



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

ADA CODE	PROCEDURE CODE DESCRIPTION	FEE
<b>DIAGNOSTIC AND PREVENTIVE</b>		
0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$16
0140	LIMITED ORAL EVALUATION-PROBLEM FOCUS	\$21
0150	COMPREHENSIVE ORAL EVALUATION-NEW OR ESTABLISHED PATIENT	\$21
0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$46
0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$11
0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$7
0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$21
0250	EXTRAORAL - FIRST RADIOGRAPHIC IMAGE	\$25
0260	EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$22
0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$11
0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$14
0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$19
0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$24
0330	PANORAMIC RADIOGRAPHIC IMAGE	\$46
1110	PROPHYLAXIS-ADULT CLEANING	\$35
1120	PROPHYLAXIS-CHILD CLEANING	\$25
1208	TOPICAL APPLICATION OF FLUORIDE	\$13
1351	SEALANT-PER TOOTH	\$24
1510	SPACE MAINTAINER-FIXED-UNILATERAL	\$93
1515	SPACE MAINTAINER-FIXED-BILATERAL	\$136
1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	\$130
1525	SPACE MAINTAINER-REMOVABLE-BILATERAL	\$165
<b>RESTORATIVE</b>		
2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$46
2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$57
2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$69
2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$83
2330	RESIN-BASED COMPOSITE-ONE SURFACE, ANTERIOR	\$57
2331	RESIN-BASED COMPOSITE-TWO SURFACES, ANTERIOR	\$70
2332	RESIN-BASED COMPOSITE-THREE SURFACES, ANTERIOR	\$90
2335	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, ANTERIOR	\$110
2391	RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR	\$77
2392	RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR	\$108
2393	RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR	\$135
2394	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, POSTERIOR	\$158
2710	CROWN-RESIN-BASED COMPOSITE (INDIRECT)	\$206
2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$435
2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$775
2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$725
2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$751
2790	CROWN-FULL CAST HIGH NOBLE METAL	\$768
2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$738
2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY	\$107
2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT	\$122
2950	CORE BUILDUP-INCLUDING ANY PINS	\$107
2951	PIN RETENTION PER TOOTH IN ADDITION TO RESTORATION	\$26
2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	\$248
2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$132
<b>ENDODONTICS</b>		
3110	PULP CAP DIRECT (EXCLUDING FINAL RESTORATION)	\$24
3120	PULP CAP INDIRECT (EXCLUDING FINAL RESTORATION)	\$24
3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	\$57
3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$314
3320	ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)	\$372
3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)	\$468
<b>PERIODONTICS</b>		
4210	GINGIVECTOMY OR GINGIVOPLASTY-FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT	\$319
4341	PERIODONTAL SCALING AND ROOT PLANING-FOUR OR MORE TEETH PER QUADRANT	\$106
4342	PERIODONTAL SCALING AND ROOT PLANING-ONE TO THREE TEETH PER QUADRANT	\$67
4910	PERIODONTAL MAINTENANCE	\$65
<b>PROSTHODONTICS (REMOVABLE)</b>		
5110	COMPLETE DENTURE-MAXILLARY	\$810
5120	COMPLETE DENTURE-MANDIBULAR	\$810
5130	IMMEDIATE DENTURE-MAXILLARY	\$821
5140	IMMEDIATE DENTURE-MANDIBULAR	\$821
5211	MAXILLARY PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$724
5212	MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$724
5213	MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS)	\$896
5214	MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS)	\$896
5225	MAXILLARY PARTIAL DENTURE-FLEXIBLE BASE (INCLUDING ANY CLASPS, REST AND TEETH)	\$663
5226	MANDIBULAR PARTIAL DENTURE-FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$770
5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH)	\$506
5410	ADJUST COMPLETE DENTURE-MAXILLARY	\$36



ADA CODE	PROCEDURE CODE DESCRIPTION	FEE
<b>PROSTHODONTICS (REMOVABLE) - CONTINUED</b>		
5411	ADJUST COMPLETE DENTURE-MANDIBULAR	\$36
5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$194
5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	\$192
5630	REPAIR OR REPLACE BROKEN CLASP	\$190
5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$182
5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$200
5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$189
5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$189
5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$184
5741	RELINE MANDIBULAR PARTIAL DENT (CHAIRSIDE)	\$184
5750	RELINE COMPLETE MAXILLARY DENTURE (LAB)	\$315
5751	RELINE COMPLETE MANDIBULAR DENTURE (LAB)	\$315
<b>PROSTHODONTICS (FIXED)</b>		
6000 - 6096	IMPLANT SERVICES	20% Discount
6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$710
6241	PONTIC-PORCELAIN FUSED TO PREDOM BASE METAL	\$670
6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	\$690
6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$780
6751	CROWN-PORCELAIN FUSED TO PREDOM BASE METAL	\$720
6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$735
<b>ORAL SURGERY</b>		
7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$57
7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$113
7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$119
7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$156
7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY	\$218
7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$270
7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$120
7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTION PER QUAD	\$99
7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTION PER QUAD	\$144
7510	INCISION/DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$90
<b>ORTHODONTICS</b>		
8070	COMPLETE ORTHODONTIC TREATMENT-TRANSITIONAL DENTITION	20% Discount
8080	COMPLETE ORTHODONTIC TREATMENT-ADOLESCENT DENTITION	20% Discount
8090	COMPLETE ORTHODONTIC TREATMENT-ADULT DENTITION	20% Discount
<b>MISCELLANEOUS SERVICES</b>		
9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	\$45
9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$14
9230	INHALATION OF NITROUS OXIDE / ANXIOLYSIS, ANALGESIA	\$26
9951	OCCCLUSAL ADJUSTMENT LIMITED	\$54
9952	OCCCLUSAL ADJUSTMENT COMPLETE	\$280

\*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.

\*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.

\*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% of the General Dentist's normal fee at the time of service.

\*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.

\*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.

\*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.

\*Any procedure involving OSHA fees will incur additional costs. All applicable OSHA fees are the full responsibility of the member and are subject to no discounts.

\*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 International, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 866-636-9248 if you have any further questions.

\*Some providers may charge for missed or broken appointments if no prior notice is given as per their office policies and are subject to no discounts.

\* CAREINGTON or its vendors may periodically adjust this fee schedule without notice.