

Managed DentalGuard

Plan Schedule – 75G

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	NO CHARGE	2510	Inlay - metallic - one surface**	\$60.00
0102	Broken appointment (without 24 hours notice)	\$25.00	2520/6520	Inlay - metallic - two surfaces**	\$75.00
0120/0140/0150	Oral evaluation	NO CHARGE	2530/6530	Inlay - metallic - three or more surfaces**	\$75.00
0460	Pulp vitality tests	NO CHARGE	2543/6543	Onlay - metallic - three surfaces**	\$80.00
0470	Diagnostic casts	NO CHARGE	2544/6544	Onlay - metallic - four or more surfaces**	\$80.00
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	\$100.00
	Radiographs		2750 - 2752	Crown - porcelain fused to metal**	\$95.00
0210	Intraoral - complete series (including bitewings)	NO CHARGE	2790 - 2792	Crown - full cast metal**	\$90.00
0220/0230/0240	Intraoral - periapical or occlusal - single film	NO CHARGE	2810/6780	Crown - 3/4 cast metallic**	\$95.00
0270/0272/0274	Bitewings	NO CHARGE	6210 - 6212	Pontic - cast metal**	\$90.00
0330	Panoramic film	NO CHARGE	6240 - 6242	Pontic - porcelain fused to metal**	\$95.00
	Preventive & Space Maintenance		6750 - 6752	Crown - abutment - porcelain fused to metal**	\$95.00
1110/1120	Prophylaxis	NO CHARGE	6790 - 6792	Crown - abutment - full cast metal**	\$90.00
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	\$10.00
1351	Sealant - per tooth	NO CHARGE	2932	Prefabricated resin crown	\$20.00
1510	Space maintainer - fixed - unilateral	NO CHARGE	2940	Sedative filling	NO CHARGE
1515	Space maintainer - fixed - bilateral	NO CHARGE	2950/6973	Core buildup, including any pins	\$20.00
1550	Recementation of space maintainer	NO CHARGE	2951	Pin retention - per tooth, in addition to restoration	NO CHARGE
	Restorative		2952/6970	Cast post & core	\$30.00
2110	Amalgam - one surface - primary	NO CHARGE	2954/6972	Prefabricated post & core	\$25.00
2120	Amalgam - two surfaces - primary	NO CHARGE	2960	Labial veneer (laminare) – chairside	\$40.00
2130	Amalgam - three surfaces - primary	NO CHARGE		Endodontics	
2131	Amalgam - four or more surfaces - primary	NO CHARGE	3110/3120	Pulp cap	NO CHARGE
2140	Amalgam - one surface - permanent	NO CHARGE	3220	Therapeutic pulpotomy	\$10.00
2150	Amalgam - two surfaces - permanent	NO CHARGE	3310	Root canal – anterior	\$70.00
2160	Amalgam - three surfaces - permanent	NO CHARGE	3320	Root canal – bicuspid	\$80.00
2161	Amalgam - four or more surfaces - permanent	NO CHARGE	3330	Root canal – molar	\$140.00
2210	Silicate cement - per restoration	NO CHARGE	3346	Root canal - retreatment – anterior	\$80.00
2330	Resin/composite - one surface, anterior	NO CHARGE	3347	Root canal - retreatment – bicuspid	\$95.00
2331	Resin/composite - two surfaces, anterior	NO CHARGE	3348	Root canal - retreatment - molar	\$150.00
2332	Resin/composite - three surfaces, anterior	NO CHARGE	3410	Apicoectomy/periradicular surgery - anterior	\$90.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	NO CHARGE	3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$95.00
2336	Composite resin crown, anterior - primary	NO CHARGE	3425	Apicoectomy/periradicular surgery – molar - first root	\$100.00
2380	Resin/composite - one surface, posterior - primary	NO CHARGE	3426	Apicoectomy/periradicular surgery – each additional root	\$40.00
2381	Resin/composite - two surfaces, posterior - primary	NO CHARGE	3430	Retrograde filling - per root	\$15.00
2382	Resin/composite - three or more surfaces, posterior - primary	NO CHARGE		Periodontics	
2385	Resin/composite - one surface, posterior - permanent	NO CHARGE	4210	Gingivectomy or gingivoplasty - per quadrant	\$60.00
2386	Resin/composite - two surfaces, posterior - permanent	NO CHARGE	4211	Gingivectomy or gingivoplasty - per tooth	\$20.00
2387	Resin/composite - three or more surfaces, posterior – permanent	NO CHARGE	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	\$95.00

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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	\$45.00
4271	Free soft tissue graft procedure (including donor site surgery)	\$110.00	7450	Removal of odontogenic cyst/tumor – up to 1.25cm	\$60.00
4341	Periodontal scaling & root planing – per quadrant	\$25.00	7451	Removal of odontogenic cyst/tumor – over 1.25cm	\$110.00
4355	Full mouth debridement to enable evaluation & diagnosis	\$15.00	7470	Removal of exostosis - maxilla or mandible	\$85.00
4910	Periodontal maintenance procedures (following active therapy)	\$15.00	7510	Incision & drainage of intraoral abscess	\$25.00
4920	Unscheduled dressing change (by other than treating dentist)	NO CHARGE	7960	Frenulectomy (separate procedure)	\$60.00
9951	Occlusal adjustment - limited - per visit	NO CHARGE		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)	\$110.00	8602	Orthodontic treatment plan and records, including x-rays, study models and photos	\$150.00
5130/5140	Immediate denture (including routine post delivery care)	\$110.00	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	\$90.00		Periodic comprehensive orthodontic treatment visit	NO CHARGE
5213/5214	Cast metal framework with resin base - including clasps, rests, teeth	\$130.00	8680	Orthodontic retention	\$300.00
	Repairs & adjustments:			Miscellaneous Services	
5410/11/21/22	Denture adjustments	\$5.00	9110	Palliative (emergency) treatment - per visit	NO CHARGE
5510/5610	Repair denture base	NO CHARGE	9215	Local anesthesia	NO CHARGE
5520/5640	Replace missing or broken teeth – per tooth	NO CHARGE			
5630	Repair or replace clasp	NO CHARGE			
5650	Add tooth to existing partial	NO CHARGE			
5660	Add clasp to existing partial	NO CHARGE			
5710/11/20/21	Rebase denture	NO CHARGE			
5730/31/40/41	Reline denture (chairside)	NO CHARGE			
5750/51/60/61	Reline denture (laboratory)	NO CHARGE			
5820/5821	Interim partial denture (stayplate)	\$45.00			
5850/5851	Tissue conditioning	NO CHARGE			
	Oral Surgery				
7110/7120	Extraction - single tooth	\$5.00			
7130	Root removal - exposed roots	\$15.00			
7210	Surgical removal of erupted tooth	\$35.00			
7220	Removal of impacted tooth - soft tissue	\$50.00			
7230	Removal of impacted tooth - partially bony	\$70.00			
7240	Removal of impacted tooth - completely bony	\$80.00			
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$85.00			
7250	Surgical removal of residual tooth roots (cutting procedure)	\$40.00			
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$60.00			
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$90.00			
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$60.00			
7285	Biopsy of oral tissue - hard	\$45.00			
7286	Biopsy of oral tissue - soft	\$40.00			
7310	Alveoplasty in conjunction with extractions - per quadrant	\$35.00			

++ 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.