Careington Care 500 Series

Member Schedule: 507

Contact Us

Business Hours: 7 a.m. - 7 p.m. CST Monday - Friday Customer Service: (800) 290-0523 Website: www.careington.com

<u>Mail</u>

Careington Corp PO Box 2568 Frisco, TX 75034

Schedule of Services

- 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. Fee schedules are subject to change without prior
 notification to members.
- 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.
- 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.
- Discount plans are not insurance

D0120Periodic oral evaluation - established patient\$24D0140Limited oral evaluation - problem focused\$36D0150Comprehensive oral evaluation - new or established pa\$40D0210Intraoral - complete series of radiographic images\$14D0230Intraoral - periapical each additional radiographic image\$13D0270Bitewing - single radiographic images\$18D0273Bitewings - two radiographic images\$23D0274Bitewings - tour radiographic images\$27D0330Panoramic radiographic images\$27D0330Panoramic radiographic images\$27D1101Prophylaxis - adult\$45D1120Prophylaxis - adult\$45D1120Prophylaxis - adult\$27D1510Space maintainer - fixed, unilateral\$172D1515Space maintainer - removable - unilateral\$205D1252Space maintainer - removable - bilateral\$225Restorative ServicesMember PaysD2140Amalgam - one surface, primary or permanent\$57D2150Amalgam - two surfaces, primary or permanent\$92D2160Amalgam - there surfaces, primary or suffaces, anterior\$11D2331Resin-based composite - one surfaces, anterior\$11D2332Resin-based composite - four or more surfaces, posterior\$14D2332Resin-based composite - two surfaces, posterior\$14D2333Resin-based composite - tor or more surfaces, posterior\$14D2331Resin-base		tic Services	Member Pays
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D0210Intraoral - complete series of radiographic image\$69D0220Intraoral - periapical first radiographic image\$14D0230Intraoral - periapical each additional radiographic image\$13D0270Bitewing - single radiographic images\$13D0272Bitewings - two radiographic images\$23D0273Bitewings - three radiographic images\$27D030Panoramic radiographic images\$27D0310Panoramic radiographic images\$27D0310Panoramic radiographic image\$58Preventative ServicesMember PaysD1110Prophylaxis - adult\$45D1210Prophylaxis - adult\$45D1351Sealant - per tooth\$27D1510Space maintainer - fixed, unilateral\$172D1515Space maintainer - removable - unilateral\$205D1525Space maintainer - removable - bilateral\$255Restorative ServicesMember PaysD2140Amalgam - one surface, primary or permanent\$57D2150Amalgam - two surfaces, primary or permanent\$92D2161Amalgam - two surfaces, primary or permanent\$92D2331Resin-based composite - two surfaces, anterior\$116D2332Resin-based composite - two surfaces, posterior\$114D2393Resin-based composite - four or more surfaces, posterior\$12D2303Resin-based composite - two surfaces, posterior\$12D2333Resin-based composite - two surfaces, posterior\$144	D0140	Limited oral evaluation - problem focused	\$36
D0220 Intraoral - periapical first radiographic image\$14D0230 Intraoral - periapical each additional radiographic image\$13D0270 Bitewing - single radiographic images\$13D0272 Bitewings - two radiographic images\$23D0274 Bitewings - two radiographic images\$23D0274 Bitewings - four radiographic images\$27D0330 Panoramic radiographic image\$58Preventative ServicesMember PaysD1110 Prophylaxis - adult\$45D1120 Prophylaxis - adult\$45D1120 Prophylaxis - child\$36D1351 Sealant - per tooth\$27D1510 Space maintainer - fixed, unilateral\$172D1515 Space maintainer - fixed, unilateral\$225D1520 Space maintainer - removable - unilateral\$205D1525 Space maintainer - removable - bilateral\$255Restorative ServicesMember PaysD2140 Amalgam - two surfaces, primary or permanent\$76D2160 Amalgam - two surfaces, primary or permanent\$92D2161 Amalgam - four or more surface, anterior\$71D2331 Resin-based composite - two surfaces, anterior\$116D2392 Resin-based composite - two surfaces, posterior\$114D2391 Resin-based composite - four or more surfaces, posterior\$12D2392 Resin-based composite - four or more surfaces, posterior\$12D2393 Resin-based composite - two surfaces, posterior\$14D2391 Resin-based composite - two surfaces, posterior\$14D2392 Resin-based composite - two surfaces, posterior\$12D2393 Resin-based composite -	D0150	Comprehensive oral evaluation - new or established pa	\$40
D0230Intraoral - periapical each additional radiographic image\$12D0270Bitewing - single radiographic images\$13D0272Bitewings - two radiographic images\$18D0273Bitewings - three radiographic images\$23D0274Bitewings - four radiographic images\$27D0330Panoramic radiographic images\$27D0330Panoramic radiographic image\$58Preventative ServicesMember PaysD1110Prophylaxis - adult\$45D1120Prophylaxis - child\$36D1351Sealant - per tooth\$27D1510Space maintainer - fixed, unilateral\$172D1515Space maintainer - fixed - bilateral\$245D1520Space maintainer - removable - unilateral\$255Restorative ServicesMember PaysD2140Amalgam - one surface, primary or permanent\$57D2150Amalgam - three surfaces, primary or permanent\$76D2160Amalgam - tor or more surface, anterior\$71D2331Resin-based composite - one surface, anterior\$71D2332Resin-based composite - four or more surfaces or\$144D2393Resin-based composite - four or more surfaces, posterior\$144D2391Resin-based composite - four or more surfaces, posterior\$144D2392Resin-based composite - four or more surfaces, posterior\$144D2393Resin-based composite - four or more surfaces, posterior\$144D2394Resin-based composite - four or more surfaces, po	D0210	Intraoral - complete series of radiographic images	\$69
D0270 Bitewing - single radiographic image\$13D0272 Bitewings - two radiographic images\$18D0273 Bitewings - three radiographic images\$23D0274 Bitewings - four radiographic images\$27D030 Panoramic radiographic image\$58Preventative ServicesMember PaysD1110 Prophylaxis - adult\$45D1120 Prophylaxis - child\$36D1351 Sealant - per tooth\$27D1510 Space maintainer - fixed - bilateral\$245D1520 Space maintainer - removable - unilateral\$205D1525 Space maintainer - removable - unilateral\$255Restorative ServicesMember PaysD2140 Amalgam - one surface, primary or permanent\$57D2150 Amalgam - three surfaces, primary or permanent\$76D2160 Amalgam - three surfaces, primary or permanent\$76D2160 Amalgam - four or more surfaces, anterior\$71D2331 Resin-based composite - one surface, anterior\$71D2332 Resin-based composite - one surfaces, anterior\$116D2335 Resin-based composite - four or more surfaces or\$144D2391 Resin-based composite - four or more surfaces, posterior\$144D2392 Resin-based composite - four or more surfaces, posterior\$120D270 Crown - resin-based composite - four or more surfaces, posterior\$144D2392 Resin-based composite - four or more surfaces, posterior\$144D2393 Resin-based composite - four or more surfaces, posterior\$144D2394 Resin-based composite - four or more surfaces, posterior\$144D2392 Resin-based composite - four	D0220	Intraoral - periapical first radiographic image	\$14
D0272 Bitewings - two radiographic images\$18D0273 Bitewings - three radiographic images\$23D0274 Bitewings - four radiographic images\$27D0330 Panoramic radiographic image\$58Preventative ServicesMember PaysD1110 Prophylaxis - adult\$45D1120 Prophylaxis - child\$36D1351 Sealant - per tooth\$27D1510 Space maintainer - fixed, unilateral\$172D1515 Space maintainer - removable - unilateral\$205D1525 Space maintainer - removable - unilateral\$255Restorative ServicesMember PaysD2140 Amalgam - one surface, primary or permanent\$57D2150 Amalgam - two surfaces, primary or permanent\$76D2160 Amalgam - two surfaces, primary or permanent\$92D2161 Amalgam - four or more surfaces, anterior\$71D2331 Resin-based composite - two surfaces, anterior\$116D2332 Resin-based composite - one surface, posterior\$144D2393 Resin-based composite - four or more surfaces, posterior\$144D2394 Resin-based composite - two surfaces, posterior\$120D2710 Crown - resin-based composite - four or more surfaces, posterior\$121D2730 Crown - porcelain fused to high noble metal\$521D2750 Crown - porcelain fused to noble metal\$551D2790 Crown - porcelain fused to noble metal\$557D2790 Crown - porcelain fused to noble metal\$557D2790 Crown - full cast high noble metal\$557D2790 Crown - porcelain fused to noble metal\$557D2791 Crown - porcelain fuse	D0230	Intraoral - periapical each additional radiographic imag	\$12
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D0274 Bitewings - four radiographic images\$27D0330 Panoramic radiographic image\$58Preventative ServicesMember PaysD1110 Prophylaxis - adult\$45D1120 Prophylaxis - child\$36D1351 Sealant - per tooth\$27D1510 Space maintainer - fixed, unilateral\$172D1515 Space maintainer - removable - unilateral\$245D1520 Space maintainer - removable - bilateral\$255Restorative ServicesMember PaysD2140 Amalgam - one surface, primary or permanent\$76D2150 Amalgam - two surfaces, primary or permanent\$77D2150 Amalgam - two surfaces, primary or permanent\$92D2160 Amalgam - four or more surfaces, anterior\$71D2331 Resin-based composite - one surface, anterior\$90D2332 Resin-based composite - two surfaces, anterior\$112D2393 Resin-based composite - two surfaces, posterior\$144D2391 Resin-based composite - two surfaces, posterior\$144D2392 Resin-based composite - two surfaces, posterior\$122D2302 Crown - resin-based composite - two surfaces, posterior\$144D2393 Resin-based composite - four or more surfaces, posterior\$122D2750 Crown - porcelain fused to high noble metal\$551D2750 Crown - porcelain fused to noble metal\$557D2750 Crown - full cast predominantly base metal\$557D2750 Crown - full cast predominantly base metal\$557D2750 Crown - full cast high noble metal\$557D2750 Crown - full cast high noble metal\$557D2751 Crown	D0272	Bitewings - two radiographic images	\$18
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D2954 Pretabricated post and core in addition to crown \$1/2	D2954	Prefabricated post and core in addition to crown	\$172
D3110 Pulp cap - direct (excluding final restoration) \$37			
D3120 Pulp cap - indirect (excluding final restoration) \$37			
D3220 Therapeutic pulpotomy (excluding final restoration) - r \$87			

Endodo	ntic Services	Member Pays
_	Endodontic therapy, anterior tooth (excluding final	\$349
	restoration)	·
D3320	Endodontic therapy, bicuspid tooth (excluding final	\$419
	restoration)	
D3330	Endodontic therapy, molar (excluding final	\$528
	restoration)	
Periodo	ntic Services	Member Pays
D4210	Gingivectomy or gingivoplasty - four or more	\$330
	contiguous teeth or tooth bounded spaces per	
	quadrant	
D4341	Periodontal scaling and root planing - four or more	\$122
0.0011	teeth per quadrant	Ψ.L.L
D4910	Periodontal maintenance	\$71
	odontics (removable) Services	Member Pays
	Complete denture - maxillary	\$788
	Complete denture - mandibular	\$788
	Immediate denture - maxillary	\$831
	Immediate denture - mandibular	\$836
	Maxillary partial denture - resin base (including any	\$592
00211	conventional clasps, rests and teeth)	ÇOD L
D5212	Mandibular partial denture - resin base (including any	\$592
00212	conventional clasps, rests and teeth)	ÇUUL
D5213	Maxillary partial denture - cast metal framework with	\$848
00210	resin denture bases (including any conventional	φο το
	clasps, rests and teeth)	
D5214	Mandibular partial denture - cast metal framework	\$852
00211	with resin denture bases (including any conventional	Ç002
	clasps, rests and teeth)	
D5410	Adjust complete denture - maxillary	\$42
	Adjust complete denture - mandibular	\$42
	Repair broken complete denture base	\$95
	Replace missing or broken teeth - complete denture	\$86
20020	(each tooth)	çoo
D5630	Repair or replace broken clasp - per tooth	\$122
	Add tooth to existing partial denture	\$106
	Add clasp to existing partial denture - per tooth	\$129
	Reline complete maxillary denture (chairside)	\$179
	Reline complete mandibular denture (chairside)	\$179
	Reline maxillary partial denture (chairside)	\$167
	Reline mandibular partial denture (chairside)	\$167
	Reline complete maxillary denture (laboratory)	\$241
	Reline complete mandibular denture (laboratory)	\$238
	Services	Member Pays
	through D6096	20% Discount
	dontics (fixed) Services	Member Pays
	Pontic - porcelain fused to high noble metal	\$592
	Pontic - porcelain fused to predominantly base metal	\$552
	Pontic - porcelain fused to noble metal	\$568
	Retainer Crown - porcelain fused to high noble metal	\$611
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Member Schedule: 507 (2017 CDT Compliant)

Prosthodontics (fixed) Services	Member Pays	Oral Surgery Services (continued)	Member Pays
D6751 Retainer Crown - porcelain fused to predominantly base metal	\$552	D7510 Incision and drainage of abscess - intraoral soft tissue	\$97
D6752 Retainer Crown - porcelain fused to noble metal	\$571	Orthodontic Services	Member Pays
Oral Surgery Services	Member Pays	D8070 Comprehensive orthodontic treatment of the	20% Discount
D7140 Extraction, erupted tooth or exposed root (elevation	\$73	transitional dentition	
and/or forceps removal)		D8080 Comprehensive orthodontic treatment of the	20% Discount
D7210 Erupted tooth requiring removal of bone and/or	\$183	adolescent dentition	
sectioning of tooth, and including elevation of		D8090 Comprehensive orthodontic treatment of the adult	20% Discount
mucoperiosteal flap if indicated		dentition	
D7220 Removal of impacted tooth - soft tissue	\$163	Other Services	Member Pays
D7230 Removal of impacted tooth - partially bony	\$206	D9110 Palliative (emergency) treatment of dental pain -	\$53
D7240 Removal of impacted tooth - completely bony	\$254	minor procedure	
D7250 Removal of residual tooth roots (cutting procedure)	\$150	D9215 Local anesthesia in conjunction with operative or surgical procedures	\$23
D7310 Alveoloplasty in conjunction with extractions – four or	\$148	D9230 Inhalation of nitrous oxide / anxiolysis, analgesia	\$31
more teeth or tooth spaces, per quadrant		D9951 Occlusal adjustment - limited	\$81
D7320 Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant	\$207	D9952 Occlusal adjustment - complete	\$330

Exclusions and Limitations

1. 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.

- 2. Any procedure involving lab and OSHA fees will incur additional costs. All applicable lab and OSHA fees are the full responsibility of the member and are subject to no discount.
- 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 800-290-0523 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.



