

Discount plans are not insurance

Code	Diagnostic and Preventive	Fee	Code	Prosthodontics (Removed) (Continued)	Fee
D0120	Periodic Oral Evaluation - Established Patient	\$13	D5520	Replace Missing or Broken Teeth	\$48
D0140	Limited Oral Evaluation - Problem Focus	\$15	D5630	Repair or Replace Broken Clasp	\$58
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$15	D5650	Add Tooth to Existing Partial Denture	\$50
D0210	X - Rays - Intraoral - Complete Series (including bitewings)	\$38	D5660	Add Clasp to Existing Partial Denture	\$64
D0220	X - Rays - Intraoral - Periapical - 1st Film	\$9	D5730	Reline Complete Maxillary Denture (chairside)	\$119
D0230	X - Rays - Intraoral - Periapical - Each Additional Film	\$9	D5731	Reline Complete Mandibular Denture (chairside)	\$119
D0270	Bitewing X - Ray - Single Film	\$4	D5740	Reline Maxillary Partial Denture (chairside)	\$113
D0272	Bitewings - Two Films	\$12	D5741	Reline Mandibular Partial Dent (chairside)	\$113
D0273	Bitewings - Three Films	\$16	D5750	Reline Complete Maxillary Denture (lab)	\$156
D0274	Bitewings - Four Films	\$19	D5751	Reline Complete Mandibular Denture (lab)	\$156
D0330	Panoramic Film	\$38	Prosthodontics (Fixed)		
D1110	Prophylaxis - Adult Cleaning	\$27	D6240	Pontic - Porcelain Fused to High Noble Metal	\$388
D1120	Prophylaxis - Child Cleaning	\$20	D6241	Pontic - Porcelain Fused to Predom Base Metal	\$358
D1351	Sealant - Per Tooth	\$19	D6242	Pontic - Porcelain Fused to Noble Metal	\$374
D1510	Space Maintainer - Fixed - Unilateral	\$82	D6750	Crown - Porcelain Fused to High Noble Metal	\$427
D1515	Space Maintainer - Fixed - Bilateral	\$120	D6751	Crown - Porcelain Fused to Predom Base Metal	\$385
D1520	Space Maintainer - Removeable - Unilateral	\$107	D6752	Crown - Porcelain Fused to Noble Metal	\$400
D1525	Space Maintainer - Removeable - Bilateral	\$135	Oral Surgery		
Restorative			D7140	Extraction, erupted Tooth or Exposed Root (elevation and/or forceps removal)	\$48
D2140	Amalgam - One Surface, Primary or Permanent	\$38	D7220	Removal of Impacted Tooth - Soft Tissue	\$98
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$48	D7230	Removal of Impacted Tooth - Partially Bony	\$128
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$57	D7240	Removal of Impacted Tooth - Completely Bony	\$185
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$69	D7250	Surgical Removal of Residual Tooth Roots	\$98
D2330	Resin - Based Composite - One Surface, Anterior	\$48	D7310	Alveoplasty in Conjunction with Extraction Per Quad	\$82
D2331	Resin - Based Composite - Two Surfaces, Anterior	\$58	D7320	Alveoplasty not in Conjunction with Extraction Per Quad	\$118
D2332	Resin - Based Composite - Three Surfaces, Anterior	\$73	D7510	Incision/drainage of Abscess - Intraoral Soft Tissue	\$60
D2335	Resin - Based Composite - Four or More Surfaces, Anterior	\$92	Orthodontics		
D2391	Resin - Based Composite - One Surface, Posterior	\$60	D8070	Complete Orthodontic Treatment - Transitional Dentition	20% Discount
D2392	Resin - Based Composite - Two Surfaces, Posterior	\$89	D8080	Complete Orthodontic Treatment - Adolescent Dentition	20% Discount
D2393	Resin - Based Composite - Three Surfaces, Posterior	\$112	D8090	Complete Orthodontic Treatment - Adult Dentition	20% Discount
D2394	Resin - Based Composite - Four or More Surfaces, Posterior	\$130	Miscellaneous Services		
D2750	Crown - Porcelain Fused to High Noble Metal	\$446	D9110	Palliative Treatment Dental Pain - Minor Procedure	\$32
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$404	D9215	Local Anesthesia	\$11
D2752	Crown - Porcelain Fused to Noble Metal	\$422	D9230	Analgesia	\$23
D2790	Crown - Full Cast High Noble Metal	\$439	D9951	Occlusal Adjustment Limited	\$44
D2791	Crown - Full Cast Predominantly Base Metal	\$393	D9952	Occlusal Adjustment Complete	\$177
D2930	Prefabricated Stainless Steel Crown - Primary	\$88	*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. 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.		
D2931	Prefabricated Stainless Steel Crown - Permanent	\$100	*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.		
D2950	Core Buildup - Including Any Pins	\$88	*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.		
D2951	Pin Retention Per Tooth in Addition to Restoration	\$22	*Procedures not listed on this schedule will be discounted at 20% of the General Dentist's normal fee.		
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$138	*Implants and some whitening procedures will not be discounted by all participating Careington providers. Implants and some whitening procedures will only be discounted if the participating Careington provider has agreed to discount these procedures as part of their contract. These services will be offered, when applicable, at a 15% discount off of the provider's normal fee. Please call 800-290-0523 for assistance.		
D2954	Prefabricated Post and Core in Addition to Crown	\$108	*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.		
Endodontics			*Work in progress prior to joining the dental plan must be completed by the dentist who started the work and is subject to no discount.		
D3110	Pulp Cap Direct (excluding final restoration)	\$20	*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.		
D3120	Pulp Cap Indirect (excluding final restoration)	\$20	*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.		
D3220	Therapeutic Pulpotomy (excluding final restoration)	\$48	* Careington or its vendors may periodically adjust this fee schedule with 30 days notice to Client.		
D3310	Root Canal - Anterior (excluding final restoration)	\$257	*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.		
D3320	Root Canal - Bicuspid (excluding final restoration)	\$304			
D3330	Root Canal - Molar (excluding final restoration)	\$383			
Periodontics					
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$256			
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$89			
D4910	Periodontal Maintenance	\$57			
Prosthodontics (Removable)					
D5110	Complete Denture - Maxillary	\$561			
D5120	Complete Denture - Mandibular	\$561			
D5130	Immediate Denture - Maxillary	\$584			
D5140	Immediate Denture - Mandibular	\$584			
D5211	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$550			
D5212	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$550			
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$637			
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$637			
D5410	Adjust Complete Denture - Maxillary	\$32			
D5411	Adjust Complete Denture - Mandibular	\$32			
D5510	Repair Broken Complete Denture Base	\$50			