

Contact Us

Business Hours: 7 a.m. - 7 p.m. CST Monday - Friday

Customer Service: (800) 290-0523

Mail: Careington International Corp

PO Box 2568 Frisco, TX 75034

Schedule of Services

- This schedule applies to services provided by a participating Specialist and is an extensive list of most common procedures. The purpose of this schedule is to establish the maximum fee that a Specialist will charge for each listed procedure. Fee schedules are determined by the zip code of the participating provider.

- Discount plans are not insurance.

| Diagnostic Services | Member Pays |
|--|-------------|
| D0140 Limited oral evaluation - problem focused | \$29 |
| D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver | \$27 |
| D0150 Comprehensive oral evaluation - new or established patient | \$15 |
| D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit) | \$11 |
| D0210 Intraoral - complete series of radiographic images | \$42 |
| D0220 Intraoral - periapical first radiographic image | \$7 |
| D0230 Intraoral - periapical each additional radiographic image | \$6 |
| D0273 Bitewings - three radiographic images | \$11 |
| D0277 Vertical bitewings - 7 to 8 radiographic images | \$6 |
| D0321 Other temporomandibular joint radiographic images, by report | \$59 |
| D0330 Panoramic radiographic image | \$34 |
| D0416 Viral culture | \$11 |
| D0417 Collection and preparation of saliva sample for laboratory diagnostic testing | \$16 |
| D0418 Analysis of saliva sample | \$16 |
| D0460 Pulp vitality tests | \$22 |
| D0472 Accession of tissue, gross examination, preparation and transmission of written report | \$21 |
| D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report | \$21 |
| D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | \$21 |
| D0475 Decalcification procedure | \$22 |
| D0476 Special stains for microorganisms | \$22 |
| D0477 Special stains, not for microorganisms | \$22 |
| D0478 Immunohistochemical stains | \$27 |
| D0479 Tissue in-situ hybridization, including interpretation | \$21 |
| D0480 Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written | \$27 |
| D0481 Electron microscopy | \$27 |
| D0482 Direct immunofluorescence | \$22 |
| D0483 Indirect immunofluorescence | \$22 |
| D0484 Consultation on slides prepared elsewhere | \$43 |
| D0485 Consultation, including preparation of slides from biopsy material supplied by referring source | \$54 |
| D0486 Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report | \$22 |
| D0999 Unspecified diagnostic procedure, by report | \$108 |
| Preventative Services | Member Pays |
| D1206 Topical application of fluoride varnish | \$16 |
| D1320 Tobacco counseling for the control and prevention of oral disease | \$25 |
| D1330 Oral hygiene instructions | \$25 |
| D2543 Onlay - metallic-three surfaces | \$492 |
| D2544 Onlay - metallic-four or more surfaces | \$524 |

| Preventative Services (continued) | Member Pays |
|--|-------------|
| D2662 Onlay - resin-based composite - two surfaces | \$402 |
| D2663 Onlay - resin-based composite - three surfaces | \$420 |
| D2664 Onlay - resin-based composite - four or more surfaces | \$438 |
| D2712 Crown - ¾ resin-based composite (indirect) | \$286 |
| D2740 Crown - porcelain/ceramic substrate | \$854 |
| D2751 Crown - porcelain fused to predominantly base metal | \$660 |
| D2780 Crown - 3/4 cast high noble metal | \$750 |
| D2781 Crown - 3/4 cast predominantly base metal | \$599 |
| D2782 Crown - 3/4 cast noble metal | \$813 |
| D2783 Crown - 3/4 porcelain/ceramic | \$852 |
| D2794 Crown - titanium | \$1,350 |
| D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core | \$78 |
| D2934 Prefabricated esthetic coated stainless steel crown - primary tooth | \$183 |
| D2940 Protective restoration | \$69 |
| D2953 Each additional indirectly fabricated post - same tooth | \$275 |
| D2957 Each additional prefabricated post - same tooth | \$157 |
| D2975 Coping | \$360 |
| Endodontic Services | Member Pays |
| D3120 Pulp cap - indirect (excluding final restoration) | \$149 |
| D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | \$120 |
| D3222 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | \$268 |
| D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | \$268 |
| D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | \$268 |
| D3310 Endodontic therapy, anterior tooth (excluding final restoration) | \$398 |
| D3320 Endodontic therapy, bicuspid tooth (excluding final restoration) | \$498 |
| D3330 Endodontic therapy, molar (excluding final restoration) | \$598 |
| D3331 Treatment of root canal obstruction; non-surgical access | \$270 |
| D3333 Internal root repair of perforation defects | \$270 |
| D3346 Retreatment of previous root canal therapy - anterior | \$648 |
| D3347 Retreatment of previous root canal therapy - bicuspid | \$758 |
| D3348 Retreatment of previous root canal therapy - molar | \$912 |
| D3351 Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, | \$432 |
| D3352 Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.) | \$119 |
| D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific | \$432 |
| D3410 Apicoectomy - anterior | \$841 |
| D3421 Apicoectomy - bicuspid (first root) | \$919 |
| D3425 Apicoectomy - molar (first root) | \$1,039 |

| Endodontic Services (continued) | Member Pays |
|--|-------------|
| D3426 Apicoectomy (each additional root) | \$347 |
| D3430 Retrograde filling - per root | \$270 |
| D3450 Root amputation - per root | \$648 |
| D3910 Surgical procedure for isolation of tooth with rubber dam | \$119 |
| D3920 Hemisection (including any root removal), not including root canal therapy | \$648 |

| Periodontic Services | Member Pays |
|--|-------------|
| D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | \$394 |
| D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | \$138 |
| D4230 Anatomical crown exposure - four or more contiguous teeth per quadrant | \$411 |
| D4231 Anatomical crown exposure - one to three teeth per quadrant | \$357 |
| D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | \$867 |
| D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | \$540 |
| D4245 Apically positioned flap | \$702 |
| D4249 Clinical crown lengthening - hard tissue | \$989 |
| D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | \$1,229 |
| D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | \$634 |
| D4263 Bone replacement graft - retained natural tooth - first | \$523 |
| D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant | \$270 |
| D4265 Biologic materials to aid in soft and osseous tissue regeneration | \$377 |
| D4270 Pedicle soft tissue graft procedure | \$1,035 |
| D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first | \$1,495 |
| D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | \$691 |
| D4265 Biologic materials to aid in soft and osseous tissue regeneration | \$377 |
| D4320 Provisional splinting - intracoronal | \$410 |
| D4321 Provisional splinting - extracoronal | \$273 |
| D4341 Periodontal scaling and root planing - four or more teeth per quadrant | \$176 |
| D4342 Periodontal scaling and root planing - one to three teeth per quadrant | \$108 |
| D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis | \$84 |
| D4381 Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth | \$42 |
| D4910 Periodontal maintenance | \$74 |
| D4920 Unscheduled dressing change (by someone other than treating dentist or their staff) | \$49 |

| Prosthodontic (removable) Services | Member Pays |
|--|-------------|
| D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$1,301 |

| Prosthodontic (removable) Services (continued) | Member Pays |
|---|-------------|
| D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$1,301 |
| D5670 Replace all teeth and acrylic on cast metal framework (maxillary) | \$718 |
| D5671 Replace all teeth and acrylic on cast metal framework (mandibular) | \$718 |
| D5867 Replacement of replaceable part of semi-precision or precision attachment (male or female component) | \$281 |
| D5875 Modification of removable prosthesis following implant surgery | \$679 |
| D5925 Facial augmentation implant prosthesis | \$6,048 |
| D5929 Facial prosthesis, replacement | \$6,048 |
| D5991 Vesiculobullous disease medicament carrier | \$143 |
| D6012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant | \$3,024 |
| D6058 Abutment supported porcelain/ceramic crown | \$1,350 |
| D6061 Abutment supported porcelain fused to metal crown (noble metal) | \$1,350 |
| D6062 Abutment supported cast metal crown (high noble metal) | \$1,350 |
| D6064 Abutment supported cast metal crown (noble metal) | \$1,350 |
| D6065 Implant supported porcelain/ceramic crown | \$1,350 |
| D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | \$1,350 |
| D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal) | \$1,350 |
| D6068 Abutment supported retainer for porcelain/ceramic FPD | \$1,350 |
| D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | \$1,350 |
| D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | \$1,350 |
| D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal) | \$1,350 |
| D6072 Abutment supported retainer for cast metal FPD (high noble metal) | \$1,350 |
| D6073 Abutment supported retainer for cast metal FPD (predominantly base metal) | \$1,350 |
| D6074 Abutment supported retainer for cast metal FPD (noble metal) | \$1,350 |
| D6075 Implant supported retainer for ceramic FPD | \$1,350 |
| D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | \$1,350 |
| D6077 Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) | \$1,350 |
| D6090 Repair implant supported prosthesis, by report | \$297 |
| D6091 Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment | \$531 |
| D6092 Re-cement or re-bond implant/abutment supported crown | \$146 |
| D6093 Re-cement or re-bond implant/abutment supported fixed partial denture | \$146 |
| D6094 Abutment supported crown - (titanium) | \$1,350 |
| D6095 Repair implant abutment, by report | \$540 |
| D6100 Implant removal, by report | \$162 |
| D6190 Radiographic/surgical implant index, by report | \$195 |
| D6194 Abutment supported retainer crown for FPD - (titanium) | \$1,350 |
| D6205 Pontic - indirect resin based composite | \$473 |
| D6214 Pontic - titanium | \$1,350 |

| Prosthodontic (fixed) Services | Member Pays |
|--|-------------|
| D6240 Pontic - porcelain fused to high noble metal | \$743 |
| D6245 Pontic - porcelain/ceramic | \$1,196 |
| D6253 Provisional pontic— further treatment or completion of diagnosis necessary prior to final impression | \$178 |
| D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis | \$741 |
| D6600 Retainer Inlay - porcelain/ceramic, two surfaces | \$575 |
| D6601 Retainer Inlay - porcelain/ceramic, three or more | \$632 |
| D6602 Retainer Inlay - cast high noble metal, two surfaces | \$740 |
| D6603 Retainer Inlay - cast high noble metal, three or more | \$740 |
| D6604 Retainer Inlay - cast predominantly base metal, two | \$491 |
| D6605 Retainer Inlay - cast predominantly base metal, three or more surfaces | \$513 |
| D6606 Retainer Inlay - cast noble metal, two surfaces | \$729 |
| D6607 Retainer Inlay - cast noble metal, three or more | \$740 |
| D6608 Retainer Onlay -porcelain/ceramic, two surfaces | \$658 |
| D6609 Retainer Onlay - porcelain/ceramic, three or more | \$690 |
| D6610 Retainer Onlay - cast high noble metal, two surfaces | \$740 |
| D6611 Retainer Onlay - cast high noble metal, three or more | \$740 |
| D6612 Retainer Onlay - cast predominantly base metal, two | \$491 |
| D6613 Retainer Onlay - cast predominantly base metal, three or more surfaces | \$513 |
| D6614 Retainer Onlay - cast noble metal, two surfaces | \$729 |
| D6615 Retainer Onlay - cast noble metal, three or more | \$740 |
| D6624 Retainer Inlay - titanium | \$918 |
| D6634 Retainer Onlay - titanium | \$1,026 |
| D6710 Retainer Crown - indirect resin based composite | \$810 |
| D6721 Retainer Crown - resin with predominantly base metal | \$491 |
| D6740 Retainer Crown - porcelain/ceramic | \$857 |
| D6750 Retainer Crown - porcelain fused to high noble metal | \$801 |
| D6781 Retainer Crown - 3/4 cast predominantly base metal | \$599 |
| D6782 Retainer Crown - 3/4 cast noble metal | \$813 |
| D6783 Retainer Crown - 3/4 porcelain/ceramic | \$852 |
| D6793 Provisional retainer crown— further treatment or completion of diagnosis necessary prior to final impression | \$1,350 |
| D6794 Retainer Crown - titanium | \$254 |
| D6920 Connector bar | \$810 |
| D6985 Pediatric partial denture, fixed | \$648 |

| Oral Surgery Services | Member Pays |
|---|-------------|
| D7111 Extraction, coronal remnants - deciduous tooth | \$45 |
| D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$93 |
| D7210 Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$168 |
| D7220 Removal of impacted tooth - soft tissue | \$208 |
| D7230 Removal of impacted tooth - partially bony | \$254 |
| D7240 Removal of impacted tooth - completely bony | \$316 |
| D7241 Removal of impacted tooth - completely bony, with unusual surgical complications | \$336 |
| D7250 Removal of residual tooth roots (cutting procedure) | \$137 |
| D7260 Oroantral fistula closure | \$2,439 |
| D7261 Primary closure of a sinus perforation | \$551 |
| D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$594 |
| D7280 Exposure of an unerupted tooth | \$528 |
| D7282 Mobilization of erupted or malpositioned tooth to aid eruption | \$594 |
| D7285 Incisional biopsy of oral tissue-hard (bone, tooth) | \$1,047 |
| D7286 Incisional biopsy of oral tissue-soft | \$459 |
| D7287 Exfoliative cytological sample collection | \$211 |
| D7291 Transseptal fiberotomy/supra crestal fiberotomy, by report | \$275 |

| Oral Surgery Services (continued) | Member Pays |
|---|-------------|
| D7292 Placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal | \$864 |
| D7293 Placement of temporary anchorage device requiring flap; includes device removal | \$864 |
| D7294 Placement of temporary anchorage device without flap; includes device removal | \$864 |
| D7310 Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | \$283 |
| D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$178 |
| D7320 Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant | \$336 |
| D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$336 |
| D7410 Excision of benign lesion up to 1.25 cm | \$1,028 |
| D7411 Excision of benign lesion greater than 1.25 cm | \$1,064 |
| D7412 Excision of benign lesion, complicated | \$1,296 |
| D7413 Excision of malignant lesion up to 1.25 cm | \$1,296 |
| D7414 Excision of malignant lesion greater than 1.25 cm | \$1,296 |
| D7415 Excision of malignant lesion, complicated | \$1,296 |
| D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | \$1,028 |
| D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$1,615 |
| D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm | \$1,028 |
| D7461 Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$1,188 |
| D7465 Destruction of lesion(s) by physical or chemical method, by report | \$379 |
| D7471 Removal of lateral exostosis (maxilla or mandible) | \$680 |
| D7472 Removal of torus palatinus | \$864 |
| D7510 Incision and drainage of abscess - intraoral soft tissue | \$132 |
| D7511 Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | \$189 |
| D7520 Incision and drainage of abscess - extraoral soft tissue | \$1,469 |
| D7521 Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | \$1,361 |
| D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | \$529 |
| D7550 Partial osteotomy/sequestrectomy for removal of non-vital bone | \$366 |
| D7671 Alveolus, open reduction may include stabilization of teeth | \$1,482 |
| D7858 Joint reconstruction | \$3,299 |
| D7871 Non-arthroscopic lysis and lavage | \$1,944 |
| D7880 Occlusal orthotic device, by report | \$1,025 |
| D7899 Unspecified TMD therapy, by report | \$3,024 |
| D7910 Suture of recent small wounds up to 5 cm | \$471 |
| D7911 Complicated suture - up to 5 cm | \$1,175 |
| D7940 Osteoplasty - for orthognathic deformities | \$8,314 |
| D7953 Bone replacement graft for ridge preservation – per site | \$389 |
| D7955 Repair of maxillofacial soft and/or hard tissue defect | \$659 |
| D7960 Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to | \$513 |
| D7963 Frenuloplasty | \$535 |
| D7970 Excision of hyperplastic tissue - per arch | \$536 |
| D7971 Excision of pericoronal gingiva | \$222 |
| D7995 Synthetic graft - mandible or facial bones, by report | \$4,104 |
| D7996 Implant-mandible for augmentation purposes (excluding alveolar ridge), by report | \$1,944 |

| Oral Surgery Services (continued) | | Member Pays |
|-----------------------------------|--|-------------|
| D7997 | Appliance removal (not by dentist who placed appliance), includes removal of archbar | \$378 |
| D7998 | Intraoral placement of a fixation device not in conjunction with a fracture | \$605 |
| D7999 | Unspecified oral surgery procedure, by report | \$540 |
| Orthodontic Services | | Member Pays |
| D7997 | Appliance removal (not by dentist who placed appliance), includes removal of archbar | \$378 |
| D8020 | Limited orthodontic treatment of the transitional dentition | \$1,512 |
| D8030 | Limited orthodontic treatment of the adolescent dentition | \$1,728 |
| D8040 | Limited orthodontic treatment of the adult dentition | \$1,944 |
| D8050 | Interceptive orthodontic treatment of the primary dentition | \$888 |
| D8060 | Interceptive orthodontic treatment of the transitional dentition | \$1,026 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | \$4,059 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | \$4,059 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | \$4,059 |
| D8220 | Fixed appliance therapy | \$590 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | \$69 |
| D8693 | Re-cement or re-bond fixed retainer | \$59 |
| D8999 | Unspecified orthodontic procedure, by report | \$274 |

| Adjunctive Services | | Member Pays |
|---------------------|---|-------------|
| D7997 | Appliance removal (not by dentist who placed appliance), includes removal of archbar | \$378 |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | \$23 |
| D9212 | Trigeminal division block anesthesia | \$41 |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | \$30 |
| D9230 | Inhalation of nitrous oxide / anxiolysis, analgesia | \$39 |
| D9248 | Non-intravenous conscious sedation | \$193 |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or | \$98 |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | \$33 |
| D9450 | Case presentation, detailed and extensive treatment planning | \$81 |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | \$141 |
| D9911 | Application of desensitizing resin for cervical and/or root surface, per tooth | \$32 |
| D9920 | Behavior management, by report | \$270 |
| D9930 | Treatment of complications (post-surgical) - unusual circumstances, by report | \$54 |
| D9942 | Repair and/or reline of occlusal guard | \$49 |
| D9951 | Occlusal adjustment - limited | \$108 |
| D9952 | Occlusal adjustment - complete | \$515 |
| D9970 | Enamel microabrasion | \$162 |
| D9971 | Odontoplasty 1 - 2 teeth; includes removal of enamel projections | \$81 |
| D9974 | Internal bleaching - per tooth | \$26 |

Exclusions and Limitations

1. 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.
2. 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 Corporation, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034**. Please call **800-441-0380 ext 7144** if you have any further questions.