillary denture (chairside)	\$136
D5731 Reline complete mandibular denture (chairside)	\$136
D5740 Reline maxillary partial denture (chairside)	\$130
D5741 Reline mandibular partial denture (chairside)	\$130
D5750 Reline complete maxillary denture (laboratory)	\$178
D5751 Reline complete mandibular denture (laboratory)	\$178

Implant Services	Member Pays
D6000 through D6096	20% Discount

Prostodontics (fixed) Services	Member Pays
D6240 Pontic - porcelain fused to high noble metal	\$444
D6241 Pontic - porcelain fused to predominantly base metal	\$409
D6242 Pontic - porcelain fused to noble metal	\$427
D6750 Retainer Crown - porcelain fused to high noble metal	\$489

Prostodontics (fixed) Services		Member Pays
D6751 Retainer Crown - porcelain fused to predominantly base metal		\$441
D6752 Retainer Crown - porcelain fused to noble metal		\$458
Oral Surgery Services		Member Pays
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		\$55
D7210 Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		\$140
D7220 Removal of impacted tooth - soft tissue		\$112
D7230 Removal of impacted tooth - partially bony		\$147
D7240 Removal of impacted tooth - completely bony		\$212
D7250 Removal of residual tooth roots (cutting procedure)		\$112
D7310 Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		\$94
D7320 Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant		\$135

Oral Surgery Services (continued)		Member Pays
D7510 Incision and drainage of abscess - intraoral soft tissue		\$69
Orthodontic Services		Member Pays
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
Other Services		Member Pays
D9110 Palliative (emergency) treatment of dental pain - minor procedure		\$37
D9215 Local anesthesia in conjunction with operative or surgical procedures		\$13
D9230 Inhalation of nitrous oxide / anxiolysis, analgesia		\$26
D9951 Occlusal adjustment - limited		\$51
D9952 Occlusal adjustment - complete		\$203

Exclusions and 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 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 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.