

Patients **ARE NOT** to be charged Lab or OSHA fees for any procedures. Lab and OSHA 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
DIAGNOSTIC AND PREVENTIVE		
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$17
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUS	\$23
D0150	COMPREHENSIVE ORAL EVALUATION-NEW OR ESTABLISHED PATIENT	\$23
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$50
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$12
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$8
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$23
D0250	EXTRAORAL - FIRST RADIOGRAPHIC IMAGE	\$27
D0260	EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$24
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$12
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$15
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$21
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$26
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$50
D1110	PROPHYLAXIS-ADULT CLEANING	\$38
D1120	PROPHYLAXIS-CHILD CLEANING	\$27
D1208	TOPICAL APPLICATION OF FLUORIDE	\$14
D1351	SEALANT-PER TOOTH	\$26
D1510	SPACE MAINTAINER-FIXED-UNILATERAL	\$100
D1515	SPACE MAINTAINER-FIXED-BILATERAL	\$147
D1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	\$140
D1525	SPACE MAINTAINER-REMOVABLE-BILATERAL	\$178
RESTORATIVE		
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$50
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$62
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$75
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$90
D2330	RESIN-BASED COMPOSITE-ONE SURFACE, ANTERIOR	\$62
D2331	RESIN-BASED COMPOSITE-TWO SURFACES, ANTERIOR	\$76
D2332	RESIN-BASED COMPOSITE-THREE SURFACES, ANTERIOR	\$97
D2335	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, ANTERIOR	\$119
D2391	RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR	\$83
D2392	RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR	\$117
D2393	RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR	\$146
D2394	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, POSTERIOR	\$171
D2710	CROWN-RESIN-BASED COMPOSITE (INDIRECT)	\$222
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	20% DISCOUNT
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$470
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	20% DISCOUNT
D2722	CROWN - RESIN WITH NOBLE METAL	20% DISCOUNT
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	20% DISCOUNT
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$837
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$783
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$811
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	20% DISCOUNT
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	20% DISCOUNT
D2782	CROWN - 3/4 CAST NOBLE METAL	20% DISCOUNT
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	20% DISCOUNT
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$829
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$797
D2792	CROWN - FULL CAST NOBLE METAL	20% DISCOUNT
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY	\$116
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT	\$132
D2950	CORE BUILDUP-INCLUDING ANY PINS	\$116
D2951	PIN RETENTION PER TOOTH IN ADDITION TO RESTORATION	\$28
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	\$268
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$143
ENDODONTICS		
D3110	PULP CAP DIRECT (EXCLUDING FINAL RESTORATION)	\$26
D3120	PULP CAP INDIRECT (EXCLUDING FINAL RESTORATION)	\$26
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	\$62
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$339
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)	\$402
D3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)	\$505
PERIODONTICS		
D4210	GINGIVECTOMY OR GINGIVOPLASTY-FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT	\$345
D4341	PERIODONTAL SCALING AND ROOT PLANING-FOUR OR MORE TEETH PER QUADRANT	\$114
D4342	PERIODONTAL SCALING AND ROOT PLANING-ONE TO THREE TEETH PER QUADRANT	\$72
D4910	PERIODONTAL MAINTENANCE	\$70
PROSTHODONTICS (REMOVABLE)		
D5110	COMPLETE DENTURE-MAXILLARY	\$875
D5120	COMPLETE DENTURE-MANDIBULAR	\$875
D5130	IMMEDIATE DENTURE-MAXILLARY	\$887
D5140	IMMEDIATE DENTURE-MANDIBULAR	\$887
D5211	MAXILLARY PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$782
D5212	MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$782

ADA CODE	PROCEDURE CODE DESCRIPTION	FEE
PROSTHODONTICS (REMOVABLE) - CONTINUED		
D5213	MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS OR TEETH)	\$968
D5214	MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS)	\$968
D5225	MAXILLARY PARTIAL DENTURE-FLEXIBLE BASE (INCLUDING ANY CLASPS, REST AND TEETH)	\$716
D5226	MANDIBULAR PARTIAL DENTURE-FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$832
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH)	\$546
D5410	ADJUST COMPLETE DENTURE-MAXILLARY	\$39
D5411	ADJUST COMPLETE DENTURE-MANDIBULAR	\$39
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	20% DISCOUNT
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	20% DISCOUNT
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$210
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	\$207
D5610	REPAIR RESIN DENTURE BASE	20% DISCOUNT
D5620	REPAIR CAST FRAMEWORK	20% DISCOUNT
D5630	REPAIR OR REPLACE BROKEN CLASP	\$205
D5640	REPLACE BROKEN TEETH - PER TOOTH	20% DISCOUNT
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$197
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$216
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	20% DISCOUNT
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	20% DISCOUNT
D5710	REBASE COMPLETE MAXILLARY DENTURE	20% DISCOUNT
D5711	REBASE COMPLETE MANDIBULAR DENTURE	20% DISCOUNT
D5720	REBASE MAXILLARY PARTIAL DENTURE	20% DISCOUNT
D5721	REBASE MANDIBULAR PARTIAL DENTURE	20% DISCOUNT
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$204
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$204
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$199
D5741	RELINE MANDIBULAR PARTIAL DENT (CHAIRSIDE)	\$199
D5750	RELINE COMPLETE MAXILLARY DENTURE (LAB)	\$340
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LAB)	\$340
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	20% DISCOUNT
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	20% DISCOUNT
PROSTHODONTICS (FIXED)		
D6000 - D6096	IMPLANT SERVICES	20% DISCOUNT
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$767
D6241	PONTIC-PORCELAIN FUSED TO PREDOM BASE METAL	\$724
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	\$745
D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$842
D6751	CROWN-PORCELAIN FUSED TO PREDOM BASE METAL	\$778
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$794
ORAL SURGERY		
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$62
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$122
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$129
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$168
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY	\$235
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$292
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$130
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTION PER QUAD	\$107
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTION PER QUAD	\$156
D7510	INCISION/DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$97
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	20% DISCOUNT
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	20% DISCOUNT
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	20% DISCOUNT
ORTHODONTICS		
D8070	COMPLETE ORTHODONTIC TREATMENT-TRANSITIONAL DENTITION	20% DISCOUNT
D8080	COMPLETE ORTHODONTIC TREATMENT-ADOLESCENT DENTITION	20% DISCOUNT
D8090	COMPLETE ORTHODONTIC TREATMENT-ADULT DENTITION	20% DISCOUNT
MISCELLANEOUS SERVICES		
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	\$49
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$15
D9230	INHALATION OF NITROUS OXIDE / ANXIOLYSIS, ANALGESIA	\$28
D9951	OCCLUSAL ADJUSTMENT LIMITED	\$58
D9952	OCCLUSAL ADJUSTMENT COMPLETE	\$302

* 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.

* 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.

* Any procedure involving lab and OSHA fees will not incur additional costs and are not the responsibility of the member.

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