Careington Care PPO

Member Schedule: CI-9

Contact Us

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

Mail
Careington International 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 listed procedure. Member is responsible for all applicable co-payments, coinsurance and/or deductible amounts under the Dental Benefit Plan 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.

Diagnostic Services		Fee
D0120	Periodic oral evaluation - established patient	$39
D0140	Limited oral evaluation - problem focused	$61
D0150	Comprehensive oral evaluation - new or established patient	$69
D0160	Detailed and extensive oral evaluation - problem focused, by report	$123
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$49
D0180	Comprehensive periodontal evaluation - new or established patient	$73
D0210	Intraoral - comprehensive series of radiographic images	$102
D0220	Intraoral - periapical first radiographic image	$22
D0230	Intraoral - periapical each additional radiographic image	$19
D0240	Intraoral - occlusal radiographic image	$31
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	$42
D0270	Bitewing - single radiographic image	$21
D0272	Bitewings - two radiographic images	$34
D0273	Bitewings - three radiographic images	$41
D0274	Bitewings - four radiographic images	$48
D0277	Vertical bitewings - 7 to 8 radiographic images	$72
D0330	Panoramic radiographic image	$84
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	$92
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	$48
D0460	Pulp vitality tests	$38
D0470	Diagnostic casts	$82
Preventive Services		**Fee**
D1110	Prophylaxis - adult	$72
D1120	Prophylaxis - child	$52
D1206	Topical application of fluoride varnish	$34
D1208	Topical application of fluoride - excluding varnish	$27
D1330	Oral hygiene instructions	$48
D1351	Sealant - per tooth	$43
D1510	Space maintainer - fixed, unilateral - per quadrant	$259
D1516	Space maintainer - fixed - bilateral, maxillary	$335
D1520	Space maintainer - removable, unilateral - per quadrant	$296
D1526	Space maintainer - removable - bilateral, maxillary	$389
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	$64
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	$67
Restorative Services		**Fee**
D2140	Amalgam - one surface, primary or permanent	$100
D2150	Amalgam - two surfaces, primary or permanent	$129
D2160	Amalgam - three surfaces, primary or permanent	$155
D2161	Amalgam - four or more surfaces, primary or permanent	$188
D2330	Resin-based composite - one surface, anterior	$115
D2331	Resin-based composite - two surfaces, anterior	$143
D2332	Resin-based composite - three surfaces, anterior	$174
D2335	Resin-based composite - four or more surfaces (anterior)	$214
D2390	Resin-based composite crown, anterior	$275
D2391	Resin-based composite - one surface, posterior	$130
D2392	Resin-based composite - two surfaces, posterior	$168
D2393	Resin-based composite - three surfaces, posterior	$208
D2394	Resin-based composite - four or more surfaces, posterior	$248

Restorative Services (continued)		Fee
D2510	Inlay - metallic - one surface	$610
D2520	Inlay - metallic - two surfaces	$660
D2530	Inlay - metallic - three or more surfaces	$728
D2542	Onlay - metallic - two surfaces	$723
D2543	Onlay - metallic - three surfaces	$747
D2544	Onlay - metallic - four or more surfaces	$780
D2610	Inlay - porcelain/ceramic - one surface	$674
D2620	Inlay - porcelain/ceramic - two surfaces	$697
D2630	Inlay - porcelain/ceramic - three or more surfaces	$732
D2642	Onlay - porcelain/ceramic - two surfaces	$723
D2643	Onlay - porcelain/ceramic - three surfaces	$764
D2644	Onlay - porcelain/ceramic - four or more surfaces	$801
D2650	Inlay - resin-based composite - one surface	$544
D2651	Inlay - resin-based composite - two surfaces	$585
D2652	Inlay - resin-based composite - three or more surfaces	$607
D2662	Onlay - resin-based composite - two surfaces	$574
D2663	Onlay - resin-based composite - three surfaces	$625
D2664	Onlay - resin-based composite - four or more surfaces	$655
D2710	Crown - resin-based composite (indirect)	$499
D2720	Crown - resin with high noble metal	$771
D2721	Crown - resin with predominantly base metal	$726
D2722	Crown - resin with noble metal	$735
D2740	Crown - porcelain/ceramic	$806
D2750	Crown - porcelain fused to high noble metal	$808
D2751	Crown - porcelain fused to predominantly base metal	$750
D2752	Crown - porcelain fused to noble metal	$765
D2780	Crown - ¾ cast high noble metal	$785
D2781	Crown - ¾ cast predominantly base metal	$733
D2782	Crown - ¾ cast noble metal	$753
D2783	Crown - ¾ porcelain/ceramic	$787
D2790	Crown - full cast high noble metal	$799
D2791	Crown - full cast predominantly base metal	$731
D2792	Crown - full cast noble metal	$754
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$80
D2920	Re-cement or re-bond crown	$81
D2930	Prefabricated stainless steel crown - primary tooth	$199
D2931	Prefabricated stainless steel crown - permanent tooth	$233
D2932	Prefabricated resin crown	$249
D2933	Prefabricated stainless steel crown with resin window	$272
D2940	Placement of interim direct restoration	$87
D2950	Core buildup, including any pins when required	$194
D2951	Pin retention - per tooth, in addition to restoration	$51
D2952	Post and core in addition to crown, indirectly fabricated	$303
D2953	Each additional indirectly fabricated post - same tooth	$192
D2954	Prefabricated post and core in addition to crown	$242
D2955	Post removal	$200
D2957	Each additional prefabricated post - same tooth	$134
D2960	Labial veneer (resin laminate) - direct	$551
Endodontic Services		**Fee**
D3110	Pulp cap - direct (excluding final restoration)	$65
D3120	Pulp cap - indirect (excluding final restoration)	$58
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$146
D3221	Pulpal debridement, primary and permanent teeth	$160
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	$171
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	$190
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$537
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	$641
D3330	Endodontic therapy, molar tooth (excluding final restoration)	$790
D3331	Treatment of root canal obstruction; non-surgical access	$316
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$364
D3333	Internal root repair of perforation defects	$217
D3346	Retreatment of previous root canal therapy - anterior	$676
D3347	Retreatment of previous root canal therapy - premolar	$783

Endodontic Services (continued)		Fee
D3348	Retreatment of previous root canal therapy - molar	$957
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	$295
D3352	Apexification/recalcification - interim medication replacement	$166
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	$410
D3410	Apicoectomy - anterior	$591
D3421	Apicoectomy - premolar (first root)	$657
D3425	Apicoectomy - molar (first root)	$741
D3426	Apicoectomy (each additional root)	$290
D3430	Retrograde filling - per root	$206
D3450	Root amputation - per root	$398
D3470	Intentional re-implantation (including necessary splinting)	$682
D3910	Surgical procedure for isolation of tooth with rubber dam	$162
D3920	Hemisection (including any root removal), not including root canal therapy	$329
D3950	Canal preparation and fitting of preformed dowel or post	$162
Periodontic Services		**Fee**
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$469
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$232
D4230	Anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	$681
D4231	Anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	$389
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$584
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	$411
D4245	Apically positioned flap	$517
D4249	Clinical crown lengthening - hard tissue	$620
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	$922
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	$602
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	$420
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	$354
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	$442
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	$549
D4268	Surgical revision procedure, per tooth	$554
D4270	Pedicle soft tissue graft procedure	$694
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	20% Discount
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	20% Discount
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	$176
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	$118
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	$124
D4910	Periodontal maintenance	$101
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	$74
Prosthodontic Services (removable)		**Fee**
D5110	Complete denture - maxillary	$1,228
D5120	Complete denture - mandibular	$1,233
D5130	Immediate denture - maxillary	$1,321
D5140	Immediate denture - mandibular	$1,327
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$1,003
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$1,077
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$1,309
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$1,309
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	$756
D5410	Adjust complete denture - maxillary	$66
D5411	Adjust complete denture - mandibular	$66
D5421	Adjust partial denture - maxillary	$65
D5422	Adjust partial denture - mandibular	$66
D5520	Replace missing or broken teeth - complete denture - per tooth	$124
D5611	Repair resin partial denture base, mandibular	$147
D5612	Repair resin partial denture base, maxillary	$145
D5621	Repair cast partial framework, mandibular	$173
D5630	Repair or replace broken retentive/clasping materials - per tooth	$187
D5640	Replace missing or broken teeth - partial denture - per tooth	$131
D5650	Add tooth to existing partial denture - per tooth	$162
D5660	Add clasp to existing partial denture - per tooth	$192
D5710	Rebase complete maxillary denture	$453
D5711	Rebase complete mandibular denture	$439
D5720	Rebase maxillary partial denture	$425

Prosthodontic Services (removable) (continued)		Fee
D5721	Rebase mandibular partial denture	$425
D5730	Reline complete maxillary denture (direct)	$272
D5731	Reline complete mandibular denture (direct)	$270
D5740	Reline maxillary partial denture (direct)	$256
D5741	Reline mandibular partial denture (direct)	$259
D5750	Reline complete maxillary denture (indirect)	$348
D5751	Reline complete mandibular denture (indirect)	$349
D5760	Reline maxillary partial denture (indirect)	$343
D5761	Reline mandibular partial denture (indirect)	$343
D5810	Interim complete denture (maxillary)	$609
D5811	Interim complete denture (mandibular)	$633
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	$468
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	$470
D5850	Tissue conditioning, maxillary	$133
D5851	Tissue conditioning, mandibular	$132
Implant Services		Fee
	D6000 to D6199	20% Discount
Prosthodontic Services (fixed)		Fee
D6210	Pontic - cast high noble metal	$799
D6211	Pontic - cast predominantly base metal	$754
D6212	Pontic - cast noble metal	$775
D6240	Pontic - porcelain fused to high noble metal	$800
D6241	Pontic - porcelain fused to predominantly base metal	$743
D6242	Pontic - porcelain fused to noble metal	$772
D6245	Pontic - porcelain/ceramic	$812
D6250	Pontic - resin with high noble metal	$774
D6251	Pontic - resin with predominantly base metal	$730
D6252	Pontic - resin with noble metal	$734
D6545	Retainer - cast metal for resin bonded fixed prosthesis	$476
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	$507
D6720	Retainer crown - resin with high noble metal	$772
D6721	Retainer crown - resin with predominantly base metal	$741
D6722	Retainer crown - resin with noble metal	$746
D6740	Retainer crown - porcelain/ceramic	$821
D6750	Retainer crown - porcelain fused to high noble metal	$815
D6751	Retainer crown - porcelain fused to predominantly base metal	$764
D6752	Retainer crown - porcelain fused to noble metal	$775
D6780	Retainer crown - ¾ cast high noble metal	$773
D6781	Retainer crown - ¾ cast predominantly base metal	$773
D6782	Retainer crown - ¾ cast noble metal	$732
D6783	Retainer crown - ¾ porcelain/ceramic	$785
D6790	Retainer crown - full cast high noble metal	$798
D6791	Retainer crown - full cast predominantly base metal	$749
D6792	Retainer crown - full cast noble metal	$772
D6930	Re-cement or re-bond fixed partial denture	$126
Oral Surgery Services		Fee
D7111	Extraction, coronal remnants - primary tooth	$106
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$146
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$219
D7220	Removal of impacted tooth - soft tissue	$262
D7230	Removal of impacted tooth - partially bony	$334
D7240	Removal of impacted tooth - completely bony	$402
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$483
D7250	Removal of residual tooth roots (cutting procedure)	$237
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	$455
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	$607
D7280	Exposure of an unerupted tooth	$414
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	$653
D7286	Incisional biopsy of oral tissue - soft	$327
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$239
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$368
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	$605
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	$853

Oral Surgery Services (continued)		Fee
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	$598
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	$873
D7510	Incision and drainage of abscess - intraoral soft tissue	$224
D7910	Suture of recent small wounds up to 5 cm	$309
D7911	Complicated suture - up to 5 cm	$716
D7912	Complicated suture - greater than 5 cm	$1,270
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	$2,065
D7970	Excision of hyperplastic tissue - per arch	$440
D7971	Excision of pericoronal gingiva	$197

Orthodontic Services		Fee
D8080	Comprehensive orthodontic treatment of the adolescent dentition	$3,355
D8090	Comprehensive orthodontic treatment of the adult dentition	$3,424

Sleep Apnea Services		Fee
	D9947, D9948, D9949, D9953, D9954, D9955, D9956, D9957	20% Discount

Adjunctive Services		Fee
D9110	Palliative treatment of dental pain - per visit	$99
D9120	Fixed partial denture sectioning	$135
D9211	Regional block anesthesia	$52
D9215	Local anesthesia in conjunction with operative or surgical procedures	$39
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	$163
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	$63
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	$159
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	$102
D9410	House/extended care facility call	$145
D9420	Hospital or ambulatory surgical center call	$212
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	$62
D9440	Office visit - after regularly scheduled hours	$101
D9910	Application of desensitizing medicament	$46
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	$59
D9950	Occlusion analysis - mounted case	$251
D9951	Occlusal adjustment - limited	$125
D9952	Occlusal adjustment - complete	$487
D9970	Enamel microabrasion	$105

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 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.
8. Fee schedules are determined by the zip code of the participating provider.

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