

Contact Us

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

Mail: Careington International 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	\$17
D0140 Limited oral evaluation - problem focused	\$23
D0150 Comprehensive oral evaluation - new or established patient	\$22
D0210 Intraoral - comprehensive series of radiographic images	\$48
D0220 Intraoral - periapical first radiographic image	\$12
D0230 Intraoral - periapical each additional radiographic image	\$8
D0240 Intraoral - occlusal radiographic image	\$23
D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$27
D0270 Bitewing - single radiographic image	\$12
D0272 Bitewings - two radiographic images	\$15
D0273 Bitewings - three radiographic images	\$21
D0274 Bitewings - four radiographic images	\$25
D0330 Panoramic radiographic image	\$48
D0460 Pulp vitality tests	20% Discount
D0481 Electron microscopy	20% Discount
Preventive Services	Member Pays
D1110 Prophylaxis - adult	\$37
D1120 Prophylaxis - child	\$27
D1208 Topical application of fluoride - excluding varnish	\$14
D1351 Sealant - per tooth	\$26
D1510 Space maintainer - fixed, unilateral - per quadrant	\$99
D1516 Space maintainer - fixed - bilateral, maxillary	20% Discount
D1520 Space maintainer - removable, unilateral - per quadrant	\$138
D1526 Space maintainer - removable - bilateral, maxillary	20% Discount
Restorative Services	Member Pays
D2140 Amalgam - one surface, primary or permanent	\$48
D2150 Amalgam - two surfaces, primary or permanent	\$61
D2160 Amalgam - three surfaces, primary or permanent	\$73
D2161 Amalgam - four or more surfaces, primary or permanent	\$88
D2330 Resin-based composite - one surface, anterior	\$61
D2331 Resin-based composite - two surfaces, anterior	\$73
D2332 Resin-based composite - three surfaces, anterior	\$94
D2335 Resin-based composite - four or more surfaces (anterior)	\$115
D2391 Resin-based composite - one surface, posterior	\$80
D2392 Resin-based composite - two surfaces, posterior	\$113
D2393 Resin-based composite - three surfaces, posterior	\$141
D2394 Resin-based composite - four or more surfaces, posterior	\$168
D2710 Crown - resin-based composite (indirect)	\$218
D2720 Crown - resin with high noble metal	\$461
D2740 Crown - porcelain/ceramic	\$836
D2750 Crown - porcelain fused to high noble metal	\$822
D2751 Crown - porcelain fused to predominantly base metal	\$769
D2752 Crown - porcelain fused to noble metal	\$797
D2790 Crown - full cast high noble metal	\$815
D2791 Crown - full cast predominantly base metal	\$783
D2792 Crown - full cast noble metal	20% Discount
D2930 Prefabricated stainless steel crown - primary tooth	\$113
D2931 Prefabricated stainless steel crown - permanent tooth	\$130

Restorative Services (continued)		Member Pays
D2950	Core buildup, including any pins when required	\$113
D2951	Pin retention - per tooth, in addition to restoration	\$28
D2952	Post and core in addition to crown, indirectly fabricated	\$263
D2954	Prefabricated post and core in addition to crown	\$140
Endodontic Services		Member Pays
D3110	Pulp cap - direct (excluding final restoration)	\$26
D3120	Pulp cap - indirect (excluding final restoration)	\$26
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$61
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$333
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$394
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$496
Periodontic Services		Member Pays
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$339
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$111
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$70
D4910	Periodontal maintenance	\$69
Prosthodontic Services		Member Pays
D5110	Complete denture - maxillary	\$847
D5120	Complete denture - mandibular	\$859
D5130	Immediate denture - maxillary	\$871
D5140	Immediate denture - mandibular	\$871
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$768
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$768
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$951
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$937
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$703
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$817
D5410	Adjust complete denture - maxillary	\$38
D5411	Adjust complete denture - mandibular	\$38
D5421	Adjust partial denture - maxillary	20% Discount
D5422	Adjust partial denture - mandibular	20% Discount
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$204
D5611	Repair resin partial denture base, mandibular	20% Discount
D5612	Repair resin partial denture base, maxillary	20% Discount
D5621	Repair cast partial framework, mandibular	20% Discount
D5630	Repair or replace broken retentive/clasping materials - per tooth	\$202
D5640	Replace broken teeth - per tooth	20% Discount
D5650	Add tooth to existing partial denture	\$193
D5660	Add clasp to existing partial denture - per tooth	\$212
D5730	Reline complete maxillary denture (direct)	\$201
D5731	Reline complete mandibular denture (direct)	\$201
D5740	Reline maxillary partial denture (direct)	\$196
D5741	Reline mandibular partial denture (direct)	\$196
D5750	Reline complete maxillary denture (indirect)	\$334
D5751	Reline complete mandibular denture (indirect)	\$334
D5760	Reline maxillary partial denture (indirect)	20% Discount
D5761	Reline mandibular partial denture (indirect)	20% Discount
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	20% Discount
Implant Services		Member Pays
D6000 through D6199		20% Discount
Prosthodontic Services (fixed)		Member Pays
D6240	Pontic - porcelain fused to high noble metal	\$753
D6241	Pontic - porcelain fused to predominantly base metal	\$711
D6242	Pontic - porcelain fused to noble metal	\$732
D6740	Retainer crown - porcelain/ceramic	\$835
D6750	Retainer crown - porcelain fused to high noble metal	\$827
D6751	Retainer crown - porcelain fused to predominantly base metal	\$764
D6752	Retainer crown - porcelain fused to noble metal	\$780
Oral Surgery Services		Member Pays
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$60
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$118
D7220	Removal of impacted tooth - soft tissue	\$127
D7230	Removal of impacted tooth - partially bony	\$166

Oral Surgery Services (continued)	Member Pays
D7240 Removal of impacted tooth - completely bony	\$232
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications	\$286
D7250 Removal of residual tooth roots (cutting procedure)	\$128
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	\$105
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$152
D7510 Incision and drainage of abscess - intraoral soft tissue	\$96
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
Sleep Apnea Services	Member Pays
D9947, D9948, D9949, D9953, D9954, D9955, D9956, D9957	20% Discount
Adjunctive Services	Member Pays
D9110 Palliative treatment of dental pain - per visit	\$47
D9215 Local anesthesia in conjunction with operative or surgical procedures	\$15
D9230 Inhalation of nitrous oxide/analgesia, anxiolysis	\$28
D9248 Non-intravenous conscious sedation	20% Discount
D9420 Hospital or ambulatory surgical center call	20% Discount
D9951 Occlusal adjustment - limited	\$58
D9952 Occlusal adjustment - complete	\$297

Exclusions & 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. 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 **(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.

