

Managed DentalGuard

Plan Schedule – 60M

MDG Codes ++	Covered Services	Patient Charges	MDG Codes ++	Covered Services	Patient Charges
Appointments & Diagnostic Services			Crown, Bridge & Other Cast Restorations		
0101*	Office visit - during regular hours - participating general dentist only	\$5.00	2510	Inlay - metallic - one surface**	\$95.00
0102	Broken appointment (without 24 hours notice)	\$25.00	2520/6520	Inlay - metallic - two surfaces**	\$115.00
0120/0140/0150	Oral evaluation	NO CHARGE	2530/6530	Inlay - metallic - three or more surfaces**	\$120.00
0460	Pulp vitality tests	NO CHARGE	2543/6543	Onlay - metallic - three surfaces**	\$125.00
0470	Diagnostic casts	NO CHARGE	2544/6544	Onlay - metallic - four or more surfaces**	\$130.00
9310	Consultation (by dentist other than practitioner providing treatment)	NO CHARGE	2702	Crown supporting existing partial denture, in addition to crown	\$125.00
9430	Office visit for observation - regular hours - no other service performed	NO CHARGE	2703	Multiple crown and bridge unit treatment plan - per unit	\$125.00
9440	Emergency office visit - after regularly scheduled office hours	\$50.00	2740	Crown - porcelain/ceramic substrate	\$160.00
Radiographs			2750 - 2752	Crown - porcelain fused to metal**	\$155.00
0210	Intraoral - complete series (including bitewings)	NO CHARGE	2790 - 2792	Crown - full cast metal**	\$145.00
0220/0230/0240	Intraoral - periapical or occlusal - single film	NO CHARGE	2810/6780	Crown - 3/4 cast metallic**	\$150.00
0270/0272/0274	Bitewings	NO CHARGE	6210 - 6212	Pontic - cast metal**	\$145.00
0330	Panoramic film	NO CHARGE	6240 - 6242	Pontic - porcelain fused to metal**	\$155.00
Preventive & Space Maintenance			6750 - 6752	Crown - abutment - porcelain fused to metal**	\$155.00
1110/1120	Prophylaxis	NO CHARGE	6790 - 6792	Crown - abutment - full cast metal**	\$145.00
1201/1203	Topical application of fluoride (may include prophylaxis) - child	NO CHARGE	Other Restorative Services		
1310	Nutritional counseling for control of dental disease	NO CHARGE	2910/2920/6930	Recement inlay, crown, bridge	NO CHARGE
1330	Oral hygiene instruction	NO CHARGE	2930/2931	Prefabricated stainless steel crown	\$15.00
1351	Sealant - per tooth	NO CHARGE	2932	Prefabricated resin crown	\$35.00
1510	Space maintainer - fixed - unilateral	\$25.00	2940	Sedative filling	NO CHARGE
1515	Space maintainer - fixed - bilateral	\$45.00	2950/6973	Core buildup, including any pins	\$30.00
1550	Recementation of space maintainer	\$5.00	2951	Pin retention - per tooth, in addition to restoration	NO CHARGE
Restorative			2952/6970	Cast post & core	\$45.00
2110	Amalgam - one surface - primary	NO CHARGE	2954/6972	Prefabricated post & core	\$35.00
2120	Amalgam - two surfaces - primary	\$5.00	2960	Labial veneer (laminare) – chairside	\$65.00
2130	Amalgam - three surfaces - primary	\$5.00	Endodontics		
2131	Amalgam - four or more surfaces - primary	\$10.00	3110/3120	Pulp cap	NO CHARGE
2140	Amalgam - one surface - permanent	NO CHARGE	3220	Therapeutic pulpotomy	\$10.00
2150	Amalgam - two surfaces - permanent	\$5.00	3310	Root canal – anterior	\$70.00
2160	Amalgam - three surfaces - permanent	\$5.00	3320	Root canal – bicuspid	\$80.00
2161	Amalgam - four or more surfaces - permanent	\$10.00	3330	Root canal – molar	\$140.00
2210	Silicate cement - per restoration	\$5.00	3346	Root canal - retreatment – anterior	\$80.00
2330	Resin/composite - one surface, anterior	\$10.00	3347	Root canal - retreatment – bicuspid	\$95.00
2331	Resin/composite - two surfaces, anterior	\$15.00	3348	Root canal - retreatment - molar	\$150.00
2332	Resin/composite - three surfaces, anterior	\$20.00	3410	Apicoectomy/periradicular surgery - anterior	\$90.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	\$20.00	3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$95.00
2336	Composite resin crown, anterior - primary	\$15.00	3425	Apicoectomy/periradicular surgery – molar - first root	\$100.00
2380	Resin/composite - one surface, posterior - primary	\$15.00	3426	Apicoectomy/periradicular surgery – each additional root	\$40.00
2381	Resin/composite - two surfaces, posterior - primary	\$15.00	3430	Retrograde filling - per root	\$15.00
2382	Resin/composite - three or more surfaces, posterior - primary	\$20.00	Periodontics		
2385	Resin/composite - one surface, posterior - permanent	\$15.00	4210	Gingivectomy or gingivoplasty - per quadrant	\$60.00
2386	Resin/composite - two surfaces, posterior - permanent	\$20.00	4211	Gingivectomy or gingivoplasty - per tooth	\$20.00
2387	Resin/composite - three or more surfaces, posterior – permanent	\$25.00	4240	Gingival flap procedure - including root planing - per quadrant	\$105.00
			4249	Clinical crown lengthening - hard tissue	\$85.00
			4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	\$155.00
			4261	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	\$90.00

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	Periodontics (cont.)			Oral Surgery (cont.)		
4270	Pedicle soft tissue graft procedure	\$100.00	7320	Alveoplasty not in conjunction with extractions - per quadrant	\$35.00	
4271	Free soft tissue graft procedure (including donor site surgery)	\$110.00	7450	Removal of odontogenic cyst/tumor – up to 1.25cm	\$45.00	
4341	Periodontal scaling & root planing – per quadrant	\$25.00	7451	Removal of odontogenic cyst/tumor – over 1.25cm	\$90.00	
4355	Full mouth debridement to enable evaluation & diagnosis	\$15.00	7470	Removal of exostosis - maxilla or mandible	\$65.00	
4910	Periodontal maintenance procedures (following active therapy)	\$15.00	7510	Incision & drainage of intraoral abscess	\$20.00	
4920	Unscheduled dressing change (by other than treating dentist)	NO CHARGE	7960	Frenulectomy (separate procedure)	\$50.00	
9951	Occlusal adjustment - limited - per visit	\$10.00		Orthodontic Treatment (covers 24 months active treatment)		
	Prosthodontics (Removable)		8601	Orthodontic evaluation and consultation	\$100.00	
5110/5120	Complete denture (including routine post delivery care)	\$175.00	8602	Orthodontic treatment plan and records, including x-rays, study models and photos	\$150.00	
5130/5140	Immediate denture (including routine post delivery care)	\$175.00	8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; dependent child to age 18 (as determined by the Member's age on the date of banding)	\$1975.00	
	Partial dentures (including routine post delivery care):		8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; employee, spouse, or dependent child over age 18 (as determined by the Member's age on the date of banding)	\$2175.00	
5211/5212	Resin base - including clasps, rests, teeth	\$140.00		8670	Periodic comprehensive orthodontic treatment visit	NO CHARGE
5213/5214	Cast metal framework with resin base - including clasps, rests, teeth	\$205.00		8680	Orthodontic retention	\$300.00
	Repairs & adjustments:			Miscellaneous Services		
5410/11/21/22	Denture adjustments	\$10.00	9110	Palliative (emergency) treatment - per visit	NO CHARGE	
5510/5610	Repair denture base	\$10.00	9215	Local anesthesia	NO CHARGE	
5520/5640	Replace missing or broken teeth – per tooth	\$10.00				
5630	Repair or replace clasp	\$15.00				
5650	Add tooth to existing partial	\$15.00				
5660	Add clasp to existing partial	\$15.00				
5710/11/20/21	Rebase denture	\$40.00				
5730/31/40/41	Reline denture (chairside)	\$20.00				
5750/51/60/61	Reline denture (laboratory)	\$35.00				
5820/5821	Interim partial denture (stayplate)	\$70.00				
5850/5851	Tissue conditioning	\$10.00				
	Oral Surgery					
7110/7120	Extraction - single tooth	\$5.00				
7130	Root removal - exposed roots	\$10.00				
7210	Surgical removal of erupted tooth	\$30.00				
7220	Removal of impacted tooth - soft tissue	\$40.00				
7230	Removal of impacted tooth - partially bony	\$55.00				
7240	Removal of impacted tooth - completely bony	\$65.00				
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$70.00				
7250	Surgical removal of residual tooth roots (cutting procedure)	\$30.00				
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$50.00				
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$70.00				
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$50.00				
7285	Biopsy of oral tissue - hard	\$35.00				
7286	Biopsy of oral tissue - soft	\$35.00				
7310	Alveoplasty in conjunction with extractions - per quadrant	\$30.00				

++ Covered Services are subject to exclusions, limitations and Plan provisions. Other codes may be used to describe Covered Services.

** If high noble metal is used, there will be an additional patient charge for the actual cost of the high noble metal.

▪ Plan Schedules are only Valid for Covered Services rendered by Participating Dentists in the State of California.