



Contact Us

Business Hours: 7 a.m. - 7 p.m. CST Monday - Friday
Customer Service: (866) 636-9248

Mail: Careington Corp
PO Box 2568 Frisco, TX 75034

Schedule of Services

- The prices for each procedure listed is the maximum amount providers will receive from the patient and/or Humana when filing claims for one of the Enhanced Benefit plans.
- 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.
- **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.**
- Patients **ARE NOT** to be charged Lab or OSHA fees for any procedures. Lab and OSHA fees are built into the maximum allowable fee outlined below for applicable procedures.

Diagnostic Services	Member Pays
D0120 Periodic oral evaluation - established patient	\$16
D0140 Limited oral evaluation - problem focused	\$21
D0150 Comprehensive oral evaluation - new or established patient	\$21
D0210 Intraoral - complete series of radiographic images	\$46
D0220 Intraoral - periapical first radiographic image	\$11
D0230 Intraoral - periapical each additional radiographic image	\$7
D0240 Intraoral - occlusal radiographic image	\$21
D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$25
D0270 Bitewing - single radiographic image	\$11
D0272 Bitewings - two radiographic images	\$14
D0273 Bitewings - three radiographic images	\$19
D0274 Bitewings - four radiographic images	\$24
D0290 Posterior-anterior or lateral skull and facial bone survey radiographic image	20% Discount
D0330 Panoramic radiographic image	\$46

Preventive Services	Member Pays
D1110 Prophylaxis - adult	\$35
D1120 Prophylaxis - child	\$25
D1208 Topical application of fluoride - excluding varnish	\$13
D1351 Sealant - per tooth	\$24
D1510 Space maintainer - fixed - unilateral	\$93
D1515 Space maintainer - fixed - bilateral	\$136
D1520 Space maintainer - removable - unilateral	\$130
D1525 Space maintainer - removable - bilateral	\$165

Restorative Services	Member Pays
D2140 Amalgam - one surface, primary or permanent	\$46
D2150 Amalgam - two surfaces, primary or permanent	\$57
D2160 Amalgam - three surfaces, primary or permanent	\$69
D2161 Amalgam - four or more surfaces, primary or permanent	\$83
D2330 Resin-based composite - one surface, anterior	\$57
D2331 Resin-based composite - two surfaces, anterior	\$70
D2332 Resin-based composite - three surfaces, anterior	\$90
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$110
D2391 Resin-based composite - one surface, posterior	\$77
D2392 Resin-based composite - two surfaces, posterior	\$108
D2393 Resin-based composite - three surfaces, posterior	\$135
D2394 Resin-based composite - four or more surfaces, posterior	\$158
D2710 Crown - resin-based composite (indirect)	\$206
D2720 Crown - resin with high noble metal	\$435
D2740 Crown - porcelain/ceramic substrate	20% Discount
D2750 Crown - porcelain fused to high noble metal	\$775
D2751 Crown - porcelain fused to predominantly base metal	\$725
D2752 Crown - porcelain fused to noble metal	\$751

Restorative Services - continued	Member Pays
D2790 Crown - full cast high noble metal	\$768
D2791 Crown - full cast predominantly base metal	\$738
D2792 Crown - full cast noble metal	20% Discount
D2931 Prefabricated stainless steel crown - permanent tooth	\$122
D2950 Core buildup, including any pins when required	\$107
D2952 Post and core in addition to crown, indirectly fabricated	\$248
D2954 Prefabricated post and core in addition to crown	\$132

Endodontic Services	Member Pays
D3110 Pulp cap - direct (excluding final restoration)	\$24
D3120 Pulp cap - indirect (excluding final restoration)	\$24
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$57
D3221 Pulpal debridement, primary and permanent teeth	20% Discount
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	\$314
D3320 Endodontic therapy, bicuspid tooth (excluding final restoration)	\$372
D3330 Endodontic therapy, molar (excluding final restoration)	\$468

Periodontic Services	Member Pays
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per	\$319
D4341 Periodontal scaling and root planing - four or more teeth per quadrant	\$106
D4342 Periodontal scaling and root planing - one to three teeth per quadrant	\$67
D4910 Periodontal maintenance	\$65

Prosthodontic (removable) Services	Member Pays
D5110 Complete denture - maxillary	\$810
D5120 Complete denture - mandibular	\$810
D5130 Immediate denture - maxillary	\$821
D5140 Immediate denture - mandibular	\$821
D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$724
D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$724
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$896
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$896
D5225 Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$663
D5226 Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$770
D5281 Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$506

Prosthodontic (removable) Services - cont.	Member Pays
D5410 Adjust complete denture - maxillary	\$36
D5411 Adjust complete denture - mandibular	\$36
D5510 Repair broken complete denture base	\$194
D5421 Adjust partial denture - maxillary	20% Discount
D5422 Adjust partial denture - mandibular	20% Discount
D5520 Replace missing or broken teeth - complete denture (each tooth)	\$192
D5610 Repair resin denture base	20% Discount
D5620 Repair cast framework	20% Discount
D5630 Repair or replace broken clasp - per tooth	\$190
D5640 Replace broken teeth - per tooth	20% Discount
D5650 Add tooth to existing partial denture	\$182
D5660 Add clasp to existing partial denture - per tooth	\$200
D5730 Reline complete maxillary denture (chairside)	\$189
D5731 Reline complete mandibular denture (chairside)	\$189
D5740 Reline maxillary partial denture (chairside)	\$184
D5741 Reline mandibular partial denture (chairside)	\$184
D5750 Reline complete maxillary denture (laboratory)	\$315
D5751 Reline complete mandibular denture (laboratory)	\$315
D5760 Reline maxillary partial denture (laboratory)	20% Discount
D5761 Reline mandibular partial denture (laboratory)	20% Discount

Implant Services	Member Pays
D6000 through D6096	20% Discount

Prosthodontic (fixed) Services	Member Pays
D6240 Pontic - porcelain fused to high noble metal	\$710
D6241 Pontic - porcelain fused to predominantly base metal	\$670
D6242 Pontic - porcelain fused to noble metal	\$690
D6750 Retainer Crown - porcelain fused to high noble metal	\$780
D6751 Retainer Crown - porcelain fused to predominantly base metal	\$720
D6752 Retainer Crown - porcelain fused to noble metal	\$735

Oral Surgery Services	Member Pays
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$57

Oral Surgery Services - continued	Member Pays
D7210 Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$113
D7220 Removal of impacted tooth - soft tissue	\$119
D7230 Removal of impacted tooth - partially bony	\$156
D7240 Removal of impacted tooth - completely bony	\$218
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications	\$270
D7250 Surgical removal of residual tooth roots (cutting procedure)	\$120
D7260 Oroantral fistula closure	20% Discount
D7261 Primary closure of a sinus perforation	20% Discount
D7310 Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$99
D7320 Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$144
D7510 Incision and drainage of abscess - intraoral soft tissue	\$90
D7520 Incision and drainage of abscess - extraoral soft tissue	20% Discount
D7970 Excision of hyperplastic tissue - per arch	20% Discount

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	\$45
D9215 Local anesthesia in conjunction with operative or surgical procedures	\$14
D9230 Inhalation of nitrous oxide / anxiolysis, analgesia	\$26
D9248 Non-intravenous conscious sedation	20% Discount
D9420 Hospital or ambulatory surgical center call	20% Discount
D9951 Occlusal adjustment - limited	\$54
D9952 Occlusal adjustment - complete	\$280

Exclusions and Limitations

1. 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.
2. 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.
3. Careington or its vendors may periodically adjust this fee schedule with 30 days notice to Client.
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 **(866) 636-9248** 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.